Health Care Business
- Health care is a competitive market
- Health care is not accessible to everyone
- Costs are skyrocketing
- U. S. spends more money on health care than any other country

Health Care Networks
- Emerged in the effort to cut costs
- Focus on primary care
- Deliver a continuum of care
Demand to Reduce Errors

• Leapfrog Group
• Quality management
• Benchmarking

Cultural and Generational Differences

• Cultural diversity is increasing in the U.S. population
• Health care policy makers and organizations face challenges of serving a more diverse population
• Nurses need a transcultural focus

Cultural and Generational Differences (continued)

• Multiple generations working together is common
• Nurse managers encourage mutual respect and teamwork
Aging Patients, Aging Nurses

- Aging patients increase the demand for health care
- As aging nurses retire the nursing shortage will grow worse
- Demand for nurses will continue to grow

Quality Management

- Is a preventive approach
- Involves continuous evaluation and improvement
- Is implemented through patient satisfaction surveys

Benchmarking

- Compares an organization’s data with similar organizations
- Uses outcome indicators to compare performance across organizations
- Uses results to address weaknesses and enhance strengths
Cultural Diversity and Health Care

- The minority population is growing quickly in the U.S.
- The challenge is to provide access to health care regardless of race, ethnic origin, or socioeconomic status

Cultural Diversity and Health Care (continued)

- Health care policymakers must:
  - Consider the values, lifestyles, and beliefs of the cultures being served
  - Provide care within the cultural belief system of the patient

Cultural Diversity and Health Care (continued)

- Cultural diversity:
  - Is reflected among nurses
  - Requires sensitivity and responsiveness to cultural differences among staff
Gender

- Female nurses outnumber male nurses
- Nursing shortages might be alleviated if more men were entering the profession

Generational Diversity

- Four generations work side-by-side:
  - Traditionals
  - Baby boomers
  - Generation X
  - Millennials (generation Y)
- Each generation has different values and expectations
- Generational differences can be leveraged to produce better outcomes

Generational Diversity (continued)

- The population of older adults is expected to double by 2030
- Demand for health care will grow
- The average age of nurses is increasing
- As nurses retire, the nursing shortage will increase
Evidence-Based Practice (EBP)

- Decision-making process includes:
  - Identifying the clinical question
  - Finding evidence to answer the question
  - Evaluating the evidence
  - Applying the evidence
  - Evaluating the outcome

Evidence-Based Practice (continued)

- Is criticized by opponents for:
  - Absence of theory to guide decision-making
  - Lack of time, expertise, and resources to implement
- Is expected to continue to be used in the future
- Has been implemented successfully by the U.S. Veteran’s Health Administration (VA)

Electronic Health Records

- Includes health information from all medical sources
- Can be accessed by multiple authorized providers at different locations
- Allows for collective data analysis, facilitates a common nursing language, and support evidence-based practice when fully integrated
### Barriers versus Benefits of Computerization

- **Barriers**
  - Privacy and confidentiality concerns
  - Costs of implementing and operating
- **Benefits**
  - Reduced redundancies
  - Improved efficiency
  - Decreased medical errors
  - Lower health care costs

### Personal Health Records

- Track medications
- Record medical interventions
- Update medical information

### Other Emerging Technologies

- Point-of-care systems
- Hand-held devices
- Robots
Disaster Preparation

- Official agencies and health care organizations are not prepared to respond to mass casualties
- Health care organizations must prepare for massive emergencies

Disaster Training

- Must address nurses’ concerns of being abandoned
- Include computer simulations, video demonstrations, and disaster drills
- Ensure that nurses understand the communications system and the incident command center
- Provide accessible information, support, and opportunities for debriefing

Changes Facing Nurses

- Movement from hospital care to less expensive settings
- New technologies
- Focus on quality control
- Access to care affecting policy decisions
Challenges Facing Nurses (continued)

- Every nurse must be prepared to manage
- Organizations must provide management training for all nurses

The Nurse Manager

- Balances the needs of administrators and employees
- Functions as coach, teach, and facilitator
- Motivates and inspires others
Organizational Theories

• Were unexplored until the Industrial Revolution
• Include the following theories:
  – Classical
  – Contingency
  – Humanistic
  – Chaos
  – Systems
  – Complexity

Classical Theory

• Is built around four elements:
  – Division and specialization of labor
  – Chain of command
  – Organizational structure
  – Span of control
Chain of Authority

Humanistic Theory

- Focuses on social aspects of organizational design
- Views social relationships, group pressure, and search for personal fulfillment as motivators
- Says formal authority only works with willing participants

Systems Theory

- System is interrelated parts arranged in a unified whole
- Systems can be open or closed
- Organization is a recurrent cycle of input-throughput-output
- Manager is the catalyst for the process
The Health Care Organization as an Open System

Contingency Theory

- Performance is enhanced by matching the organization’s structure to its environment
- Environment includes people, objects, and ideas outside the organization that influence it
- Optimal form of the organization depends on the environment in which it operates

Chaos Theory

- Organizations are living, self-organizing systems that are complex and self-adaptive
- Creativity and flexibility are necessary to adapt to change
- Leader’s role is to build resilience, maintain balance, and encourage creativity
Complexity Theory

- Random events interfere with expectations
- No linear cause and effect to explain outcomes
- The system interacts and adapts to change
- Managers must encourage the flow of information in all directions, not just top to bottom

Different Types of Health Care Organizations

- Private or government
- Voluntary (not for profit)
- Investor owned (for profit)
- Sectarian or nonsectarian

Hospitals

- Most are acute care facilities
- May be classified as general or special-care facilities (e.g., pediatric)
- Many are teaching institutions
  - Role of nurse may differ from teaching to nonteaching hospital
- New groups in hospitals include hospitalists and intensivists
Long-Term Care Facilities

- Provide professional nursing care and rehabilitative services
- May be freestanding or part of hospital.
- Limit length of stay
- May be residential care facilities (nursing homes) where care is supervised by RNs and LPNs

Ambulatory Care Centers

- Are increasingly being used to deliver health care
- Include physician’s offices, emergency rooms, surgical centers, clinics in pharmacies, and family planning centers

Home Health Agencies

- Provide intermittent, temporary health care in the home by skilled or unskilled providers
- May offer services other than nursing such as physical therapy or medical equipment
- May offer hospice care
**Freestanding Clinics**

- Provide ambulatory care in shopping centers, pharmacies, and discount stores
- Are staffed by nurse practitioners

**Temporary Service Agencies**

- Provide nurses and other health care workers to hospitals
- Provide private duty nurses to patients in the hospital or at home

**Managed Health Care Organizations**

- Deliver services through a formal arrangement with a group of individuals
- Include HMOs, PPOs, and POS plans
- Have declined because of dissatisfaction with limitations and inflexibility
Interorganizational Relationships

• Horizontal integration: Organizations in a network provide the same or similar services; e.g., all hospitals provide comparable services

<table>
<thead>
<tr>
<th>Hospital A</th>
<th>Hospital B</th>
<th>Hospital C</th>
<th>Hospital D</th>
<th>Hospital E</th>
<th>Hospital F</th>
<th>Hospital G</th>
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</table>

Interorganizational Relationships (continued)

• Vertical integration: Dissimilar but related organizations in a network provide a continuum of services

- Acute care hospital
- Long-term care facility
- Home health agency
- Ambulatory care clinic
- Sports medicine clinic
- Hospice care

Interorganizational Relationships (continued)

• Corporate health care network

<table>
<thead>
<tr>
<th>Corporate board</th>
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<tbody>
<tr>
<td>Hospital</td>
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<tr>
<td>Imaging center</td>
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<tr>
<td>Home care services</td>
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<td>Medical group practice</td>
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<tr>
<td>Skilled nursing facility</td>
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<tr>
<td>Ambulatory surgical center</td>
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<tr>
<td>Long-term care</td>
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</tbody>
</table>


### Diversification

- Organization expands into new arenas
- Two common types: Concentric diversification and conglomerate diversification
- Joint venture: Partnership in which each partner contributes different areas of expertise, resources, or services to create a new product or service

### Traditional Organizational Structures

- Functional: Employees grouped in departments by specialty
- Service-line: All functions needed to produce a product or service grouped together in self-contained unit
- Hybrid: Contains both self-contained and functional units

### Traditional Organizational Structures (continued)

- Matrix: Integrates product and functional structures in one overlapping structure
- Parallel: Unique to health care; involves two lines of authority—the authority of the organization and the authority of its medical staff
Parallel Structure

- Chief executive officer
- Chief nurse executive
- Chief finance officer
- Chief officer of support services
- Medical director
- Chief of services
- RN
- LPN
- Med
- MD
- Budget
- Physician
- Maintenance
- Patients

Relationship-Oriented Structure

- Shared governance supports decision making, quality imperatives, and collaboration among disciplines
- Heterarchy structure is based on the concept of connections
- Self-organizing structures are flexible and able to respond to change

Strategic Planning

- Philosophy
- Values
- Vision statement
- Mission
- Goals
- Objectives
Organizational Environment

- System-wide conditions that contribute to a positive or negative work setting
- A positive environment directly affects better patient outcomes
- The nurse manager plays a key role in maintaining a positive environment

Organizational Culture

- Encompasses basic assumptions and values held by members of the organization
- Varies among institutions, subcultures, and countercultures
  - Consonance occurs when the subculture’s norms and traditions agree with the organization’s
  - Dissonance occurs when they are not in agreement

Magnet Recognition Program

- ANCC designates organizations that provide nursing excellence
- Magnet hospitals successfully recruit and retain nurses despite the nursing shortage
Magnet Hospitals

- Promote quality in a setting that promotes professional practice
- Identify excellence in the delivery of nursing services
- Disseminate best practices in nursing services
Nursing Care Delivery Systems

- Provide structure for delivering care
- Assess care needs
- Formulate plan of care
- Implement plan
- Evaluate patient’s responses

Challenges of Delivery Systems

- Effectiveness
- Cost efficiency
- Quality
- Needs of consumers and practitioners
Functional Nursing

- RNs, LPNs, and UAPs are assigned different tasks
- RNs assess patients
- Other staff give baths, make beds, take vital signs, administer treatments

Team Nursing

- Team of nursing personnel provides total care to a group of patients
- RN leads team that may include other RNs, LPNs, and UAPs
- Team leaders must be skilled in delegating, communicating, problem solving
- All members of effective teams are good communicators

Team/Modular Nursing
Total Patient Care

- RN is responsible for all aspects of care for one or more patients

- Charge nurse

  - RN
  - Patients

Primary Nursing

- RN designs, implements, and is responsible for nursing care for duration of the patient’s stay on the unit

- Other health care providers
  - Primary nurse
    - Charge nurse
    - Associate nurse
    - Patient

Practice Partnerships

- RN and partner (UAP, LPN, or less experienced RN) work together on same schedule with same group of patients

- RN
  - Partner
    - Patients
Case Management

• Case manager supervises care provided by licensed and unlicensed nursing personnel
• Critical pathways provide direction for managing care of specific patients

Differentiated Practice

• Structure of roles and functions differentiated by nurses’ education, experience, and competence
• Roles, responsibilities, and tasks defined for professional nurses, licensed practical nurses, and unlicensed assistive personnel

Patient-Centered Care

• Nurse coordinates team of multifunctional, unit-based caregivers
• All patient care services are unit based
• Focus is decentralization, promotion of efficiency and quality, and cost control
Functional Nursing

- **Advantages:**
  - Staff become efficient at performing assigned tasks

- **Disadvantages:**
  - Uneven continuity
  - Lack of holistic understanding of patient
  - Problems with follow-up

Team Nursing

- **Advantages:**
  - LPNs and UAPs perform tasks that don’t require RN’s expertise
  - Care is more easily coordinated
  - Saves steps and time

Team Nursing (continued)

- **Disadvantages:**
  - Time needed for communicating, supervising, and coordinating team members
  - Affect of changes in team leaders, members, and assignments on continuity of care
  - Total patient not considered by any one person
  - Role confusion and resentment
  - Less control for nurses over assignments
  - Possibility of unequal assignments
Total Patient Care

• Advantages:
  – Continuous, holistic, expert nursing care
  – Total accountability
  – Continuity of communication

• Disadvantages:
  – RNs perform tasks that could be done more cost-effectively by less skilled persons

Primary Nursing

• Advantages:
  – Knowledge-based practice model
  – Decentralization of decisions, authority, and responsibility
  – 24-hour accountability
  – Improved continuity and coordination of care
  – Increased nurse, patient, and physician satisfaction

Primary Nursing (continued)

• Disadvantages:
  – Excellent communication required
  – Accountability of associate nurses
  – Patient transfers disrupt continuity of care
  – Compensation and legal responsibility for staff nurses
  – Unwillingness of associates to take direction
Practice Partnerships

• Advantages:
  – Improved continuity of care and accountability for care
• Disadvantages:
  – Decreased ratio of RNs to nonprofessional staff
  – Potential for junior team members to assume too much responsibility

Clinical Microsystems

• Small unit of care that maintains itself
• Dynamic, interactive, self-aware, and interdependent
• Proven to improve teamwork, communication, and continuity of care

Other Innovative Systems of Care

• Segmenting hospital into smaller units
• Primary Care Team model
• Collaborative Patient Care Team model
• Transitional Care model
• Hospital at Home model
Using the System Effectively

- Communication skills
- Ability to delegate
- Problem-solving skills
Effective Leadership and Management in Nursing

Chapter 4
Leading, Managing, Following

All Nurses

• Direct work of professionals and nonprofessionals to achieve desired outcomes
• Can use leadership skills to be effective and successful

Leaders and Managers

• Leader: Anyone who uses interpersonal skills to influence others to accomplish a specific goal
• Manager: An employee who is responsible and accountable for efficiently accomplishing the goals of the organization
Functions of Leaders

- Achieve consensus within the group about goals
- Maintain structure that facilitates accomplishing goals
- Supply information that helps provide direction and clarification
- Maintain group satisfaction, cohesion, and performance

Functions of Managers

- Clarify the organizational structure
- Choose the means to achieve goals
- Assign and coordinate tasks
- Evaluate outcomes and provide feedback

Formal and Informal Leadership

- Formal: Practiced by a nurse with legitimate authority described in a job description
- Informal: Exercised by a staff member who does not have a specified management role
Leadership Theories

- Trait theories
  - Inborn traits of successful leaders

- Behavioral theories
  - Leaders made through education, training, and life experience
  - Leadership styles
  - Dimensions of behavioral style
  - System 4 management
  - Managerial grid
  - Continuum of leadership behavior

Leadership Theories (continued)

- Contingency theories
  - Leaders adapt style to situation
    - Fiedler’s contingency theory
    - Situational leadership theory
    - Vroom-Yetton expectancy model
    - House-Mitchell path-goal theory
    - Expectancy theory of motivation

Vroom-Yetton Expectancy Model

BOX 4-1 Example of Vroom-Yetton Model of Decision Making

Administration wants to pilot a model of self-directed teams on one unit in the hospital. One of the unit managers, Marita Burch, volunteers. She analyzes the staff’s responses. Marita addresses the following questions:

1. Is the information needed to make the decision available? The manager needs to know, for example, how much the staff know about self-directed teams, how they feel about them, and what they would need to help training and support them. The answer to question 1 is yes.

2. Is the staff acceptable to implement it in the case, the answer to question 2 is clearly yes.

3. If the decision to adopt self-directed work teams is delegated to the staff, will they make a decision acceptable to Marita? She thinks not and realizes that it is her manager’s responsibility to make a final decision with extensive staff involvement. Therefore, the answer to question 3 is no.

3. In the event that the staff refuses, the manager will have to hold a meeting to consider the costs and benefits of moving to self-directed teams. Forcing group decision making about what might be required to implement them, and create an implementation plan. Alternatively, she could discuss the pros and cons of implementing self-directed teams with individual staff members, gather support, and try to move forward with implementation that would also be acceptable to the staff.
Leadership Theories (continued)

• Contemporary theories
  – Quantum leadership
  – Charismatic leadership
  – Transactional leadership
  – Transformational leadership
  – Relational leadership
  – Shared leadership
  – Servant leadership

Leadership Approaches are Adaptable

• Situations
• Tasks
• Individuals
• Future expectations

Leadership Styles

• Autocratic
• Democratic
• Laissez-faire
• Bureaucratic
Functions of Nurse Managers

- Planning
- Organizing
  - Process of coordinating the work to be done
- Directing
  - Process of getting the organization's work done
- Controlling
  - Establishing standards of performance
  - Measuring performance
  - Evaluating performance
  - Providing feedback

Mintzberg's Behavioral Description

- Interpersonal roles
- Informational roles
- Decisional roles

Contemporary Model of Managerial Work

- Information, people, action
  - Communication and control at the information level
  - Leading and linking at the people level
  - Doing at the action level
AONE Areas of Competency for All Nurse Managers

- Communication and relationship management
- Knowledge of the health care environment
- Leadership
- Professionalism
- Business skills

AONE Core of Leadership Competencies

Nursing Roles

- Staff nurse
- First-level manager
- Charge nurse
- Clinical nurse leader
Leaders

- Need followers to lead
- Need followers to accomplish goals and help team succeed
- Are followers too

Followers

- Influence leaders
- Vary from passive to active, dependent and uncritical, to independent and critical
- Share qualities with leaders

Characteristics of Successful Leaders

- Energy
- Enthusiasm
- Commitment
- Ability to inspire others to commit to goals
**Authentic Leaders**

- Connect to pressures of front-line staff
- Are passionate about creating quality work environment
- Generate energy to do the impossible

---

**Emotional Leaders**

- Have emotional intelligence and social competence
- Maintain a positive environment
- Emphasize the importance of emotions and relationships in success
Change

- Is essential for adaptation and growth
- Is the process of making something different from what it was
- Is a continually unfolding process rather than an either/or event
- Can be threatening
- May cause a grief reaction even when planned
- Produces new opportunities

Change Agents

- Work to bring about change
- Are role models for others
- Stimulate the need for change and help shape its success
Lewin

- Driving forces versus restraining forces
- Three-step process:
  - Freezing
  - Moving
  - Refreezing

Lippitt

- Expanded Lewin’s theory to a seven-step process
- Focuses on what change agent must do
- Emphasizes importance of participation of key members for success

Havelock

- Modified Lewin’s theory to six-step process
- Describes active change agent
- Emphasizes participative approach
Rogers

- Describes five-step innovation-decision process
- Emphasizes the reversible nature of change
- Stresses importance of key people and policymakers to successful change

The Change Process

- Assessment
- Planning
- Implementation
- Evaluation

Assessment

- Identify the problem or the opportunity
- Ask the right questions
  - Where are we now?
  - What is unique about us?
  - What can we do that is different?
  - What is the driving stimulus in our organization?
  - What prevents us from moving?
  - What kind of change is required?
Assessment (continued)

- Collecting data external and internal to the system
- Identify all driving and restraining forces are identified
- Analyzing data
- Performing a statistical analysis when possible

Planning

- Include organization/system members as active participants in the planning stage
  - More involved they are at this point, the less resistance there will be later
- Couch the proposed change in comfortable terms
- Plan the resources required to make the change and establish feedback mechanisms

Implementation

- Plans are put into action
- Methods to change individuals
  - Give information
  - Motivate to change
- Methods to change groups
  - Effectiveness in implementing organizational change is most likely when groups are composed of members who occupy closely related positions in the organization
  - Participants should feel their input is valued and should be rewarded for their efforts
**Evaluation**

- Evaluate effectiveness
- Stabilize the change
  - Energizer role is still needed to reinforce

**Power-Coercive Strategies**

- Based on the application of power by legitimate authority, economic sanctions, or political clout
- Resistance is handled by authority measures: Accept it, or leave
- Useful when a consensus is unlikely despite efforts to stimulate participation
- When much resistance is anticipated, time is short, and change is critical

**Empirical-Rational Model**

- Power ingredient is knowledge
- Assumption is that people are rational and will follow their rational self-interest
  - The change agent who has knowledge has the expert power to persuade people to accept a rationally justified change
  - Once enlightened, rational people will either accept or reject the idea
Normative-Reeducative Strategies

- Assumption that people act in accordance with social norms and values
- Skill in interpersonal relationships is power
- Use collaboration
- Value conflicts from all parts of the system are brought into the open and worked through so change can progress

Change

- Often results from identification of problem or new initiative
- Can be initiated and created by staff nurses
- Is influenced by mid-level managers

Successful Change Agents

- Possess characteristics that can be cultivated and mastered
- Have the ability to combine ideas from unconnected sources
- Stay focused on the big picture and are able to articulate the vision
Successful Change Agents (continued)

- Are skilled in human relations
- Have a high energy level and ability to energize others
- Are flexible, confident, and trustworthy
- Use power to persuade others

Nurses and Managers

- Plan change
- Manage transitions to change:
  - Help staff adapt
  - Accept losses
  - Retain or regain passion for work

Reasons for Resistance to Change

- Lack of trust
- Vested interest in status quo
- Fear of failure
- Loss of stature or income
- Misunderstanding
- Belief that change is unnecessary or that it will not improve the situation
Six Responses to Change

- Innovators love change
- Early adopters are still receptive to change
- Early majority prefers the status quo.
- Late majority is resistive
- Laggards dislike change and are openly antagonistic
- Rejecters actively oppose and may even sabotage change

Resistance to Change

- Expect resistance and listen carefully to who says what, when, and in what circumstances
- Resistance is a stimulant as much as it is a force to be overcome
- Resistance may even motivate the group to do better

Managing Resistance to Change

- Talk to those who oppose the change
- Clarify information
- Be open to revisions
- Present the negative consequences of resistance
Managing Resistance to Change (continued)

- Emphasize the positive consequences
- Keep resisters involved in face-to-face contact with supporters
- Maintain a climate of trust, support, and confidence
- Divert attention by creating a different disturbance
Total Quality Management

• Commitment to excellence
• Customer/client focus
• Total organizational involvement
• Use of quality tools and statistics for management
• Identification of key processes for improvement

Total Quality Management (continued)

• Nursing audits
• Retrospective audit is conducted after a patient’s discharge and involves examining records of a large number of cases.
  – Concurrent audit is conducted during the patient’s course of care.
  – Peer review.
**Total Quality Management (continued)**

- **Utilization review**
  - Based on the appropriate allocation of resources and mandated by JCAHO.

- **Outcomes management**
  - New technology in which costs and quality are concurrently and retrospectively measured and evaluated in order to improve clinical practice.
  - Outcomes are statistically analyzed.

**Continuous Quality Improvement**

- Process to improve quality and performance.
- Evaluation, actions, and mind-set to strive for excellence.
- Four major players:
  - Resource group
  - Coordinator
  - Team leader
  - Team

**Six Sigma**

- Uses quantitative data to measure progress
- Customer (patient) focus
- Greater emphasis on management monitoring performance and ensuring results
- Process emphasis
- Boundary-less cooperation
- Aim for perfection; tolerate failure
Lean Six Sigma

• Focuses on improving process flow and eliminating waste
• Provides tools that can be used with Six Sigma system

Improving Quality of Care

• Donald Berwick (2002)
  – Organizational approach to health care’s problems by focusing on the patient
• Kaissi (2006)
  – Culture of safety, rather than a culture of blame, characterizes an organization where everyone accepts responsibility for patient safety

Improving Quality of Care (continued)

• National Initiatives
  – Culture of safety and quality permeates many efforts at the national level
  – Joint Commission has adopted mandatory national patient safety goals
Improving Quality of Care (continued)

- National Initiatives (continued)
  - Institute of Healthcare Improvement (IHI) goals
  - No needless deaths
  - No needless pain and suffering
  - No helplessness in those served or serving
  - No unwanted waiting
  - No waste

Improving Quality of Care (continued)

- Quality measures can reduce costs
- Increased nurse staffing results in better patient outcomes
- Patients must become more involved in managing their own care
- Providers must help educate patients as well as helping them to educate themselves

Risk Management Programs

- Are problem focused
- Identify, analyze, and evaluate risks
- Develop a plan for reducing the frequency and severity of accidents and injuries
- Involve all departments of the organization
- Monitor laws and codes related to patient safety
- Eliminate or reduce risks
**Risk Management Programs (continued)**

- Review the work of other committees to determine potential liability
- Identify needs for patient, family, and personnel education
- Evaluate the results of a risk management program
- Provide periodic reports to administration, medical staff, and the board of directors

**Nurse’s Role**

- Implement risk management program
  - Need clear understanding of the purposes of the incident reporting process
  - Objective reporting necessary
  - Never use report for disciplinary action

**Reporting Incidents**

- Discovery
- Notification
- Investigation
- Consultation
- Action
- Recording
Examples of Risk

- Medication errors
- Complications from diagnostic or treatment procedures
- Medical-legal incidents
- Patient or family dissatisfaction with care
- Refusal of treatment or refusal to sign consent for treatment

Nurse Manager’s Role

- Individualize care
- Handle complaints
- Set tone for a safe and low-risk environment
- Create a blame-free environment

Blame-Free Environment

- System-wide policies in place for reporting errors
- Staff encouraged to report adverse events
- Staff encouraged to help find solutions to prevent future mistakes
- Nurse manager
  - Identifies problems
  - Encourages culture of safety and quality
Power

• Centers around the ability to influence others
• Is based on honor, respect, loyalty, and commitment
• Is used to achieve goals
• Can be used to improve patient care

Position Power Determined By

• Job description
• Assigned responsibilities
• Recognition
• Advancement
• Authority
• Ability to withhold money
• Decision making
### Personal Power

- Credibility
- Reputation
- Expertise
- Experience
- Control of resources or information
- Ability to build trust

### Power and Leadership

- Principle-centered power is:
  - Based on honor, respect, loyalty, and commitment
  - Invited
  - Defined by the capacity to act and to make choices and decisions

### Power and Leadership (continued)

- Leadership power
  - Capacity to create order from conflict, contradictions, and chaos
  - Ability to sustain positive influence
Power and Leadership (continued)

- Nurses must understand and select behaviors that activate principle-centered leadership:
  - Get to know people
  - Be open
  - Know your values and visions
  - Sharpen your interpersonal competence
  - Use your power to enable others
  - Enlarge your sphere of influence and connectedness

Seven Types of Power

- Reward power
- Punishment, or coercive, power
- Legitimate power
- Expert power
- Referent power
- Information power
- Connection power

Types of Power

- Reward power
  - Based on inducements the manager can offer in exchange for cooperation
  - Used in relation to a manager's formal job responsibilities
- Punishment power
  - Based on the penalties a manager might impose on an individual or a group
  - Motivation to comply is based on fear of punishment or withholding of rewards
Types of Power (continued)

- Legitimate power
  - Because of the authority associated with job or rank
- Expert power
  - Based on possession of certain skills, knowledge, and competence
- Referent power
  - Based on admiration and respect for an individual
  - Relates to the manager’s likeability and success

Types of Power (continued)

- Information power
  - Based on access to valued data
  - Depends on the manager’s organizational position, connections, and communication skills
- Connection power
  - Based on an individual’s formal and informal links to influential persons
  - Relates to the status and visibility of the individual

Using Power

- Considered unattractive by some
- Negative association of power with aggression and coercion remains strong
  - Power grabbing, power plays
- Nurses tend to be more comfortable with power sharing and empowerment
- Positive effects include patient access to cost-effective care and organization transformation
Using Power Appropriately

- Has a lasting effect on relationships
- Uses the least amount of power
- Uses power appropriate to the situation
- Improper use of power can destroy a manager's effectiveness
- Power can be overused or underused
- Power plays are attempts by others to diminish or demolish their opponents

Using Power and Politics for Nursing’s Future

- Convert your policy ideas into political realities
  - Use persuasion over coercion
  - Use patience over impatience
  - Be open-minded rather than close-minded
  - Use compassion over confrontation
  - Use integrity over dishonesty

Image as Power

- A powerful image enhances the ability to achieve goals
- Images emerge from interactions and communications with others
- Positive interactions create a strong, favorable image for the individual and profession
Promoting an Image of Power

• Introduce yourself by saying your name, using eye contact, and shaking hands.
• Dress appropriately
• Convey a positive and energetic attitude
• Pay attention to how you speak and how you act when you speak
  – Nonverbal signs and signals say more about you than words

Promoting an Image of Power (continued)

• Use facts and figures when you need to demonstrate your point
  – Patient acuity, daily census, length of stay, overtime budgets
  – Data that reflect nursing's overall contribution

Promoting an Image of Power (continued)

• Become visible, be available, offer assistance
• In dealing with people outside of nursing, it is important to develop powerful partnerships
  – Make it a point to get to know the people who matter in your sphere of influence
  – The more power you use the more you get
Promoting an Image of Power (continued)

• Know who holds the power
  – Identify key power brokers
  – Develop a strategy for gaining access to power brokers
  – Develop a keen sense of timing

Promoting an Image of Power (continued)

• Use power appropriately to promote consensus in organizational goals
  – Nursing’s goal is to ensure that identified markets have a clear understanding of what nursing is
  – Nursing care often is seen as an indicator of an organization’s overall quality

Increasing Power

• Identify what you and others want
• Look at the total situation
• Rank needs in order of importance
• Determine who controls what you want
• Identify the resources you control
• Focus on choice, not action
### Vision

- Provides purpose and direction
- Enables building of consensus and support
- Enables identification of present capabilities
- Determines success factors
- Can be used to identify resources of people, time, and money

### Politics

- Can be used to influence policy
- Is an interpersonal endeavor
- Is a collective activity
- Requires analysis and planning
- Involves image

### Policy and Political Action

- **Policy**
  - The decisions that govern action
  - Determine an organization’s relationships, activities, and goals
  - Result from political action
- **Politics**
  - Art of influencing others to achieve a goal
Policy and Political Action (continued)

• Identify the stakeholders
  – People or groups who have a direct interest in the work of an organization
• Political action in the community
  – Workplace, government, and organizations all interact with the community

Political Skill

• Is vital for nurses to achieve goals
• Is built on relationships with others
• Can be acquired
• Can be used to improve the effectiveness of care

Improving Political Skills

• Learn self-promotion
• Be honest and tell the truth
• Use compliments
• Discourage gossip
• Do and ask for favors
• Attend to grooming and attire
• Use good manners
Critical Thinking

- Used to find creative solutions to problems
- Critical Thinking Involves:
  - Examining assumptions
  - Interpreting and evaluating arguments
  - Imagining and exploring alternatives
  - Developing reflective criticism to reach justifiable conclusion

Critical Thinking Model
Critical Thinking Skills

• Are used throughout the nursing process
• Require time and commitment to develop
• Improve with daily use in nursing activities

Using Critical Thinking

• What are the underlying assumptions?
• How is evidence interpreted?
• How are the arguments to be evaluated?
• What are possible alternative perspectives?

Creativity

• Is essential to the critical thinking process
• Produces new and better solutions to challenges
• Keeps organizations alive
• Must be encouraged and made a priority
Four Stages of Creativity

• Preparation
  – Pick a specific task
  – Gather relevant facts
  – Challenge every detail
  – Develop preferred solutions
  – Implement improvements

Four Stages of Creativity (continued)

• Incubation
  – Allow as much time as possible to elapse before deciding on solutions
• Insight
• Verification

Decision Making versus Problem Solving

• Decision making
  – May or may not involve a problem
  – Always involves making a choice
• Problem solving
  – Involves diagnosing a problem and solving it
  – May or may not require making a decision
Decision Making

- Types of decisions
  - Routine
  - Adaptive
- Decision-Making Conditions
  - State of certainty
  - Uncertainty and risk
  - Probability: The likelihood that an event will or will not occur

Decision Making (continued)

- Objective probability
  - The likelihood that an event will or will not occur based on facts and reliable information
- Subjective probability
  - The likelihood that an event will or will not occur based on manager's personal judgment and beliefs

Decision-Making Process

- Rational decision making
- Descriptive rationality
- Satisficing
- Political decision making
Rational Decision-Making Model

- Identify all possible outcomes
- Examine the probability of each alternative
- Take the action that yields the highest probability of achieving the most desirable outcome

Descriptive Rationality Model

- Emphasizes limitations of decision maker and the situation
- Three ways decision makers depart from the decision-making model:
  - Limits of time, energy, or money
  - Lack of adequate information and control of conditions
  - Individuals often use satisficing strategies

Satisficing and Political Decision Making

- Satisficing: The individual chooses an alternative that is not ideal but either is good enough or is the first acceptable alternative
- Political decision-making model: Power is the ability to influence or control how problems and objectives are defined, what alternative solutions are considered and selected, what information flows, and what decisions are made
Steps in Decision Making

- Identify the purpose
- Set the criteria
- Weight the criteria
- Seek alternatives
- Test alternatives
- Troubleshoot
- Evaluate the action

Steps in Problem Solving

- Define the problem
- Gather information
- Analyze the information
- Develop solutions
- Make a decision
- Implement the decision
- Evaluate the solution

Group Decision-Making

- Professionals function best in organizations with shared governance
- Groups:
  - Provide more input
  - Often produce better decisions
  - Generate more commitment
Group Decision-Making Techniques

• Nominal group techniques
• Delphi technique
• Statistical aggregation
• Brainstorming

Nominal Group Technique

• Structured and precise method of eliciting written questions, ideas, and reactions from group members
  – Ideas generated in writing
  – Ideas presented on flip chart by group members
  – Discussion of recorded data for clarification and evaluation
  – Voting on priority ideas

Delphi Technique

• Judgments on topic from participants who do not meet face to face
• Can rely on the input of experts widely dispersed geographically
• Useful when expert opinions are needed
• Minimizes the chances of more vocal members dominating discussion and allows independent evaluation of ideas
Statistical Aggregation

- Individuals polled regarding problem
- Responses tallied
- Disadvantage: No opportunity for group members to strengthen interpersonal ties or for the generative effect of group interaction

Brainstorming

- Group members meet and generate many diverse ideas about the nature, cause, definition, or solution to a problem
- Premium placed on generating lots of ideas as quickly as possible
- Evaluation takes place after all the ideas have been generated
- Disadvantages: High cost factor, the time consumed, and the superficiality of many solutions

Stumbling Blocks

- Personality
- Inexperience
- Rigidity
- Preconceived ideas
Problem-Solving Methods

- **Trial-and-error**
  - Applying one solution after another until the problem is solved or appears to be improving

- **Experimentation**
  - Involves testing a theory or hunch
  - A project or study is carried out in either a controlled or an uncontrolled setting
  - Data are collected and analyzed and results interpreted to determine whether the solution tried has been effective

Problem-Solving Methods (continued)

- **Past experience and intuition**
  - Individual’s experience can determine how much risk he or she will take in present circumstances
  - Intuition relies heavily on past experience and trial and error

- **Some problems are self-solving**
  - If permitted to run a natural course, problems are solved by those personally involved

Advantages of Group Problem Solving

- Groups are more likely than individuals to try several approaches
- Groups may generate more complete, accurate, and less biased information than individuals
- When groups solve problems the likelihood of cooperation in implementation increases
**Disadvantages of Group Problem Solving**

- Time consuming
- Conflict
- Benign tyranny
- Resistance by managers
- Groupthink
- Risky shift

**Use Group Decision Making When**

- Time and deadlines allow for a group decision
- The problem is complex or unstructured
- The group’s members share the organization’s goals
- The group needs to accept the decision for proper implementation
- The process will not lead to unacceptable conflict
Factors That Influence Communication

- Participant’s past conditioning
- The situation
- Each person’s purpose in the communication
- Attitudes toward self, the topic, and each other

Successful Communication

- Clear message
- Careful listening
- Monitoring responses
- Providing feedback
Causes of Distorted Communication

- Metacommunications: Oral messages accompanied by nonverbal messages
- Intrasender conflict: Nonverbal communication can distort the meaning of the spoken words
- Intersender conflict: Person gets conflicting messages from different sources.

Other Causes of Distorted Communication

- Using inadequate reasoning
- Using strong, judgmental words
- Speaking too fast or too slowly
- Using unfamiliar words
- Spending too much time on details
- Busy or distracted recipient
- Previous negative experience with sender
- Biased perception of message or sender

Causes of Email and Texting Miscommunications

- Speedy replies
- Sending message to wrong person
- Reply to all
Gender Differences in Communication

- Men and women communicate differently
- Using gender-neutral language helps bridge the gap between men's and women's ways of communicating
- Men and women can improve their ability to communicate with each other

Generational and Cultural Differences in Communication

- Generational differences affect communication styles
- Cultural attitudes, beliefs, and behaviors also affect communication
- Misunderstanding results from people’s lack of understanding of each other’s cultural expectations

Generational and Cultural Differences in Communication (continued)

- Personal and professional cultural enrichment training is recommended
- What applies to one individual will not be true for everyone else in that culture
Organizational Culture

- Customs, norms, and expectations within an organization shape behavior
- Poor communication can be a source of job dissatisfaction
- Violating the organization’s communication rules can result in repercussions

Modes of Communication

- Messages may be oral or written and sent by mail, email, or fax
- Purpose of the message determines the best mode to use
- The more important or delicate the issue, the more intimate the mode should be
- Conflict or confrontation also is usually best handled in person

Levels of Intimacy in Descending Order

- In person
- On the telephone
- Voice mail
- Email, instant messaging, texting
- Memos, faxes, written mail
Different Levels of Formality

- Applying for a job
- Conveying the time and place of an upcoming meeting
- Nominating a coworker for an award
- Communicating with a family member

Directions of Communication

- Downward
- Upward
- Lateral
- Diagonal
- Informal

The Role of Communication in Leadership

- Leaders who engage in frank, open, two-way communication are seen as informative
- Communication is enhanced when the manager listens carefully and is sensitive to others
- A major underlying factor is an ongoing relationship between the manager and employees
- Successful leaders are able to persuade others and enlist their support
Communicating with Subordinates

- Good communication is the adhesive that builds and maintains an effective work group
- Giving direction
  - Know the context of the instruction
  - Get positive attention
  - Give clear, concise instructions
  - Verify through feedback
  - Provide follow-up communication

Communicating with Superiors

- Working effectively with a supervisor is important because this person directly influences personal success in a career and within the organization
- Managing a supervisor is a crucial skill for nurses
- Managing upward is successful when power and influence move in both directions
- Understand the superior's position from her or his frame of reference

Influencing Your Supervisor

- Nurses need to approach their supervisor to exert their influence on a variety of issues and problems
- Timing is critical; consider the impact of your ideas on other events occurring at that time
Communicating with Your Supervisor

- Taking a problem to your supervisor
  - Go with a goal to problem solve together
  - Have some ideas about solving the problem
  - Keep an open mind
- If working with that superior is too difficult for you to manage your work satisfactorily, you may have to transfer elsewhere or leave

Communicating with Peers and Medical Staff

- Peers
  - Can provide support; there may also be competition or conflicts
  - Should interact on a professional level
- Medical staff
  - Have considerable power because of their ability to attract patients to the organization
  - Nurse managers are role models and leaders for establishing nurse-physician relationships on their units

Communicating with Medical Staff

- Physicians first want quality staff – nurses, health care workers, other physicians, and up-to-date facilities and equipment
- Physicians want respect
- Patient care is a physician’s primary concern
Supporting Collaboration with Medical Staff for Patient Care

- Respect physicians as persons, and expect them to respect you
- Consider yourself and your staff equal partners with physicians in health care
- Build the staff’s clinical competence and credibility
- Actively listen and respond to physician complaints as customer complaints

Supporting Collaboration with Medical Staff for Patient Care (continued)

- Use every opportunity to increase your staff’s contact with physician
- Establish a collaborative practice committee on your unit
- Serve as a role model to your staff in nurse-physician communication
- Support your staff in participating in collaborative efforts by words and by your actions

Communicating with Patients and Families

- The patient (and family) are the principal customers of the organization
- Handle complaints and concerns tactfully and expeditiously
- Lawsuits can be avoided if the patient or family feels that someone has taken the time to listen to their complaints
Communicating with Patients and Families (continued)

- Most individuals are unfamiliar with medical jargon
- Maintain privacy and identify a neutral location for dealing with difficult interactions
- Make a special effort to find an interpreter if a patient or family does not speak English
- Recognize cultural differences

Four Ways that Generate Power

- With words
  - Use the other person’s name frequently
  - Use strong statements
  - Avoid discounters, cliches, and fillers
- Through delivery
  - Be enthusiastic
  - Speak clearly and forcefully
  - Make one point at a time
  - Do not tolerate interruptions

Four Ways that Generate Power (continued)

- By listening
  - For facts, emotions, and what is not being said
- Through Body Posture and Language
  - Sit next to antagonist; turn 30 degrees to address that person
  - Expand your personal space
  - Use gestures
  - Maintain eye contact, but do not stare
Strategies for Coping with Difficult People

- Distance yourself physically and psychologically
- Validate the person’s feelings and information, but don’t patronize
- Ask “how” or “what” questions
- Use physical movement
- Try humor

Improving Communication Skills

- Consider your relationship to the receiver
- Craft your message
- Be clear about your goal
- Decide on the medium to use
- Check your timing
- Be prepared when you deliver your message

Improving Communication Skills (continued)

- Attend to responses
- Reply appropriately
- Conclude when messages are understood
- Evaluate the process
Defining Delegation

- Delegation is the process by which responsibility and authority for performing a task is transferred to another individual who accepts that authority and responsibility
  - Delegator remains accountable for the task
  - Delegation skills can be learned

Responsibility and Accountability

- Responsibility denotes an obligation to accomplish a task
- Accountability is accepting ownership for the results or lack thereof
- Responsibility can be transferred
- Accountability is shared
- You can delegate only those tasks for which you are responsible
**Authority**

- Authority is the right to act
- By transferring authority, the delegator is empowering the delegate to accomplish the task

**Differentiating Delegation From Assignment**

- In assignment no transfer of authority occurs
- Assignments are a bureaucratic function that reflect job descriptions
- Effective delegation benefits the delegator, the delegate, and the organization

**Delegation versus Dumping**

- Delegate because it is the best use of time
- Do dump an undesirable task
- Role modeling delegation and giving staff opportunities to experience delegation from another’s point of view can improve the work of the team
Benefits of Delegation to the Nurse

- Patient care is enhanced
- Nurse’s job satisfaction increases
- Retention is improved

Benefits of Delegation to the Delegate

- Delegate gains new skills and abilities
- Delegate gains trust and support resulting in self-esteem and confidence
- Job satisfaction and motivation are enhanced
- Individuals feel stimulated by new challenges
- Morale improves, a sense of pride and belonging develops
- Greater awareness of responsibility

Benefits of Delegation to the Manager

- Manager will have a better functioning unit
- Manager will have more time to devote to management tasks
- Manager will have time to develop new skills and abilities, facilitating the opportunity for career advancement
Benefits of Delegation to the Organization

- Organization achieves goals more efficiently
- Overtime and absences decrease, productivity increases
- Financial position may improve
- Quality of care improves
- Patient satisfaction increases

The Delegation Process

- Define the task
  - Delegate only an aspect of your own work for which you have responsibility and authority
  - Routine tasks
  - Tasks for which you do not have time
  - Tasks that have moved down in priority

The Delegation Process (continued)

- Define the task
  - Define the complexity of the task and its components
  - Subdivide the task into component parts and delegate the components congruent with the available delegate’s capabilities
The Delegation Process (continued)

• Certain tasks should never be delegated
  – Discipline
  – Highly technical task
  – Situations that involve confidentiality or controversy

• Decide on the delegate
  – Match the task to the individual
  – Delegate to the lowest person in the hierarchy who has the requisite capabilities and who is allowed to do the task legally
  – Determine availability
  – Delegation is an agreement that is entered into voluntarily

• Determine the task
  – Clearly define your expectations for the delegate, plan when to meet
  – Key behaviors in delegating tasks
  – Describe the task using ‘I’ statements
  – The delegate needs to know what is expected, when the task is to be completed, where, and how
  – If written reports are required, indicate whether tables, charts, or other graphics are necessary
  – Be specific about reporting times; identify critical events or milestones
The Delegation Process (continued)

• Key behaviors in delegating tasks
  – Describe the importance to the organization, you, the patient, and the delegate
  – Clearly describe the expected outcome and the timeline for completion
  – Identify any constraints for completing the task or any conditions that could change
  – Validate understanding of the task and your expectations

• Reach agreement
  – Be sure that the delegate agrees to accept responsibility and authority for the task

• Monitor performance and provide feedback
  – Monitoring performance provides a mechanism for feedback
  – Be sure to give praise and recognition due

Obstacles to Delegation

• A nonsupportive environment
  – Organizational culture
  – Culture within the organization may restrict delegation
  – An atmosphere of distrust prevails
  – Personal qualities

• Poor communication and interpersonal skills can also be barriers to delegation
Nonsupportive Environment

- Lack of resources
- Financial constraints
- Educational resources
- Time limits

Insecure Delegator

- Fear of competition or criticism
- Fear of liability
- Fear of loss of control
- Fear of overburdening others
- Fear of decreased personal job satisfaction

Unwilling Delegate

- If proper selection criteria are used and steps of delegation followed, then the delegate should not fail
- Another barrier is the individual who avoids responsibility or is overly dependent on others
Avoiding Unnecessary Duplication

- Try to delegate associated tasks to as few people as possible.
- To prevent work duplication ask:
  - How often does staff duplicate an activity that someone else has recently performed?
  - Why does this duplication occur and is it necessary?
  - How can nurses delegate to prevent duplication?

Avoiding Underdelegation

- Transfer full authority to the delegate.
- Avoid taking back responsibility for aspects of the task.
- Equip and direct the delegate.

Reverse Delegation and Overdelegation

- Reverse delegation
  - Someone with a lower rank delegates to someone with more authority.
- Overdelegation
  - When the delegator loses control over a situation by providing the delegate with too much authority or too much responsibility.
  - This places the delegator in a risky position, increasing the potential for liability.
Liability and Delegation

- Fear of liability often keeps nurses from delegating
- State nurse practice acts determine the legal parameters for practice
- Professional associations set practice standards
- Organizational policy and job descriptions define delegation appropriate to the specific work setting

NCSBN Five Rights of Delegation

- Right task
- Right circumstances
- Right person
- Right direction and communication
- Right supervision
Differentiating Groups from Teams

- A group:
  - Is an aggregate of individuals who interact and mutually influence each other
  - Can be formal or informal
  - May be permanent or temporary

- A team:
  - Is a group that works to achieve a goal
  - Has command or line authority to perform tasks
  - Bases membership on the skills needed to accomplish task

Types of Groups

- Formal Groups
  - Individuals from a single work group
  - Individuals from different job levels
  - Individuals from different work groups and different job levels in the organization

- Informal Groups
  - Evolve naturally from social interactions
  - Are not defined by an organizational structure
Types of Groups (continued)

- Real (command) groups
  - Accomplish tasks in organizations
  - Recognized as legitimate organizational entity
- Task groups
  - Composed of several persons who work together
  - May or may not have a designated leader
  - Charged with accomplishing specific time-limited assignments
- Committees or task forces
  - Are formed to deal with specific issues involving several service areas
- Teams
  - Are real groups in which individuals must work cooperatively with each other in order to achieve some overarching goal
  - May have a short life span or exist indefinitely
- Competing groups: Members compete for resources or for recognition
- Ordinary interacting groups
  - Usually have a designated leader
  - Include most work teams, task groups, and committees
  - Enhance cohesiveness of group members
  - May be dominated by one or a few members
**Group Essentials**

- **Activities:** Observable behaviors of group members
- **Interactions:** Verbal or nonverbal exchanges of words or objects among two or more group members
- **Attitudes:** Perceptions, feelings, and values held by individual group members

**Phases of Group Development**

- **Forming**
  - Individuals assemble into a well-defined cluster
  - Group members are cautious in approaching each other

**Phases of Group Development (continued)**

- **Storming**
  - Members wrestle with roles and relationships
  - Conflict, dissatisfaction, and conflict arise
  - Members often compete for power and status
  - Informal leadership emerges
  - The leader helps the group to acknowledge the conflict and to resolve it in a win-win manner
Phases of Group Development (continued)

• Norming
  – Group defines goals and rules of behavior
  – Group structure, roles, and relationships become clearer
  – Cohesiveness develops

Group Norms

• Informal rules of behavior are shared and enforced by group members
• Norms are likely to be enforced if they serve to facilitate group survival

Group Roles

• Set of expected behaviors that fit together into a unified whole and are characteristic of persons in a given context
• Task roles attempt to keep the group focused on its goals
Task Roles

• Initiator-contributor
• Information-seeker
• Information-giver
• Opinion-seeker
• Opinion-giver
• Elaborator

Task Roles (continued)

• Coordinator
• Orienter
• Evaluator critic
• Energizer
• Procedural technician
• Recorder

Nurturing Roles

• Encourager
• Harmonizer
• Compromiser
• Gate-keeper
• Group observer
• Follower
Phases of Group Development

- Performing
  - Members agree on purposes and activities and carry out work
  - Cooperation improves, and emotional issues subside
  - The leader provides feedback

Phases of Group Development (continued)

- Adjourning
  - The group dissolves after achieving its objectives
- Re-forming
  - A major change requires the group to refocus its activities and recycle through the four stages

Team Building

- Team building steps
  - Gathering data
  - Diagnosing the team’s strengths and areas in need of development
  - Holding semi-structured retreat sessions aimed at addressing priority team problems
Team Building (continued)

• Most team building involves simulated real-life activities aimed at improving the team’s functioning
• The most important initial activities are data gathering and diagnosis

Team Building (continued)

• Questions must be asked
  – About the group’s context
  – Characteristics of the group’s work
  – The team, its problem-solving style, interpersonal relationships, and relations with other groups
• Only after diagnosing the problems of the team can the leader take actions to improve team functioning

The Nurse Manager as Team Leader

• The manager can increase the perceived value of the group
• The manager’s communication style affects group cohesiveness
• The manager controls what information is received and who receives it
Group Task

• Additive task
  – Group performance depends on the sum of individual performances
• Disjunctive task
  – Group succeeds if one member succeeds
• Divisible task
  – Tasks that can break down into subtasks with division of labor
• Conjunctive task
  – Group succeeds only if all members succeed

Interdependence

• Pooled interdependence
  – Each individual contributes but no one contribution is dependent on any other
• Sequential interdependence
  – Group members coordinate activities with others in some designated order
• Reciprocal interdependence
  – Members coordinate activities with every other individual in the group

Group Size and Composition

• Groups with five to ten members tend to be optimal for most complex organizational tasks
• Homogeneous groups tend to function more harmoniously
• Heterogeneous groups may experience considerable conflict
Evaluating Team Performance

- Group functioning can be assessed by the level of work-group cohesion, involvement in the job, and the willingness to help each other
- The stability of members is an additional measure of group functioning

Committees and Task Forces

- Committees
  - Are generally permanent
  - Deal with recurring problems
- Formal committees
  - Are part of the organization
  - Have authority as well as a specific role

Committees and Task Forces (continued)

- Informal committees
  - Are primarily for discussion and have no delegated authority
- Task forces
  - Are ad hoc committees appointed for a specific purpose and a limited time
Guidelines for Conducting Meetings

- **Preparation**
  - Preparation includes clearly defining the purpose of the meeting.
  - The leader should prepare an agenda.

- **Participation**
  - Meeting should include the fewest number of stakeholders who can actively and effectively participate in decision making.

Guidelines for Conducting Meetings (continued)

- **Place and time**
  - Meetings should be held in places where interruptions can be controlled and at a time when there is a natural time limit to the meeting.
  - Meetings should be limited to 50 to 90 minutes.
  - Meetings should start and finish on time.

Group Members Should

- Be prepared for the meeting.
- Ask for clarification as needed.
- Offer suggestions and ideas as appropriate.
- Encourage others to contribute ideas and opinions.
- Offer constructive criticism as appropriate.
- Help the discussion stay on track.
- Assist with implementation as agreed.
Managing Task Forces

• Members of a task force have less time to build relationships
• Preparing for the first meeting
  – Leader must clarify the objectives of the task force
  – Task force members should be selected on the basis of their knowledge, skills, personal concern for the task, time availability, and organizational credibility

Managing Task Forces (continued)

• Conducting the first meeting
  – Goal is to come to a common understanding of the group's task and to define the group's working procedures and relationships
  – A standard of total participation should be well established

Managing Task Forces (continued)

• Managing subsequent meetings and subgroups
  – Keep all members informed of the group's progress
  – A work plan should be developed
  – The leader also must be sensitive to the conflicting loyalties
Managing Task Forces (continued)

• Completing the task force’s report
  – Prepare a written report for the commissioning administrators

Managing Patient Care Conferences

• Address the needs of individual patients or patient populations
• Meetings are usually multidisciplinary and used for case management to discuss specific patient care problems
Conflict

• The consequence of real or perceived differences in mutually exclusive goals, values, ideas, attitudes, beliefs, feelings, or actions
  – Intrapersonal conflict: Within one individual
  – Interpersonal conflict: Between two or more individuals
  – Intragroup conflict: Within one group
  – Intergroup conflict: Between two or more groups

Conflict (continued)

• Conflict is dynamic
• It can be positive or negative
• A certain amount of conflict is beneficial to an organization
• Aggressive behavior can occur
• Scapegoating may occur
• Conflict may be covert and inappropriate
Conflict (continued)

- Competitive conflict is a victory for one side and a loss for the other side
- Disruptive conflict does not follow any mutually acceptable set of rules and does not emphasize winning

Conflict Can Inspire Change By:

- Increasing sensitivity to an issue
- Inspiring people to develop new ideas or identify new methods for solving problems
- Helping people become more aware of tradeoffs, especially costs versus benefits
- Motivating people to improve performance, effectiveness, and satisfaction

The Conflict Process

[Diagram showing the conflict process with steps:
- Antecedent Conditions
- Perceived Conflict
- Felt Conflict
- Conflict Behavior
- Conflict Resolved or Suppressed
- Outcomes]
Antecedent Conditions

- Associated with increases of conflict
- Propel a situation toward conflict
- Based on incompatible goals
  - Most important antecedent condition to conflict
  - Individuals and organizations have multiple goals that change over time

Antecedent Conditions (continued)

- Role conflicts
  - Defined as other people’s expectations regarding behavior and attitudes
  - Task interdependence is another potential source of conflict

Antecedent Conditions (continued)

- Structural conflict
  - Structural relationships (superior to subordinate, peer to peer) provoke conflict because of poor communication
  - Competition for resources, opposing interests, or lack of shared perceptions or attitudes
Antecedent Conditions (continued)

- Competition for resources
  - Can be internal or external
- Values and beliefs
  - Result from an individual’s socialization experience
    - Distancing mechanisms or differentiation serve to divide a group’s members into small, distinct groups, thus increasing the chance for conflict. - Unifying mechanisms occur when greater intimacy develops

Perceived and Felt Conflict

- Parties involved view situations or issues from differing perspectives
- Perceived conflict
  - Each party’s perception of the other’s position
- Felt conflict
  - Negative feelings between two or more parties

Conflict Behaviors

- Result from the parties’ perceived or felt conflict
- May take the form of aggression, competition, debate, or problem solving
- May include covert behavior
  - Indirect tactics, such as scapegoating, avoidance, and apathy
Conflict Resolution or Suppression

- Resolution: A mutually agreed-upon solution that both parties commit themselves to
- Suppression: One person or group defeats the other
- Optimal solution: Both parties see themselves as winners and the problem is solved

Filley’s Strategies

- Win-lose
  - One party exerts dominance, the other party submits and loses
- Lose-lose
  - Neither side wins
- Win-win
  - Focuses on goals and meeting the needs of both parties
  - Consensus involves attention to facts and the position of the other parties

Integrative Decision Making

- Focuses on the means of solving a problem rather than the ends
- Most useful when the needs of the parties are polarized
Other Strategies

• Confrontation
  – Considered the most effective means for solving conflicts
  – Problem-oriented technique in which the conflict is brought out into the open
  – Attempts are made to resolve it through knowledge and reason
  – Goal is to achieve win-win solutions
  – Delivered in private as soon as possible

Other Strategies (continued)

• Negotiation
  – Involves give-and-take on various issues among the parties
  – Seeks to achieve agreement even though consensus will never be reached
  – Can be guided by Levenstein’s ten commandments for negotiators

Other Strategies (continued)

• Collaboration
  – Mutual attention to the problem, in which the talents of all parties are used

• Compromise
  – Used to divide the rewards between both parties.
  – Neither gets what he or she wants

• Competing
  – An all-out effort to win, regardless of the cost
Other Strategies (continued)

- **Accommodating**
  - An unassertive, cooperative tactic used when individuals neglect their own concerns in favor of others’ concerns

- **Suppression**
  - In situations where conflict is discouraged
  - Could include elimination of one of the conflicting parties through transfer or termination

Other Strategies (continued)

- **Avoiding**
  - Participants never acknowledge that a conflict exists

- **Withdrawal**
  - Simply removes one party

- **Smoothing**
  - Complimenting opponent, downplaying differences, focusing on areas of agreement

Other Strategies (continued)

- **Forcing**
  - Method that yields an immediate end to the conflict but leaves the cause of the conflict unresolved

- **Resistance**
  - Can be positive or negative
Managing Conflict

• Conflict management begins with a decision regarding if and when to intervene
• Sometimes it is best to postpone intervention
  – Increased intensity can motivate participants to seek resolution

Rules for Mediating Conflict

• Protect each party’s self-respect
• Do not put blame or responsibility for the problem on the participants
• Allow open and complete discussion of the problem from each participant
• Maintain equity in the frequency and duration of each party’s presentation

Rules for Mediating Conflict (continued)

• Encourage full expression of positive and negative feelings in an accepting atmosphere
• Make sure both parties listen actively to each other’s words
• Identify key themes in the discussion
• Encourage the parties to provide frequent feedback
**Rules for Mediating Conflict (continued)**

- Help the participants develop alternative solutions
- At an agreed-upon interval, follow up on the progress of the plan
- Give positive feedback to participants

**Bullying: A Unique Case of Conflict**

- Bullying involves abuse of power
- Several strategies to confront bullies
  - Don’t blame yourself
  - Learn how to bully-proof yourself
  - Confront the bully
  - Avoid the bully if possible
  - Keep a record
Effective Leadership and Management in Nursing

Chapter 13
Managing Time

Time Management

• No one manages time, but we can determine how we use time

Organizational Factors

• Job enlargement—organizational structure that can affect time demands
• Flatter organizational structures—positions combined with managers having more staff to supervise
Time Wasters

- Staff interruptions
- Meetings without a clear purpose
- Goals, objectives, and priorities that are not measurable
- Plans without time parameters

Time Wasters (continued)

- Disorganized files or papers
- Time logs, not analyzed
- Tasks/activities that can be delegated
- Waiting for others
- Inability to say no

Time Logs

- Examine your planner/appointment book to determine how you spend your time
- Determine time wasters/activities which could be delegated to others or eliminated
Goals

• Goals provide a guide, a time frame, and a way to measure accomplishments

Goal Categories

• Professional
• Financial
• Social
• Entertainment
• Physical
• Lifestyle
• Community
• Spiritual

Short-Term Goals

• List short-term goals that you plan to accomplish within the school year
• List short-term goals that you plan to accomplish in a managerial role
Managing Goals

- Identify objectives to be achieved
- Describe specific activities necessary to achieve these objectives
- Estimate time required for each activity
- Determine planned activities for concurrent action versus sequential
- Identify activities that can be delegated

Prioritizing: Urgent and Important

- A patient’s condition becomes life threatening and you have other patients who need your care
- You handle the situation by:

Prioritizing: Important But Not Urgent

- You are the clinical preceptor for a nurse resident who needs to debrief about how he communicated with the case manager about a patient’s discharge plans
- You handle the situation by:
Prioritizing: Urgent But Not Important

- Today is the deadline to submit the quality assurance report about decubitus ulcers. The study results demonstrate that staff practice is consistent with standards and the decubitus ulcer rate is decreasing.
- You handle the situation by:

Minimize Routine Work

- The budget deadline is approaching and you maintain records of the frequency of times.
  - Your budget files and other reports need to be organized in chronological order.
  - How would you approach this routine work in the future, to save time, given your deadline?

Paperwork

- Plan and schedule times for paperwork.
- Sort paperwork for effective processing.
- Send every communication online.
- Analyze paperwork frequently.
- Do not be a paper shuffler – handle paper once.
Determine Best Use of Time

• For myself and my goals
• For my staff and their goals
• For the organization and its goals

Self-Discipline

• Establish realistic commitments to effectively manage time
• Explain to your superior how being overloaded will have consequences on your assignments
• Communicate your own needs to others

Interruptions

• Each time you are stopped in the middle of one activity to give attention to something else you are wasting valuable time
• How can you approach interruptions to save time?
** Interruption Log **

- List interruptions that occur
- Describe how the interruption affects your work
- Analyze interruptions to determine patterns
- Calculate how much time is wasted

** Minimize Telephone Interruptions **

- Identify purpose of call
- Plan calls
- Schedule a time for calls
Paying for Health Care

- Medicare: Government’s largest health care financing program
  - Paid out more than $313.5 billion in 2006 (CMS, 2007)
- Private Insurance
- Self-pay

Diagnosis-Related Groups (DRGs)

- Pay a provider a set amount for a specific patient condition
- Pay a stipulated amount ahead of time, instead of paying the bill after care is rendered
- Implemented in the 1997 Balanced Budget Act to control Medicare expenditures
**Predetermined Rates**

- Reimbursement of predetermined amount for Medicare patients
- Negotiated rates, such as per diem
- Negotiated discounts
- Capitation

**Budgeting Process**

- Plan and control future operations
- Compare actual results with planned expectations

**Data Gathered to Create a Budget**

- Population demographics
- Revenue sources
- Statistical data
- Projected salary
- Supply and equipment price increases
- Regulatory and organizational changes
Budget

- Ensures that resources necessary to achieve budget objectives are available at appropriate times
- Helps management control organizational expenses

Well-Managed Budget

- Monitors effectiveness of plan and adjusts accordingly for next budget cycle
- Allows manager to identify resource problems early and adjust for changing situations
- Uses organization’s resources to best provide quality patient care

Budgeting

- Approach Varies
  - Cost center
  - Revenue center
  - Profit center
- Incremental Budget
- Zero-Based Budget
- Fixed or Variable Budget
**Incremental Budget**

- Finance department distributes a budget worksheet listing each expense item or category on a separate expense line.
- Expense line divided into salary and nonsalary items.

**Zero-Based Budget**

- Assumes base for projecting next year's budget is zero.
- Requires managers to justify all activities and programs as if they were being initiated for the first time.
- Requires expenditures to be justified under current environment and organization's objectives.

**Fixed or Variable Budgets**

- Fixed budgets- amounts are set without regard to changes that may occur during the year, such as patient volume or program activities.
- Variable budgets- adjusted based on changes in revenues, patient census, utilization of supplies, and other expenses.
### Operating Budget

- **Revenue Budget**
  - Based upon volume, patient mix, discounts, reimbursement rates
- **Expense Budget by Cost Center**
  - Cost Classifications
    - Fixed versus variable
    - Direct versus indirect

### Salary Budget

- **Benefits**
- **Shift Differentials**
- **Overtime**
- **On-Call Hours**
- **Premiums**
- **Salary Increases**

### Supply and Non-Salary Expense Budget

- **Supplies**
- **Rental Fees**
- **Maintenance Costs**
- **Equipment Service Contracts**
Capital Budget

- Physical Renovations
- New Construction
- New/Replacement Equipment
- Capital Items: Expected to be used for more than one year; cost more than $500

Budgeting Process

- Manager obtains data and estimates budget
- Evaluation hierarchy reviews proposal
- Governing board reviews and approves

Variance Analysis

- Types of variance
  - Volume
  - Efficiency
  - Rate
- Salary variance
- Nonsalary variance
Position Control

• Monitoring tool used by nurse managers to compare actual numbers of employees to number of budgeted FTEs.
• List of approved, budgeted FTE positions by category or job classification for the nursing cost center

Volume, Efficiency, Rate Variances

• Volume variances–Differences in budgeted and actual workload requirements related to patient days
• Efficiency variance–Difference between budgeted and actual nursing care hours provided
• Rate variances–Difference in budgeted and actual hourly rates paid

Budget Variances

• Identify items over or under budgeted amounts
• Determine reason for variance
• Maintain information in preparation for future budgets
• Examine payroll, monitor overtime; use of agency personnel
Cost-Conscious Nursing Practice

- Managers can share budget reports with staff and label the cost of items
- Staff can become aware of costs, not to prevent use of appropriate supplies, but to use the right product for the right purpose

Calculating FTE’s

- Determine hours of replacement time per staff member
- Determine FTE requirement
- Divide replacement time by annual FTE

JCAHO

- Accredits health care organizations
- Evaluates institution to determine that it is adhering to the level of staffing to maintain a safe patient care environment

NOTE: Some states have mandated staffing levels.
Future Trends

- Health care organizations implement cost-based accounting system
- Health care organizations require cost-effectiveness

Tools for Budgeting and Managing Resources

1. Understand the budgeting process in your organization.
2. Determine the number of full-time equivalents necessary to staff the unit.
3. Compare the salary and nonsalary budget, including salary increases and various additional factors.
4. Monitor variances over the budget period and identify negative variances, responding promptly as appropriate.
5. Understand that factors out of your control, such as changes in technology or indirect or direct costs that may be assigned to your budget, affect your budget and its performance.
6. Encourage staff to monitor resource use, including time and supplies.
Recruitment, and Selection Process

- Job analysis
- Methods of recruiting applicants
- Selection techniques
- Legal considerations

Position Description

- Describes required skills, abilities, and knowledge
- Reflects current practice guidelines
- Includes duties and responsibilities
- Lists tasks inherent in duties
- Specifies personal qualifications
- Includes competency-based behaviors
Job Analysis

- Create job overview
- Determine job responsibilities
- Determine necessary qualifications
  - Weigh desired qualities based on reliability date
  - Weigh job dimensions based on trainability
  - Consider impact of training on specific dimensions

Recruitment and Retention

- Identify number of staff to be recruited
- Interview, select, and orient staff
- Provide staff development
- Evaluate performance and provide feedback
- Implement strategies to retain staff
- Schedule exit interviews

Recruiting Strategies

- Where to look
- How to look
- When to look
- How to sell the organization
Successful Recruitment

- Depends on organization’s reputation for higher levels of job satisfaction
- Satisfied nurses are more likely to speak highly of the organization

Interview Rules

- Review application/résumé
- Determine discrepancies between applicant’s qualifications and job description
- List specific questions to ask applicant
- Identify a rapport builder
- Determine if résumé provides a balance of strengths and weaknesses

Principles for Effective Interviewing

- Develop structured interview guides
- Prepare for the interview
- Open the interview
- Gather information
- Give information
- Close the interview
- Involve staff in interview process
Preparing for the Interview

- Assemble all materials for interview
- Use a quiet, pleasant interview site
- Verify scheduled time with the applicant
- Avoid interruptions

Interview Considerations

- Education
- Experience
- Licensure
- Physical Examinations

Work Sample Questions

- Determine applicant's knowledge of work tasks. BUT.....

- Avoid leading questions ("We have lots of overtime. Do you mind overtime?"))
Structured Interview Guides

- An interview is most effective when information on the pool of interviewees is comparable
- Interview guides contain questions, interviewer directions, pertinent information for uniform process, how to gain same basic information from each applicant

Interview Reliability and Validity

- Agreement between two interviews of same measure by same interviewer-HIGH
- Ability to predict job performance-LOW
- Structured interviews-MORE RELIABLE
- Pressured Interviewers-LESS ACCURATE
- Race and gender influence interviewers

Do Not Ask Questions About

- Age
- Race
- Color
- Sex
- Marital status
- Sexual preference
- Disability
- National origin
- Any other protected factor
Legal Issues of Hiring

- Title VII of the Civil Rights Act of 1964
- Equal Pay Act of 1963
- Age Discrimination Act of 1967
- Title I of Americans with Disabilities Act of 1990
- Bona Fide Occupational Qualification
- Equal Opportunity Employment Commission (EOEC)

Behaviors and Sample Questions

**Decision-making** - What was your most difficult decision in the last month and why was it difficult?

**Communication** - What do you think is the most important skill in successful communication?

**Adaptability** - Describe a major change that affected you and how you handled it.

**Delegation** - How do you make a decision to delegate? Describe a specific situation.

**Initiative** - What have you done in school or on a job that went beyond what was required?

**Motivation** - What is your most significant professional accomplishment?

**Negotiation** - Give an example of a negotiation situation and your role in it.

**Planning and Organization** - How do you schedule your time? What do you do when unexpected circumstances interfere with your schedule?

**Critical thinking** - Describe a situation where you had to make a decision by analyzing information, consider a range of alternatives, and select the best one for the circumstances.

**Conflict resolution** - Describe a situation where you had to help settle a conflict.
Staffing and Scheduling

Staffing

- Goal: To provide appropriate numbers and mix of nursing staff to match actual or projected patient care needs to provide effective and efficient nursing care
- Managers: Examine workload pattern for the designated unit, department, or clinic

Staffing Guidelines

- Joint Commission
  - Provide the right number of competent staff to meet patient’s needs based on organization-selected criteria
- American Nurses Association (ANA)
  - Focus on the level of nursing competency required to provide quality nursing care
- Individual state boards of nursing
Patient Classification Systems

- Data collected at midpoint for every shift and analyzed before next shift
- Problems: Nurses may call in sick; patient's condition may change
- Demand management: Deviations tracked and staffing adjusted accordingly

Nursing Care Hours (NCH)

- Patient workload trends analyzed for each day of the week and each hour in critical care
- If 26 patients required 161 nursing care hours, then an average of 6.19 nursing hours per patient per day (NHPPD) are required
- NHPPD: Total nursing care hours divided by total census (number of patients)

Calculating FTEs

- One full-time staff works 80 hours (ten 8 hour shifts) in a 2-week period
- To staff an 8-hour shift takes 1.4 FTEs, one person working ten 8-hour shifts (1.0 FTE) and another person working four 8-hour shifts (0.4 FTE) to provide for the full-time person's 2 days off every week
- Staff working all 8-hour shifts
  – (1.4 FTEs × 33 shifts = 4.2 FTEs)
Calculating FTEs (continued)

- 1 FTEs are needed to staff one **12-hour shift** each day, each week - Two staff each working three 12-hour shifts and one person working one 12-hour shift each week
  - (0.9 FTE = 0.9 FTE = 0.3 FTE = 2.1 FTEs)
- Staff working 12-hour shifts
  - (2.1 FTEs × 32 shifts = 4.2 FTEs)

Determine Staffing Mix

- Hygiene care, feeding, transferring, turning patients—LPNS or UAPs
- Assessments, patient education, or discharge planning—RNs
- High RN skill mix allows for greater staffing flexibility

Distribution of Staff

- Staff needs vary by shift, day of the week
- Surgery patient census fluctuates—higher census Monday through Thursday
- Surgery patients: Shorter length of stay than medical patients
- Medical patient census rarely fluctuates Monday through Friday, less on weekends (diagnostic tests not done)
Scheduling

- Creative and flexible scheduling
- Self-staffing and scheduling
- Supplemental staff
  - Internal pools
  - External pools
  - Use of existing staff

Supplemental Staff

- Internal float pools provide staffing at a substantially lower cost than agency nurses
- Open shift management allows staff to self-schedule additional shifts
- External pools require orientation to agency
- Management must verify valid licensure, ensure current malpractice insurance, evaluate agency nurse’s performance
Effective Leadership and Management in Nursing

Chapter 17
Motivating and Developing Staff

Categories of Job Performance

- Daily job performance
- Attendance
- Punctuality
- Adherence to policies and procedures
- Absence of incidents, errors, and accidents
- Honesty and trustworthiness

Motivated Employees

- Are preferred by nurse managers
- Strive to find the best ways to do their jobs
- Are more likely to be productive than nonmotivated employees
Content Theories

- Emphasize individual needs or rewards that may satisfy those needs
- Two types
  - Instinct: Instincts are inherited
  - Need: Motives are learned behaviors
- Instinct theories criticized for inability to pinpoint motivating behaviors and variability of strengths of instincts

Process Theories

- Emphasize that motivation works to direct staff’s performance
- Process theories include:
  - Reinforcement
  - Expectancy
  - Equity
  - Goal-setting

Social Learning Theory

- People learn through direct experience or observing other people
- Anticipation of reinforcement influences what person observes
- Behavior is learned through cognitive processes before it is performed
- Information conveyed by physical demonstrations, pictures, verbal or written descriptions
Social Learning Theory (continued)

Relapse Prevention

• Learners are taught:
  – To anticipate high-risk situations
  – Coping strategies for avoiding high-risk situations
  – That slips or relapses are predictable and need not become failures
  – To identify potential failure situations and ways to cope with them and practice using new skills in neutral environment

Adult Education Theory

• Four conceptual differences between adult and child education:
  – Self-concept
  – Experience
  – Readiness to learn
  – Time perspective
Educational Programs

- Teach behaviors to improve effectiveness and efficiency
- Maintain patient safety/quality skills
- Learn standards about documentation
- Gain skills when transferring to units
- Apply knowledge from evidence-based practice or new technology

Evaluation Criteria

- Learner reaction
- Learning acquired
- Behavior change
- Organizational impact

Transferring Learning to Clinical Practice

- Big difference between learning and doing
- Behavior must be measured on the job to determine whether the employee has transferred learning to the job
- Peer coaching used to ensure transfer of learning to clinical practice
  - Partners observe each other, ask questions, and provide feedback
Staff Development

- Orientation
  - Preceptor Model
- Staff development methods
  - On-the-job instruction
- Other educational techniques

Staff Development

- Needs Assessment
  - Regulatory requirements
- Planning
  - Establish objectives
  - Evaluate present situation and predict future trends and events
  - Formulate planning statement
  - Convert plan into action statement

Required Educational Programs

- Infection control
- Employee fire and patient safety
- Quality assurance/quality improvement (QA/QI)
- Cardiopulmonary resuscitation (CPR)
- Handling of hazardous materials
Goals of Culturally Sensitive Programs

- Eliminate stereotypes
- Remove barriers
- Prevent misinterpretations
- Promote functioning

Generational Differences

- Baby boomers value collegiality, life-long learning, expect rewards for their work
- Generation X focus on outcomes, prefer to learn on their own (Sherman, 2006)
- Generation X and millennials expect to access information immediately
Trait-Oriented Systems

- Focus on personal characteristics
- Seldom used because of charges that they discriminate against some groups
- Organization should be able to demonstrate job-relatedness of system
- Not useful for employee development

Results-Oriented Systems

- Organizational focus on the bottom line
- Objectives quantifiable, objective, easily measured
- Employees know in advance what is expected
### Behavioral Criteria

- Focus on what employee does
- Employees given specific information on behavior expectations
- Legal problems less likely
- Facilitates employee development
- **Drawbacks:**
  - Time consuming to develop
  - Tied to only one job or narrow range of jobs

### Behavioral-Oriented Performance Items

<table>
<thead>
<tr>
<th>Observation</th>
<th>Analysis</th>
<th>Judgment</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Performs and documents physical assessment according to unit standard.</td>
<td></td>
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<tr>
<td>2. Completes patient plan of care according to unit standard on each assigned patient within 2 hours of admission.</td>
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<tr>
<td>3. Adheres to local policies in a safe and timely manner.</td>
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<tr>
<td>4. Participates in all mandatory in-services programs.</td>
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<tr>
<td>5. Dresses according to unit dress code.</td>
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<tr>
<td>6. Adheres to universal precautions with each patient.</td>
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</tbody>
</table>

### Combination of Criteria

- Developed as a result of concerns about employee productivity
- Employee evaluation based on:
  - Accomplishment of major objectives
  - General personal characteristics
  - Behaviorally specific criteria
Traditional Rating Scale

- General performance dimensions not necessarily based on job description
- Equally weighted dimensions
- Absolute judgment standards
- Judgments based on supervisor’s idea of satisfactory performance

Essay Evaluation

- Narrative describing performance:
  - Details strengths and weaknesses
  - Can provide great deal of data
- Disadvantages:
  - Time consuming to write
  - Difficult to defend in court because comments may not be closely tied to job performance
- Best used in combination with other evaluation formats

Forced Distribution Evaluation

- Similar to grading on a curve
- Managers required to spread staffs’ ratings equally over categories listed
- Greatly disliked
- Not commonly used
Behavior-Oriented Rating Scales

• Employees and managers develop the tool
  – Critical incidents stated as measurable, quantifiable job behaviors
• Time consuming and expensive to develop
• Generally used only when large number of individuals doing the same job

Results-Oriented Evaluations

• Work objectives established at beginning of evaluation period
  – Defined in concrete, quantifiable terms
  – Have specific time frame
• Focus of appraisal is how well employee has accomplished objectives
• Being used more frequently in health care with emphasis on outcomes

Performance Appraisal Problems

• Leniency error
• Recency error
• Halo error
• Ambiguous evaluation standards
• Written comments
Leniency Error

- Managers overrate staff’s performance
  - “I want my nurses to like me.” “It’s difficult to justify giving someone a low rating.”
- Problems
  - If mediocre staff have lenient ratings, it is difficult to take corrective action or discipline
  - Demoralizing to the best staff nurses

Recency Error

- Evaluator recalls recent performance and tends to forget more distant events
- Performance rating reflects what staff demonstrated lately rather than over entire evaluation period
- Problems: Legal and motivational

Halo Error

- Manager assigns ratings based on overall impression
- Some staff rated above average across dimensions, others rated average, others rated below average on all dimensions
Ambiguous Evaluation Standards

- Managers attach different meanings to words such as “outstanding.”
- Addressed in two ways:
  - Group of managers agrees on level of performance necessary for each dimension and communicates that to employees
  - Rating form includes example of behavior for each level of performance

Written Comments Problems

- Written comments tend to be few, vague, and general
- Task is difficult and time consuming when left to the end of the evaluation period
- Regular note taking can lessen the problems

Critical Incidents

- Reports of behaviors that are out of ordinary, either positive or negative
- Include four items:
  - Employee’s name
  - Date and time of incident
  - Brief description of what occurred
  - Nurse manager’s comments
- Recorded as they occur
- Increase accuracy of appraisals
Example of a Critical Incident

1. Name of employee: Cindy Barger
2. Date and time of incident: March 25, 8:27 am
3. Description: Ms. Barger came to work late. This was the third time in the past 3 weeks.
4. Comments: Ms. Barger has only worked for the clinic for 4 months and her temporary job attendance is having an effect on the other clerks. On March 25, at 10:50 am, she acknowledged the problem she has had with baby-sitting but reassured me that she has enrolled her child in preschool and that she should be on time from now on. We agreed to meet again in 2 weeks to evaluate her attendance.

Performance Appraisal

- Make notes about staff’s behavior
- Complete performance appraisal form
- Schedule, document results of formal appraisal interview
- Provide follow-up sessions with coaching and/or discipline

Decision Tree for Evaluating Performance

Assess performance
Is there a problem?

Yes

No

Skill related

Provide education.
Coach.
Simplify task.
Reassign.
Replace if time does not warrant other techniques.

Motivation related

Clarify expectations.
Determine obstacles and remove them.
Determine if desired performance is being punished; remove punishment.
Determine employee values regarding rewards; ensure equitable treatment.

Give feedback as appropriate.
### Skill Competency

- **Performance-Based Development System (PBDS):** Assesses skills for beginning nurses at orientation, skills required at advanced levels.
- **Peer evaluation at point of care with specially selected staff using competency validator based on observations.**

**Skills evaluated to reflect changes in evidence-based practice**
Effective Leadership and Management in Nursing

Chapter 19
Coaching, Disciplining, and Terminating Staff

Coaching

• Day-to-day process to assist staff to improve performance
• Used to intervene immediately when problem arises
• Used when performance meets standards and improvement can still be obtained
• Goal is to eliminate or improve performance problems

Steps of Successful Coaching

• State performance in behavioral terms
• Tie problems to consequences
• Explore reasons for the problem with the employee
• Ask employee for suggestions
• Document required behavioral steps
• Schedule a follow-up meeting

Get the facts–avoid jumping to conclusions.
Policy or Procedure Violation

- Determine if staff is aware of policy
- Describe behavior that violated policy
- Determine staff’s reason for behavior
- Manager and staff explore alternative solutions
- Decide on a course of action

Reasons Managers Hesitate to Discipline

- Inadequate management support/training
- Overlook past inappropriate behavior
- Rationalize behavior to avoid discipline
- Previous poor experiences with attempts to discipline
- Fear that staff will respond negatively
  (Anderson & Pulich, 2001; White, 2006)

Disciplining Staff

- Communicate with Human Resource Staff
- Determine policy violations
- Teach new skills and encourage staff to behave professionally in the future
- Clearly communicate policies/procedures
- Ensure that consequences are progressive
Progressive Discipline

- Process of communicating increasingly severe warnings for repeated violations
- Minor violations may progress from oral warning to written warning placed in staff's personnel folder
- Major violations may lead to immediate suspension or termination

Terminating an Employee

- Steps are similar to disciplining, but no plans to correct behavior and no follow-up
- Seek approval from HR and administration
- Prepare before terminating employee
- Observation and documentation are crucial to avoid legal challenges
- Preferable to have employee resign

Preparation Before Termination

- Were expectations stated clearly?
- Did you review job description, criteria, pertinent policies/procedures?
- Did you document performance on a continuous basis?
- Did you keep staff informed?
- Did you communicate violations?
Preparation Before Termination
(continued)

• Were you honest about poor performance?
• Were you specific about behaviors that failed to meet standards?
• Was performance stated in behavioral terms?
• Were you consistent about performance?
• Did you follow up?
• Did coaching sessions address behaviors?
• Did you document everything in writing?
Effective Leadership and Management in Nursing

Chapter 20
Reducing Turnover, Retaining Staff

Cost of Turnover

- Cost estimates range from $23,000 to $67,000 or 1.2 to 1.3 times the RN salary
- Effects on nurses who remain at job:
  - Morale, overtime, postponement of new ventures
- Positive aspects of turnover:
  - Performance may improve
  - Administration may be challenged to improve work environment
  - Newly hired nurses may be more enthusiastic

Turnover Factors

- Did staff leave of her or his own accord, or was the person asked to leave?
- Was the staff member who left performing at an exceptional or mediocre level?
- Did staff leave for career development or dissatisfaction with the organization?
- Will staff be easy or difficult to replace?
Reducing Turnover

- Reducing turnover and retaining staff begins with recruitment and selection
- Length of stay at previous jobs is an indicator of how long an individual will stay at this job
- Perceptions of ease of movement and desirability of movement influence turnover
- Job satisfaction influences turnover

Ease of Movement

- Education
- Area of specialization
- Age
- Geographic mobility
- Contacts at other hospitals
- Transportation
- Job openings at other organizations

Job Satisfaction Factors

- Relationships with nurse manager, staff, patients, and physicians
- Shift worked
- Fit between nurse values and institutional culture
- Expectations of practice setting
- Compensation level
- Equal/fair rewards and punishments
Criteria for Healthy Work Environment

- Skilled communication
- True collaboration
- Effective decision making
- Appropriate staffing
- Meaningful recognition

Improving Salaries

- Salary compression
  - Results in salaries of long-term employees being at or below that of less-experienced nurses
- Pay scales must reflect achievement and accomplishment
  - Methodist Hospital, Houston, Texas successfully implemented pay for performance

Strategies to Retain Staff

- Provide a realistic job preview to new hires
- Facilitate movement within organization
- Improve work environment
- Coordinate with other managers to influence organizational policies
- Adapt to turnover rate
### Improve Management Practice

- Enrich or redesign staff nurse’s job
- Facilitate all communication
- Link rewards with performance
- Develop group cohesiveness
- Help resolve interpersonal conflicts
- Provide training/educational opportunities

### Performance-Driven Clinical Ladder Program

- Performance indicators used to advance employees
- Concepts guiding decision making:
  - Horizontal promotion
  - Clinical ladder
  - Clinical mentor
- Novice-to-expert concepts
- Clinical excellence rewarded

### Benner’s Novice-to-Expert Concepts

- Apprentice—new nurse or new to area
- Clinical colleague—full partner in care
- Clinical mentor—demonstrates preceptor ability
- Clinical leader—demonstrates leadership in practice
- Clinical expert—combines teaching, research, practice
Magnet Hospital Characteristics

• Higher ratios of nurses to patients
• Flexible schedules
• Decentralized administration
• Participatory management
• Autonomy in decision making
• Recognition
• Advancement opportunities

Mentor-Protégé Relationship

• Mentor: A wiser and more experienced person who guides, supports, and nurtures a less experienced person
• Stages of relationship
  – Initiation
  – Protégé
  – Breakup
  – Lasting friendship

Coach

• Is often a nurse or human resources staff member prepared to help resolve conflicts
• Helps staff focus on problem solving to promote job satisfaction
• Helps resolve conflicts between two nurses, between a nurse and a patient, or between a nurse and a physician
Versant RN Residency™

- Evidence-based, 18-month nurse residency program designed to reduce RN turnover rate
- Nurse partners maintain ongoing relationships, teach professional accountability, critical thinking
- Nurse residents participate in emotional support groups to share experiences and feelings
Effective Leadership and Management in Nursing

Chapter 21
Managing Absenteeism and Other Staff Problems

Absenteeism

- Expensive
- Detrimental to work lives of other staff
- Causes other staff to work shorthanded; creates physical, mental strain
- Forces staff to skip breaks, hurry through meals, abbreviate interactions with patients, cancel nonwork activities

Model of Staff Attendance

- Voluntary absenteeism—Under employee’s control
  - Example: Not coming to work in order to finish one’s income taxes
- Involuntary absenteeism—Outside employee’s control
  - Example: Taking a sick day because of food poisoning
- Total time lost versus absence frequency
Diagnostic Model of Employee Attendance

Attendance Barriers

- Personal illness or injury
- Family responsibilities (sick child)
- Transportation problems (unreliable car)

Job Itself

- Staff in enriched jobs are less likely to be absent than those with mundane jobs
- Enriched jobs may increase attendance motivation because staff believe that what they are doing is important and others depend on them
Organizational Factors

- Offer wellness programs
- Employee assistance programs
- Van pools
- On-site child care

Absence Culture

- Some work units have an absence culture that reflects a tolerance for excessive absenteeism
- Other units have a culture in which being absent is frowned upon

Generational Differences

- Nurses from Generation X and Y (termed millennials) have different expectations in the workplace
- Millennials expect to have flexible scheduling (Clausing et. al, 2003) and may use absenteeism to achieve flexibility
Nurse Manager’s Influence

- Degree of responsibility
- Participation in decision making
- Decisions about personnel
- Consistency with organizational practices
- Emphasis on good attendance

Personal Characteristics

- Staff attitudes—job satisfaction
- Values—personal work ethic
- Goals—desire to get promoted
- Example—staff with high personal work ethic, goal of getting promoted are more highly motivated to attend work than those who lack such a work ethic

Factors to Consider

- Is absenteeism equally distributed across staff nurses?
- Does your unit have a high absenteeism rate?
- Are most absences of short or long duration?
- Does absenteeism have a consistent pattern?
Management Strategies

- Reduce job stress
- Create a norm of excellent attendance
- Enhance advancement opportunities
- Improve co-worker relations
- Select staff satisfied, committed to jobs

Management Strategies (continued)

- Be a good role model—rarely take sick days
- Discuss attendance
- Reward good attendance
- Enforce absenteeism control policies

Staff with Problems

- Overachievers and superachievers
- Disgruntled staff
- Overstressed staff
- Staff with a substance abuse problem
  - Identifying signs of abuse
  - Strategies for intervention
  - Treatment
  - Reentry
  - Americans with Disabilities Act and substance abuse
Managing Staff with Behavior Problems

• Set and communicate standards of performance
• Keep notes about incidents
• Take action early and be consistent
• Use coaching behaviors
• Follow up

Substance Abuse Problem

• Detrimental to impaired nurse
• Jeopardizes patients’ care
• Exposes employer to greater liability
• Early recognition of alcohol or drug dependency and prompt referral for treatment are responsibilities of manager

Identifying Substance Abuse Problems

• Denial
• Frequently incorrect narcotics counts
• Alteration of narcotics vials
• Reports of ineffective pain medications
• Inaccurate recording of pain medication administration
• Narco tic wastage
• Marked shift variations in drug quantities
Strategies for Intervention

- Once impaired nurse identified, proceed with intervention
- Review relevant organizational policies, procedures and state practice act
- Diversion programs with referral, assistance, and monitoring may be offered in lieu of disciplinary action

Reentry

- Carefully planned
- Recognize threat that access to drugs may pose to recovery
- Return to work recommended
- Important that nurse returns to same setting
Workplace Violence

- Any violent act, including physical assaults and threats of assault, directed toward persons at work or on duty (Ray, 2006)

Violence Includes

- Threatening actions—waving fists, throwing objects, or threatening body language
- Verbal or written threats
- Physical attacks—slapping, hitting, biting, shoving, kicking, pushing, beating
- Violent assaults—rape, homicide, and attacks with weapons, such as knives, firearms, or bombs

(Gilmore, 2006; Clements et. al., 2005)
Violence Incidence

- Clements and colleagues found between 35% and 80% of hospital staff had been victims of at least one assault during their careers
- NOTE: May and Grubbs (2006) report that fewer than 50% of nurses who were victims reported their assault

Consequences of Violence

- Affects staff morale
- Increases staff stress
- Causes mistrust of administration
- Exacerbates hostile work environment

Factors Contributing to Violence

- Patients with head trauma, seizure disorders, dementia, alcohol or drug withdrawal, or who are homeless
- Crime victims and perpetrators
- Family members’ stress and fear, long waits
Violence Risk Factors

- Working understaffed
- Long waiting times
- Overcrowded waiting rooms
- Working alone
- Inadequate security
- Unlimited public access
- Poorly lit corridors, rooms, and parking lots (NIOSH, 2003)

Preventing Violence

- Health care organizations:
  - Required to provide safe work environment
  - Must develop adequate policies to address violence in the workplace
  - Inadequate policies may result from lack of awareness

Zero-Tolerance Policies

- Anyone who becomes violent or who exhibits threatening behavior must be removed from the setting and the authorities contacted
Reporting and Education

- Educate staff to recognize warning signs of violence and potential assailants or agitators
- Educate staff about conflict resolution skills and de-escalation tactics

Environmental Controls

- Adequate lighting
- Security devices
- Bullet-resistant barriers (Emergency Rooms)
- Curved mirrors in hallways
- Adequate staffing
- Judicious use of restraints or seclusion
- Alert staff about patients with histories of violent behavior, dementia, or intoxication

Threatening Behaviors

- Clenched fists
- Blank stare
- Fighting stance
- Arms raised in fighting position
- Standing too close or advancing
- Holding weapon of any kind
- Overt intent
- Movement toward exit
Escalating Violence

- Verbal threats often precede a physically violent event
- Abuser might be encouraged by a crowd or afraid to lose face
- Watch body language and keep distance
- Use clear, direct words or silence
- Keep tone calm

Responding to a Violent Incident

- Notify security immediately
- Never try to disarm someone
- If person is not armed, enlist staff to help in restraining violent person
- Put a barrier between violent person and yourself

Post-Incident Follow-Up

- Be certain everyone is safe
- Arrange treatment for injured
- Complete injury and incident reports
- Follow up with human resources
- Contact security
- Contact injured employee at home to express concern and answer questions
Public versus Private Collective Bargaining

- Civil Service Reform Act (1978)—certain federal employees have right to organize, bargain collectively, participate in unions
- State and local employees are under state regulations
- Some states don’t allow employees to strike or form collective bargaining units
- Some states don’t allow wages or overtime pay to be part of a union contract

Categories of Negotiations

- Mandatory
- Prohibited
- Permissive

- All three categories are addressed in public and private sector bargaining
Comparison of Bargaining

Private sector
- Wages
- Hours
- Other terms and conditions of work considered mandatory subjects

Public sector
- Scope of mandatory subjects of bargaining far narrower

Reasons Nurses Join Unions
- Dissatisfaction with working conditions and administration
- Concerns about practice environment
- Concerns about decisions affecting quality of care

Process of Unionization
- Selecting a Bargaining Agent
- Representation election, presided over by the National Labor Relations Board
- Union must demonstrate that interest is shown by at least 30% of employees affected by this action
- Once the 30% level is reached, the union can petition the NLRB to conduct an election
Union Membership

• Registered nurses employed as staff nurses are eligible for collective bargaining, but registered nurses employed as managers are not.
• Registered nurses who work for an organization, but in a capacity outside the traditional nursing department, such as a clinic, home health care, or in education, may or may not be eligible for membership.

Certification by NLRB

• Mandatory Subjects of Bargaining:
  – Rates of pay
  – Wages
  – Hours of employment
  – Conditions of employment
  – Grievance procedures

Administering the Contract

• Individual designated as union representative
• May be an employee of the union or a member of nursing staff
• Duty to provide fair and equal representation to all members of the unit
• Duty to explain provisions of the contract to union membership and assist in grievance process
Decertifying the Contract

- Union members can change union affiliation/remove union by decertifying
- Union members must have at least 30% of bargaining unit membership requesting a change
- NLRB reviews signatures for authenticity, sets date/time, and conducts election by secret ballot–winner determined by majority of cast ballots.

Grievance Process, Step 1

- Staff talks informally with direct supervisor, as soon as possible after incident occurs
- Representative of bargaining agent is present
- If grievance is not adjusted in informal discussion, written request for next step is given to supervisor within 10 work days
- Written response from supervisor must be received within 5 work days

Grievance Process, Steps 2-4

- Step 2. Written appeal may be submitted within 10 work days to the director of nursing or designee
- Step 3. Staff, agent, grievance chairperson, nursing administrator, and director of human resources meet for discussions
- Step 4. Arbitration invoked. Neutral third party selected and present at meetings
Handling Grievances

- Work with one another
- Do not allow disagreements or disputes to be public
- Expedience is a must
- Stay objective
- Get all facts and information, witnesses, documentation
- Meet with grievant’s representatives

Grievance Hearing

- Put the grievant at ease
- Listen openly and carefully
- Take notes
- Discuss problem calmly
- Get all the facts
- Consider grievant’s viewpoint
- Avoid snap judgments
- Make an equitable decision—respond promptly

Collective Bargaining for Nurses

- Contract change or terminations—notification 90 days prior to contract expiration date
- If there is no agreement after 30 days from notification, Federal Mediation and Conciliation Service (FMCS) must be notified
- FMCS will appoint mediator/inquiry board within 30 days, with recommendations within 15 days
- If no agreement after 15 more days, strike vote can be conducted and strike scheduled
Supervisory Status of Nurses

- Responsibility to assign includes nurses and assistants
- Responsibility to direct includes actions of staff to whom tasks have been assigned
- Independent judgment includes nurse’s decision to match staff skills to patient needs

Categories of Unfair Labor Practices

- Interference with the right to organize
- Domination
- Encouraging or discouraging union membership
- Discharging an employee for giving testimony or filing a charge with the NLRB
- Refusal to bargain collectively

Resolving Grievances

- Nurse manager participates in resolving grievances, using the agreed-upon grievance procedure
- Contract violations
- Violations of federal or state law
- Failure of management to meet its responsibilities
- Violation of agency rules
Role of Professional Associations

• American Nurses Association (ANA) has had an active interest in nurses’ economic security
• ANA actively promotes collective bargaining for nurses through Economic and General Welfare Program (This became Department of Labor Relations and Work Place Advocacy)
Stress

- Results when two or more incompatible demands on the body cause a conflict
- Can be positive or negative
- Is essential to sustain life
- In moderate amounts stress serves as stimuli to performance

Nature of Stress

- Handling stress requires balance
- Imbalance occurs when the degree of stress is greater than the available coping mechanism
- Stress greater than coping mechanism can lead to physical and psychological problems
- Lack of stimulating stress can lead to boredom, apathy, low motivation, and poor performance
Organizational Causes of Stress

- Task overload
- Conflicting tasks
- Inability to do tasks assigned
- Physical environment
- Manager’s behavior
- Organizational/individual norms and expectations in conflict
- Need to fulfill multiple roles

Interpersonal Stress Factors

- Strained relationships within the nursing profession and between nurses and other professions
  - Unrealistic expectations
  - Interactions not characterized by open communication
- Need to fulfill multiple roles
  - Family versus professional role conflict

Individual Stress Factors

- Rate of life changes—marriage, pregnancy, or purchasing a new home
- Deficiency focusing—emphasizes negatives at expense of positives, exaggerates weaknesses and disregards strengths
- Necessitating—belief that a particular task must be done by a specific person
**Low Skill Recognition**

- Tendency not to recognize one’s own ability has played
- Least stress-producing and needs most attention in an unstable, unpredictable environment
- Recognition of nurses’ accomplishments improves performance

**Stress and Role Conflicts**

- Intrarole conflict—stress from incongruence between one’s expectations for performance and perception of resulting performance
- Interrole conflict stress from conflict between roles of nurse manager and staff

**Role Ambiguity**

- Results from unclear expectations for one’s performance
- Individuals with high tolerance for ambiguity can deal better with strains from uncertainties and may cope with role ambiguity
Role Conflict

- Two competing roles—nurse manager assumes patient care assignment and needs to attend leadership meeting
- Conflict between nurses’ personal roles and professional nurse roles
- Individual role conflict—incompatibility between perception of role and requirements

Consequences of Stress

- Undue, prolonged anxiety, phobias, or a persistent state of fear
- Depression
- Abrupt changes in mood and behavior
- Perfectionism—unreasonably high standards
- Physical illnesses—ulcer, arthritis, colitis, hypertension, myocardial infarction, migraine headaches

Burnout

- Perception that an individual has used up all available energy to perform the job and feels that he or she doesn’t have enough energy to complete the task (Sherman, 2004)
- Combination of physical fatigue, emotional exhaustion, and cognitive weariness
Compassion Fatigue

- Secondary traumatic stress experienced by caregivers (Figley, 2003; LaRow, 2008)
- Those caring for others suffering from physical/emotional pain with symptoms similar to burnout

Managing Stress

- Recognize stressors in the environment
- Identify and nurture social supports
- Keep life in balance
- Clarify roles and integrate or tie together various roles
- Manage time
- Replenish self and relax

Questions Managers Ask

- Is stress from role ambiguity or conflict?
- Can conflict or ambiguity be reduced?
- What is the manager’s leadership style?
- Do barriers interfere with goal attainment?
- Do staff have feelings of low self-worth?
- Is additional training or education needed?
Work Related Stress

- Identify role ambiguity or conflict
- Assess manager’s leadership style
- Clarify goals, eliminate barriers interfering with goal attainment
- Involve staff in decision making
- Determine feelings of low self-worth
- Recognize and reinforce positive behaviors and accomplishments
Effective Leadership and Management in Nursing

Chapter 25
Advancing Your Career

Envisioning Your Future

• Professional goals
• Personal goals
• Lifestyle
• Location
• Future education

Choosing Your First Job

• Hone skills in a clinical area of interest
• Learn from experienced clinicians
• Gain support from the nursing organization
• Work in an organization whose mission fits your values
• Opportunities for advancement
**Advance Your Career**

- Select positions and professional activities that further your short and long-term goals
- Keep a log of your activities and accomplishments
- Evaluate educational opportunities
- Identify and cultivate mentor relationships
- Evaluate your progress

**Assess Yourself**

- Personality, values, beliefs, likes, and dislikes
- Lifestyle, family, friends, and social life
- Hobbies and personal activities
- Vision of your future
- Skills, knowledge, nursing preferences

**The Interview**

- Obtain information about the position and the organization
- Describe education, past experiences, and achievements
- Assess strengths and weaknesses and their fit with your potential employer's needs
After the Interview

- Send a post-interview thank you letter within 24 hours
- Include a few words summing up your qualifications that fit the position

Accepting the Position

- Salary
- Schedule
- Start date
- Formal letter of acceptance

Mentor

- A person with more experience who is willing to help another progress in the professional role
- A person who provides opportunities for learning and explores ways in which to grow
Next Jobs

- New opportunities are available to nurses
- Self-assessment is essential
- Consider why you want to or are ready to leave
- Be aware if you have selected the job that fits your needs now

Taking the Wrong Job

- Try to get advice from someone you trust
- You may need counseling
- You may need to learn better ways to handle stress
- Short-term employment is generally seen as negative
- Help the employer before you leave

Adapting to Change

- Remain flexible
- The courage to change direction is essential for nurses
- Other events can change your future:
  - Spouse’s job transfer
  - Becoming a parent
- Allow for unplanned events
- Keep your eye on your vision