

Introduction to Nursing Service Management

Objectives:

At the end of this chapter, the student should be able to:

1. Define concepts.
 2. Discuss the difference between administration and management
 3. Describe the managerial level, role and skills.
 4. Explain the importance of good management in a health service organization.
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Introduction:

- Management is as old as human kind and existed since man has been organized in to communities. Managers influence all phases of our modern organizations. Our society simply could not exist as we know it today or improve its present status without a steady stream of managers to guide its organizations.
- Essentially, the role of managers is to guide organizations toward goal accomplishment. All organizations exist for some purpose or objective, and managers have the responsibility for combining and using organizational resources to ensure that the organizations achieve their purposes.
- Henri Fayol, 1925, first identified the management functions of Planning, Organization, Command, Coordination, and Control.
- Later, Luther Gullick, 1973, expanded these and introduced seven activities of management: Planning, Organization, Staffing, Directing, Coordinating, Reporting, and Budgeting (POSDCORB).
- Management moves organizations toward these purposes or goals by assigning activities that organization member perform. If these activities are designed effectively, the production of each individual worker represents a contribution to the attainment of organizational goals. Managers strive to encourage individual activity that will lead to reaching organizational goals and to discourage individual activity that hinders organizational goal accomplishment. Management has no meaning apart from its goals. Management must keep organizational goals clearly in mind at all times. Management and administration sometimes appear to be synonymous, but they are not synonymous terms.

Management:

- The process that managers follow to accomplish organizational goals. The term can be used, however, to refer to a body of knowledge. In this context, management is a cumulative body of information that furnishes insight on how to manage.
- Management is the art of getting things done through people.
- It is the process of reaching organizational goals by working with and through people and other organizational resources.

- It is the process of planning, organizing, leading and controlling the work of organization members and of using all available organizational resources to reach stated organizational goals.
- It is the process of directing, coordinating and influencing the operation of an organization to obtain desired result and enhance total performance.

Management Process and nursing process

- The management process, like the nursing process, includes gathering data, diagnosing problems, planning, interviewing and evaluating outcomes. But in reality, each step of the management process is more complex than the nursing process.
- The management process consists of working with human and physical resources and organizational and psychological processes within a creative and innovative climate for the realization of organizational goals.

Characteristics of Management

1. It is a process or series of continuing and related activities.
2. It involves and concentrates on reaching organizational goals.
3. It reaches these goals by working with and through people and other organizational resources.

Manager:

- Is a person who controls and manipulates resources and expenditures, to meet the organizational goals.
- Is a person responsible for supervising and motivating employees and for directing the progress of an organization.

Nursing service administration:

- Is a coordinated activity, which provides all of the facilities necessary for the rendering of nursing service to clients.
- Nursing service administration is the system of activities directed toward the nursing care of clients, and includes the establishment of over-all goals and

policies within the aims of the health agency and provision of organization, personnel, and facilities to accomplish these goals in the most effective and economical manner through cooperative efforts of all members of the staff.

- It is both an art and a science. It is a science in the sense that one may systematically study and analyze the behavior of people as a collective endeavor and, even their individual behavior in relationship to their individual purposes and to draw generalizations from them that are valid guides to foresight and action. It is an art because it requires qualities of dynamic character to make them effective in application.
- Nursing service administration is the process of planning, organizing, leading and controlling that encompasses human, material, financial and informational resources in an organizational environment to achieve the predetermined objectives.
- Nursing service is the process composed of the set of interrelated social and technical functional activities occurring within a formal organizational setting to accomplish predetermined objectives through utilization of human and other resources.
- The primary objective of the role of nursing service administration is the provision for continuous individual, group and community service, including whatever is necessary. In addressing the factors, which determine health, and to bring them back to self-directive activity towards their own health. The subsidiary objectives of this role are the professional activities of administration, including human relations, communications, teaching, research, and personal development, designed to further the primary objective-the optimum nursing care of patients.

Nursing service managers:

Are people who appointed to positions of authority, which enable others to perform their work effectively, who have responsibility for resource utilization and who are accountable for work results and can be proud of their organizations and what they do.

Types of managers

Traditionally classifications of managers are by level in the organizational hierarchy; common nomenclature is:

1. Top level—such as board of directors, Presidents and vice presidents
2. Middle level- such as directors of nursing, supervisory staffs and department heads.
3. First line/front line/ or supervisory management— such as head nurses and staffs.

Managers common attributes:

- a. Formally appointed to positions of authority.
 - b. Charged with directing and enabling others to do their work effectively.
 - c. Responsible for utilizing resources.
 - d. Accountable to superiors for results.
- The primary differences between levels of managers are the degree of authority and the scope of responsibility and organizational activity at each level. For example, top-level managers such as nursing administrators have authority over and responsibility for the entire organization.
 - Middle level managers such as department heads and heads of services have authority over and responsibility for a specific segment, in contrast to the organization as a whole and act as a liaison between top-level managers and first level managers.
 - First line managers, who generally report to middle level managers have authority over and are responsible for overseeing specific work for a particular group of works.

Levels of Management:

I: Top Level Management

As the nurse director, responsible for managing nursing departments in the hospital, and all middle managers report to him.

The main role of the First level manager:

1. Determines the objectives, policies and plans of the organization.
2. Mobilizes (assemble and bring together) available resources.
3. Does mostly the work of thinking, planning and deciding. Therefore, they are also called as the Administrators and the Brain of the organization.
4. They spend more time in planning and organizing.
5. They prepare long-term plans of the organization which are generally made for 5 to 20 years.
6. Has maximum authority and responsibility. They are the top or final authority in the organization. They are directly responsible to the Shareholders, Government and the General Public. The success or failure of the organization largely depends on their efficiency and decision making.
7. They require more conceptual skills and less technical Skills.

II: Middle Level Management

Emphasize more on following tasks:

1. Gives recommendations (advice) to the top-level management.
2. It executes (implements) the policies and plans which are made by the top-level management.
3. coordinate the activities of all the departments.
4. communicate with the top-level Management and the lower-level management.
5. They spend more time in coordinating and communicating.
6. They prepare short-term plans of their departments which are generally made for 1 to 5 years.
7. Has limited authority and responsibility.

They are intermediary between top and lower management. They are directly responsible to the chief executive officer and board of directors.

8. Require more managerial and technical skills and less conceptual skills.

III: Lower-Level Management.

The lower-level management consists of the Foremen and the Supervisors. They are selected by the middle level management. It is also called Operative /Supervisory level or First Line of Management. It is responsible for supervising the work of non-managerial personnel and the day-to- day activities of a specific work unit or units.

The lower-level management performs following activities:

1. Directs the workers / employees.
2. They develops morale in the workers.
3. Maintains a link between workers and the middle level management.
4. Informs the workers about the decisions which are taken by the management. They also inform the management about the performance, difficulties, feelings, demands, etc., of the workers.
5. They spend more time in directing and controlling.
6. Make daily, weekly and monthly plans.
7. They have limited authority but important responsibility of getting the work done from the workers. They regularly report and are directly responsible to the middle level management.
8. Along with the experience and basic management skills, they also require more technical and communication skills.

Managerial Skills

Managers can also be differentiated by the extent to which they use certain skills: **conceptual, human relations** and **technical skills**. All managers use human relation skills because they accomplish work through people. Human relations skills include **motivation, leadership** and **communication skills**.

The degree to which each is used varies with the nature of the position, scope of responsibility, work activity, and number, types and skills of subordinates. Senior managers use disproportionately more conceptual skills in their jobs than do middle level or first line managers.

These include recognizing and evaluating multiple complex issues and understanding their relationships, engaging in planning and problem solving that profoundly affect the health service organization, and thinking globally about the organization and its environment. In contrast first line managers tend to use job related technical skills, or skills that involve specialized knowledge.

Administration:

The administration is a systematic process of administering the management of a business organization. The main function of administration is the formation of plans, policies, and procedures, setting up goals and objectives, enforcing rules and regulations, etc.

Difference between management and administration

Basis For Comparison	Management	Administration
Authority	Middle and Lower Level	Top level
Role	Executive	Decisive
Work	Putting plans and policies into actions.	Formulation of plans, framing policies and setting objectives
Function	Executive and Governing	Legislative and Determinative
Focus on	Managing work	Making best possible allocation of limited resources.

Nursing Administration

- Nursing Administration is defined as the act of managing nursing duties, responsibilities, or rules.
- An example of administration is the act of the manager in the hospital managing the nursing staff and employing the rules of the health system.

Health care, health services and health service organization:

Health care: is the total societal effort, organized or not, whether private or public, that attempts to guarantee, provide, and finance the promotion of health, prevention of diseases, and restoration of health and rehabilitation.

Health service: is the delivery of health care.

Health service organizations: Deliveries of health services to clients occur in a variety of organizational settings. Health service organizations can be classified by ownership, profit motive, whether the client is admitted. Historically, hospitals and nursing facilities have been the most common and dominant health service organizations engaged in delivery of health services.

The Benefit of good Management in Health Service organizations:

1. High lights priority areas
2. Adopts the service to the needs of a changing situation
3. Makes use of the most limited resources
4. Improves the standard and quality of services
5. Maintain high staff morale

CHAPTER TWO

Functions of Management

Objectives:

At the end of this chapter, the student should be able to:

1. Define the common terms used in the management process
2. List down the expected functions of a nurse manager
3. Discuss the concepts of each function using some examples
4. Describe the effect of delegation on the manager's responsibility for the delegated functions.

Introduction

Before getting into detailed discussions of the individual management functions, it may be helpful to first establish the interrelated nature of the functions; that is, although we can examine them separately, it is necessary to appreciate that these are not free-standing concepts but rather interrelated to a considerable extent. Although planning can perhaps be examined as separate from the others, a plan itself is nothing without application of other functions to convert it to reality.

Planning is the most fundamental of the management functions, and as such it logically precedes all other functions. Planning is the projection of actions intended to reach specific goals. In other words, a plan is a blueprint for the future; it is the expression of what we wish to accomplish or the best prediction of what might occur in the future. Planning begins with the questions of what and why, then focuses on the how, when, who, and where.

Benefits of Planning

Planning ensures that we work effectively and efficiently, or at the very least, it improves our chances of doing so. Planning reduces procrastination, ensures continuity, and provides for more intelligent use of resources. Planning improves our chances of doing things right the first time, reducing the chances of

false starts and resulting in the satisfaction of having everything under control at present and knowing what to do next. Planning is proactive. It decreases the need to manage from crisis to crisis.

As a result we know by how much the target was missed, and we can proceed to determine whether (1) we need to readjust our direction to attain the target or (2) conditions have changed such that the target should be adjusted. In any case, the effort expended in planning is never wasted. We have all undoubtedly heard the expression, “If we fail to plan, we plan to fail.” This is largely true. Without planning, even that which does get done suffers to an extent because it has consumed more time and effort than necessary, and without the direction established through planning, the pursuit of any particular result can be an expensive journey into chaos.

Purpose of planning

1. It gives direction to the organization.
2. It improves efficiency
3. It eliminates duplication of efforts
4. It concentrates resources on important services
5. It reduces guess work
6. It improves communication and coordination of activities

Classifications of Plans

Strategic plans are plans made for achieving long-range goals and living up to the expectations expressed in statements of mission and values. Without strategic planning, few visions are realized.

Tactical plans translate broad strategies into specific objectives and action plans. **Organizational plans** begin with a table of organization. They include position descriptions, staffing, and channels of communication.

Physical plans concern topography (for example, the site of a building, the layout of an office, or the location of diagnostic and therapeutic equipment).

Functional plans are plans concerned with the workings of major functional units such as a nursing service, clinical laboratory, human resources department, financial or clinical services, and others.

Operational plans address systems, work processes, procedures, quality control, safety, and other supportive activities.

Financial plans address the inflow and outflow of money, profit and loss, budgets, cost and profit centers, charges, and salaries.

Career planning, time management, and daily work planning are also vital forms of planning. Daily work planning, the simplest, most elementary form of planning in the working world, frequently proves to be the form of planning most immediately beneficial to the individual supervisor.

Organizing

Is the process of preparing to implement decisions that result from the planning process; in other words, it is the establishment of the structure in which the work gets done. Organizing involves delineating tasks and establishing a framework of authority and responsibility for the people who will perform these tasks; that is, building the aforementioned structure.

It further involves analyzing the workload, distributing it among employees, and coordinating the activities so that work proceeds smoothly. Supervisors perform organizing functions using the authority of their positions in the organizational hierarchy, or “table of organization” or “organizational chart” as it is sometimes described. Essential organizing tools include policies, procedures, work rules, position descriptions, and the all-important activities of assigning and delegating.

Authority

Authority possessed by an individual in the organizational hierarchy is formal power that is delegated; that is, passed on down the hierarchy to the point at which it is to be applied. Supervisors require authority to fulfill their responsibilities. It is axiomatic that people should not be given responsibilities without sufficient authority to completely fulfill those responsibilities and thus get the job done. Although authority is the power that makes a management job a reality, it can be relatively weak in its application.

Staffing

The staffing process starts with human resource planning, recruitment, personnel selection, and orientation of new employees. It continues with training, career development, control, and the appraisal of performance. It sometimes leads to promotion, transfer, demotion, or separation.

It is essential to avoid staffing with people who are clearly over-qualified; these people will not remain long, so personnel costs and turnover can be excessive. Under-qualified job candidates may or may not represent good investments; some may make it, and some may fail. The key factor is whether they can be trained without excessive cost or loss of time. These individuals, when trained, are less likely to be bored with routine tasks, and their turnover rate is generally lower than that of overly qualified people.

Personnel availability and morale are enhanced when you can adjust work hours to suit your employees. More than half of all healthcare workers are female, and many prefer work hours that allow them to meet family responsibilities. Part-time employment, flextime, and job-sharing opportunities can be powerful incentives. The use of these staffing strategies also helps provide the needed flexibility for jobs that experience peaks and troughs of activity.

Directing

Directing- Motivating and leading personnel to carry out the actions needed to achieve the institution's objectives.

Directing means the give the orders, assignments and instructions that permit the subordinate to understand what is expected of him.

It is a process involving mainly human resources management such as motivating, managing conflict, communicating, facilitating collaboration and coordination.

Directing is a function of the manager that gets work done through others. Directing includes five specific concepts; giving directions, supervising, leading, motivating, and communicating, as described below:

- ✓ Giving directions is the first activity and suggests that directions should be clear, concise and consistent and should confirm to the requirements of the situation. The manager should be aware of the tone of the directives. Different types of

situations require different emphasis. For example, an emergency situation calls for different variation of voice than does a routine request.

- ✓ Supervising is concerned with the training and discipline of the work force. It also includes follow up to ensure the prompt execution of orders.
- ✓ Leading is the ability to inspire and to influence others to the attainment of objectives
- ✓ Motivating is the set of skills the manager uses to help the employee to identify his/her needs and finds ways within the organization to help satisfy them.
- ✓ Communicating: involves the what, how, by whom, and why of directives or effectively using the communication process.

Coordinating

Is the process of synchronizing activities and participants so that they function smoothly with each other. When coordination fails, conflict and confusion run rampant. Proactive coordinating involves activities intended to anticipate and prevent problems. Reactive coordinating consists of regulatory activities aimed at the maintenance of existing structural and functional arrangements and corrective activities that rectify errors after they have occurred.

The more steps and the more gatekeepers involved in a workflow process, the greater the need for coordination. Joint projects and services that require interdepartmental cooperation also demand active coordination. Breakdowns in coordination are largely a result of faulty communication, personality conflicts, turf battles, and job design problems. Other causes include training deficiencies, flawed physical arrangements, conflicts of authority, and lack of appropriate policies or procedures.

Workflow coordination is easier when every employee interaction is regarded as a customer service engagement with a provider and a service user (client or customer). Recipients are encouraged to provide positive or negative feedback to the providers and make suggestions for improving such interactions.

Coordinating Requires Persuasive Ability

The definition of management can be expanded to include not only getting things done through people but also getting things done with people. “With people” signifies the importance of

influencing persons who are neither bosses nor subordinates. These relationships are lateral, or collegial, rather than hierarchical.

Most managers and supervisors are involved in both intradepartmental and interdepartmental coordination. The inability to function effectively and efficiently as a coordinator in such relationships can impair careers.

Tools of Coordination

Committees

A major purpose of committees is to increase coordination, but many committees are costly, time consuming, and often ineffective. The strength of committee action comes through a synthesis of divergent viewpoints.

Coordinators

As interdepartmental coordination becomes more important, new coordinating and facilitating roles may be established. Coordinators play an important role in quality management, employee safety, risk management, customer service, staff training, and cost containment.

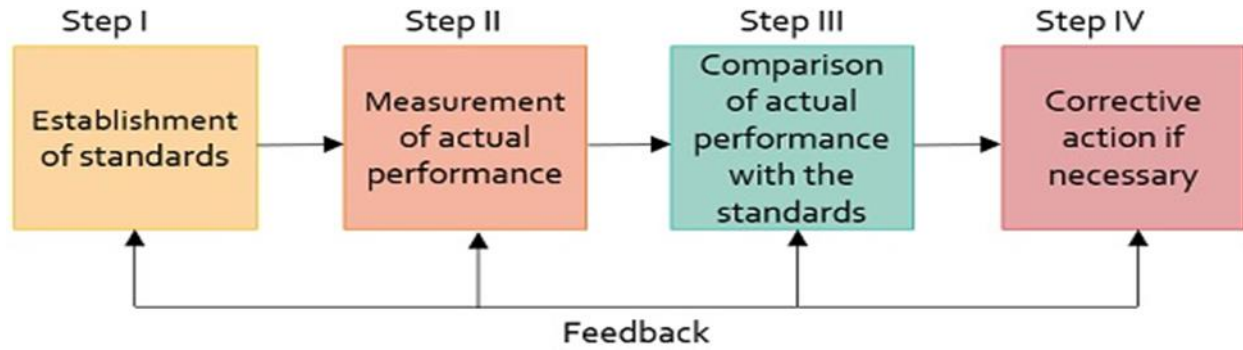
Controlling

The simplest and perhaps the most appropriate definition of controlling is follow-up and correction. Controlling is an essential activity because the environment in which all supervisors work is in a constant state of change. What applies today may well not be valid tomorrow; the conditions that prevail when a project is started or a decision is made do not necessarily remain static. For an undertaking that is planned to extend over several weeks, for example, we can rest assured that a number of changes potentially having some effect on the project's outcome will occur and that some of these, if not addressed, could conceivably derail the undertaking.

Thus controlling and monitoring what occurs as a plan unfolds or monitoring the implementation of a decision and making new decisions or adjustments as needed is always necessary for remaining on track toward the desired results.

Follow-up on implementation has traditionally been the weakest part of the decision-making process, and it is likely also the weakest part of the implementation of any plan. Lack of follow-up is often the primary reason for errors large or small occurring during implementation of any decision. Because the environment is in a constant state of change, it is usually necessary to make adjustments to any decision or plan to ensure success.

It will seem at times—and rightly so—that the manager works much of the time in a continuing cycle of deciding, coordinating, and controlling. These actions constitute the essence of getting things done.



Management Theory in Nursing

Objectives:

At the end of this chapter, the student should be able to:

1. Define Concepts.
2. Identify the concepts of management theories.
3. Discuss the four categories of management theories.
4. Compare between the types of management theories.
5. Discuss the implications of management theories.

Management theory could be categorized into four main focuses.

1. Scientific Management.
2. Classic Organization.
3. Human Relations.
4. Behavioral Science.

Scientific Management

1. Taylor

- Frederick W. Taylor (1856- 1915) generally recognized as the father of scientific management.
- Through the use of stopwatch studies, he applied the principles of observation, measurement, and scientific -comparison to determine the most efficient way to accomplish a task.
- Taylor conducted time-and-motion studies to time workers, analyze their movements, and set work standards.
- He usually found that the same result could be obtained in less time with fewer or shorter motions.
- When the most efficient way to complete a task was determined, workers were trained to follow that method.
- Taylor's scientific management reduced wasted efforts, set standards of performance, encouraged specialization, and stressed the selection of qualified workers who could be developed for a particular job.

Classic Organization

1930.

- It viewed the organization as a whole rather than focusing solely on production, managerial activities and controlling.

1.Fayol. Henri Fayol (1841-1925)

- Fayol known as the "father of the management process school," was a French industrialist concerned with the management of production shops.
- Fayol studied the functions of managers and concluded that management is universal.
- All managers, regardless of the type of organization or their level in the organization, have essentially the same tasks: planning, organizing, issuing orders, coordinating and controlling.
- As believer in the division of work, he argued that specialization increases efficiency.
- Fayol recommended centralization through the use of scalar chain or levels of authority, responsibility accompanied by authority, and unity of command and direction so that each employee receives orders from only one superior.

Human Relations

- The chief concerns of the human relations movement are individuals, group process, interpersonal relations, leadership, and communication.
- Instead of concentrating on the organization's structure, managers encourage workers to develop their potential and help them meet their needs for recognition, accomplishment, and sense of belonging.

1. Lewin. Kurt Lewin (1890 - 1947)

- Lewin focused on the study of group dynamics.
- Lewin maintained that groups have personalities of their own: composites of the members' personalities.
- He showed that group forces can overcome individual interests.
- Lewin advocated democratic supervision.
- His research indicated that democratic groups in which participants solve their own problems and have the opportunity to consult with the leader are most effective.
- Autocratic leadership, on the other hand, tends to promote hostility and aggression or apathy and to decrease initiative.

Behavioral Science

- Behavioral science emphasized the use of scientific procedures to study the psychological, sociological, and anthropological aspects of human behavior in organizations.
- Behavioral scientists indicated the importance of maintaining a positive attitude toward people, training managers, fitting supervisory action to the situation, meeting employees' needs, promoting employees' sense of achievement, and obtaining commitment through participation in planning and decision making.

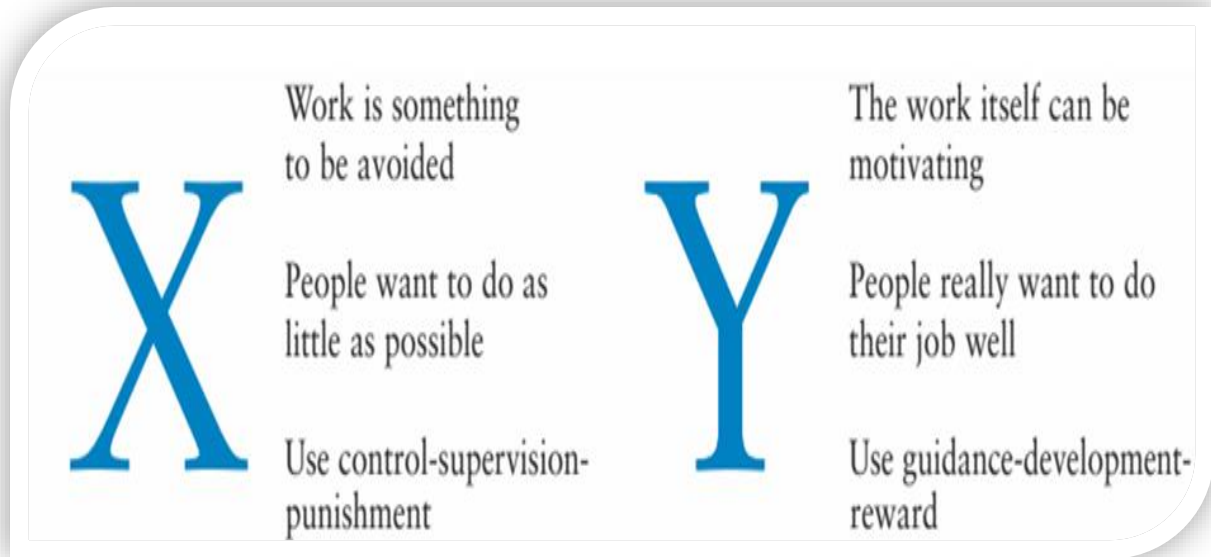
1. McGregor. Douglas McGregor (1932) developed the managerial implications of Maslow's theory.

- He noted that one's style of management is dependent on one's philosophy of humans and categorized those assumptions as Theory X and Theory Y.
- In Theory X, the manager's emphasis is on the goal of the organization. The theory assumes that people dislike work and will avoid it; consequently, workers must be directed, controlled, coerced, and threatened so that organizational goals can be met.
- According to Theory X:
 1. Most people want to be directed and to avoid responsibility because they have little ambition.
 2. They desire security.
 3. Managers who accept the assumptions of Theory X will do the thinking and planning with little input from staff associates.
 4. They will delegate little, supervise closely, and motivate workers through fear and threats, failing to make use of their potentials.
- In Theory Y, the emphasis is on the goal of the individual. It is the manager's assumption that people do not inherently dislike work and that work can be a source of satisfaction.

Theory Y managers assume:

1. that workers have the self- direction and self-control necessary for meeting their objectives and will respond to rewards for the accomplishment of those goals.

2. They believe that under favorable conditions, people seek responsibility and display imagination, ingenuity, and creativity.
3. They will delegate, give general rather than close supervision, support job enlargement, and use positive incentives such as praise and recognition.



Implications of Management Theories in Nursing

1. Taylor and Gilbreth theories can be replicated in nursing to study complexity of care and determine staffing needs and observe efficiency and nursing care.
2. Nurses should be aware of the managerial tasks as defined by Fayol: Planning, Organizing, Directing, Coordinating, and controlling.
3. The theory of human relations of Follet and Lewin emphasize the importance for Nurse Managers to develop staff to their full potential and meeting their needs for recognition, accomplishment and sense of belonging.

4. McGregor and Likert support the benefits of positive attitudes towards people, development of workers, satisfaction of their needs, and commitment through participation.
5. Overall, study of the development of management, potential nurse leaders can define the management role, develop leadership style, learn managerial technique and give an insight to how to work with others to accomplish goals.

Leadership and Leadership Theory in Nursing

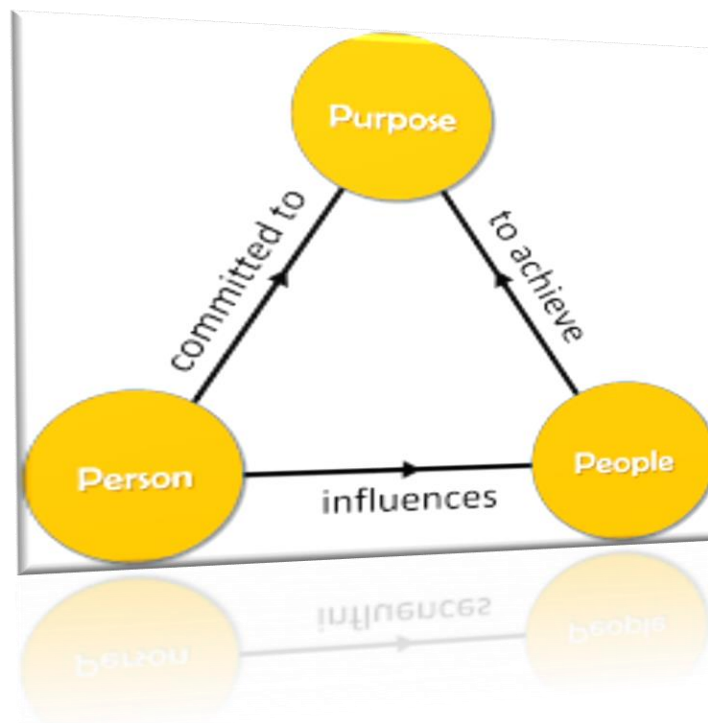
At the end of this chapter, the student should be able to:

1. Define Concepts.
2. Discuss the characteristic of nurse leader. .
3. Describe the activities of nurse leader.
4. Discuss the four categories of leadership theories.
5. Compare between the types of leadership styles.
6. Describe the factors that affecting leadership

Leadership is the art of motivating a group of people to act towards achieving a common goal.

leader is "a person who influences a group of people towards the achievement of a goal"

A mnemonic for this definition would be 3P's - Person, People and Purpose as illustrated by the following diagram.



Leadership Theories

There are many theories of Leadership, nurses can familiarize with the most common and adapt the most suitable for dealing with different situations.

1. GREAT MAN THEORY

- Just by reading the name of this theory, Great Man, one can imagine that it is not widely accepted today.

- Yet this was precisely how the world thought of leaders for many years. This theory assumed that all leaders were men and all were great (i.e., of the noble class).
- Thus, those who assumed leadership roles were determined by their genetic and social inheritance.
- It was not conceivable that those from the “working class” could be leaders, that leadership could be learned, or that women could be leaders.

2. Charismatic Theory

- People may be leaders because they are charismatic, but relatively little is known about this intangible characteristic. What constitutes charisma?
- Most agree that it is an inspirational quality possessed by some people that makes others feel better in their presence.
- The charismatic leader inspires others by obtaining emotional commitment from followers and by arousing strong feelings of motivation.
- Under charismatic leadership, one may overcome obstacles not thought possible.

3. TRAIT THEORIES

- During the early part of the 20th century, several researchers studied the behaviors and traits of individuals thought to be effective leaders.
- Studies revealed that these leaders possessed multiple characteristics.
- Although there were commonalities among them (e.g., they tended to be taller, be more articulate, or exude self-confidence), there was no standard list that fit everyone or that could be used to predict or identify who was or could be an effective leader.

4. SITUATIONAL OR CONTINGENCY THEORIES

- These theories embodied the idea that the right thing to do depended on the situation the leader was facing.
- The most well-known and used situational theory involves assessing the nature of the task and the follower's motivation or readiness to learn and using that to determine the particular style the leader should use.
- Despite widespread discussion and use of this theory, however, little research exists to support its validity.

5. TRANSFORMATIONAL THEORY

- Burns asserted that the true nature of leadership is not the ability to motivate people to A new way of thinking about leadership emerged in the mid-1970s when James McGregor work hard for their pay but the ability to transform followers to become more self-directed in all they do.
- Transformational leaders, therefore, “look for potential motives in followers, seek to satisfy higher needs, and engage the full person of the follower.
- The result is a relationship of mutual stimulation and elevation that converts followers into leaders and may convert leaders into moral agents” (Burns, 1978). Barker (1990) asserted that transformational leaders need to have a heightened self-awareness and a plan for self-development. This positive self-regard satisfies the leader's self-esteem needs and tends to result in “self-confidence, worth, strength, capability, adequacy, and being useful and necessary” (Barker, 1990).

Robert J. House derived the path-goal theory from the expectancy theory.

- The expectancy theory argues that people act as they do because they expect their behavior to produce satisfactory results.
- In the path-goal relationship, the leader facilitates task accomplishment by minimizing obstructions to the goals and by rewarding followers for completing their tasks.
- The leader helps staff associates assess needs, explores alternatives, helps associates make the most beneficial decisions, rewards personnel for task achievement, and provides additional opportunities for satisfying goal accomplishment.

Integrative Leadership Model

- From a review of leadership theories, obviously there is no one best leadership style. Leaders are rarely totally people or task oriented. Leader, followers, situation- all influence leadership effectiveness.
- Consequently, an integration of leadership theories seems appropriate. Leaders need to be aware of their own behavior and influence on others, individual differences of followers, group characteristics, motivation, task structures, environmental factors, and situational variables, and adjust their leadership style accordingly. Leadership behavior needs to be adaptive.
- Researchers were identified several tasks that leaders perform. Those tasks are as follows:
 - ✓ Envisioning goals—pointing the group in a new direction or asserting a vision.
 - ✓ Affirming values—reminding the group members of the norms and expectations they share.

- ✓ Motivating—promoting positive attitudes.
- ✓ Managing—keeping the system functioning and the group moving toward realizing the vision.
- ✓ Achieving a workable unity—managing the conflict that inevitably accompanies change and growth.
- ✓ Explaining—teaching followers and helping them understand why they are being asked to do certain things.
- ✓ Serving as a symbol—acting in ways that convey the values of the group and its goals.
- ✓ Representing the group—speaking on behalf of the group.
- ✓ Renewing—bringing members of the group to new levels. These tasks provide specific guidelines for people interested in increasing their leadership ability, and they highlight the importance of leaders working closely with followers.

Leadership style

1. Autocratic leadership (also called directive, controlling, or authoritarian).

- The autocratic leader gives orders and makes decisions for the group. For example, when a decision needs to be made, an autocratic leader says, “I’ve decided that this is the way we’re going to solve our problem.”
- Although this is an efficient way to run things, it usually dampens creativity and may inhibit motivation.
- Autocratic style of leadership - Authoritarian - Directive Extreme form "Dictators".
- The leader assumes complete control over the decisions and activities of the group. The authority for decision-making is not delegated to persons in lower-level positions (Centralized organization).

The characteristic of the autocratic leaders

1. Puts high concern for task accomplishment and low concern for the people who perform those tasks.
2. Uses the efforts of employees to the best possible advantage without regard to their interests.
3. Sets rigid standards and methods of performance and expects employees to respect them and accept directions.
4. Makes all work-related decisions alone and order employees to carry them out. Minimal group participation. The leader believes that what he knows is the best. He may listen to the subordinates directions but is not influenced by them.
5. Feels little trust or confidence in the employees and they fear from him and have little of common with them.

Advantages

1. Its efficiency when a decision is needed immediately

Because need to less time consuming for a decision to be made by one person than a group of persons

(e.g. in emergency or crisis where there is no time for a group to decide on a plan of action).

2. It is useful when the leader is the only one who has new and essential information or skills or when group members are in experienced.
3. It is used when the workers expect to be told what to do or when they are unsure of their ability to do something on their own.

Disadvantages

1. Does not encourage individual initiative or cooperation between group members.
2. The leader lacks the supportive power that results in decisions-made with consultation, although he or she may be correct in making these decisions.
3. Inhibits group participation.

The results of autocratic leadership

- A. Lack of growth and development of organization
- B. Perhaps less job satisfaction between the employees
- C. May lead to less commitment to the goals of the organization

2. Democratic leadership (also called participative).

- Democratic leaders share leadership. Important plans and decisions are made with the team.
- Although this is often a less efficient way to run things, it is more flexible and usually increases motivation and creativity.
- Democratic leadership is characterized by guidance from rather than control by the leader.

The characteristics of democratic leaders

1. The leader is people oriented, focuses attention on the human aspect and builds effective work group, togetherness is emphasized.
2. Performing tasks through people not by domination but by suggestions and persuasions.

3. Performance standards exist to provide guidelines and permit appraisal of workers. The result is high productivity.
4. The group participate in decisions (problem-solving with the group). The interaction between the leader and the group is open, friendly and trusting.

Advantages

1. It permits and encourages all employees to practice decision- making skills.
2. It promotes personal involvement (participation). Suggestions are welcomed and listened to. Decisions made by the group are more effective than of the leader alone.
3. Members may have information concerning the situation, which the leader does not have.

Disadvantages

1. Lack of efficiency as it is more time consuming.
2. It takes a long time for a group than one person to make a decision. This depends on the situation. However-the positive factors may outweigh any negative outcome.

The results of democratic leadership:

- a) Greater commitment to work.
- b) Enhance job satisfaction and motivation.

3. Laissez-faire leadership (also called permissive or nondirective).

- The laissez-faire (“let someone do”) leader does very little planning or decision making and fails to encourage others to do so.

- It is really a lack of leadership. For example, when a decision needs to be made, a laissez-faire leader may postpone making the decision or never make the decision.
- In most states, the laissez-faire leader leaves people feeling confused and frustrated because there is no goal, no guidance, and no direction.
- Some very mature individuals thrive under laissez-faire leadership because they need little guidance. Most people, however, flounder under this kind of leadership.

The characteristics of laissez-faire leadership

1. The leader gives up all power to the group. This encourages independent activity by the group members. An outsider would not be able to identify the leader in such a group.
2. The leader (who may or may not be present) exerts little or no influence on the group members. Lack of central direction, supervision, coordination and control.
3. Group members (workers - employees) are free to set their own goals and determine their own activities and are allowed to do almost whatever they desire.
4. This style may be chosen by the leader or it may evolve because the leader is too weak to exert any influence on the group.
5. This style can be effective in highly motivated professional groups, e.g. research projects where independent thinking is rewarded or when the leader wants a problem to be solved completely by the group members.
6. This style is not useful in the highly structured health care delivery system where organizations and control form the baseline of most operations.

7. The group that has no appointed leader falls into this category.

Advantages

In limited situations, creativity may be encouraged for specific purposes. (*e.g. highly qualified people plan a new approach to a problem, need freedom of action. Such freedom is useful in this situation.*)

Disadvantages

1. It may lead to instability, disorganization, inefficiency, (no unity of action), no efficiency or effectiveness.
2. Neither the group nor anyone person in it feels responsible for recognizing and coping with problems that may arise.
3. The individual worker will lose all sense of initiative and desire for achievement.

Comparison of Autocratic, Democratic, and Laissez-Faire Leadership Styles

	Autocratic	Democratic	Laissez-Faire
Amount of freedom	Little freedom	Moderate freedom	Much freedom

Amount of control	High control	Moderate control	Little control
Decision making	By the leader	Leader and group together	By the group or by no one
Leader activity level	High	High	Minimal
Assumption of responsibility	Leader	Shared	Abdicated
Output of the group	High quantity, good quality	Creative, high quality	Variable, may be poor quality
Efficiency	Very efficient	Less efficient than autocratic style	Inefficient

To sum up the difference between these three styles nicely: a democratic leader attempts to move the group toward its goals, an autocratic leader attempts to move the group toward the leader's goals, and a laissez-faire leader makes no attempt to move the group.

Factors that used to adopt the Leadership Style

1. The nature of the work (I.C.U, regular unit).
2. The characteristics of nursing staff (knowledge, competencies, attitudes, expectations, etc.).
3. The time available.

4. The importance of the results (output - enhanced quality care).

Task VS. Relationship

- Another important distinction in leadership style is between a task focus and relationship focus (Blake, Mouton, & Tapper, 1981).
- “Some nurses emphasize the tasks (e.g., reducing medication errors, completing patient records) and fail to realize that interpersonal relationships (e.g., attitude of physicians toward nursing staff, treatment of housekeeping staff by nurses) affect the morale and productivity of employees.”
- “Other nurses focus on the interpersonal aspects and ignore the quality of the job being done as long as people get along with each other.”
- The most effective leader is able to balance the two, attending to both the task and the relationship aspects of working together.

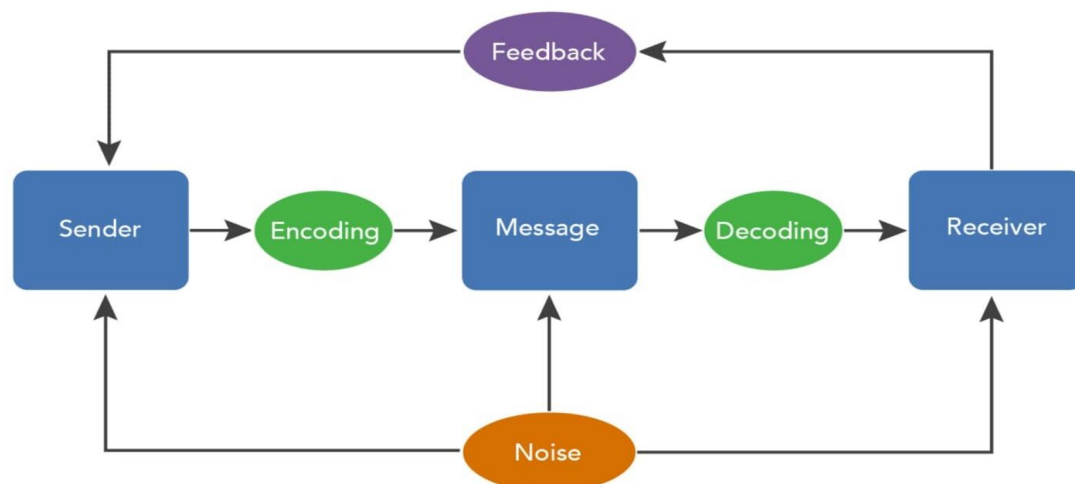
Communication Skills in Nursing

Definition of communication

- **Communication** is a complex, ongoing, dynamic process in which the participants in the same time create shared meaning in an interaction.
- A process through which individuals exchange their ideas, values ,thoughts, feeling & actions with one or more people.
- The transfer of information from the sender to the receiver so that it is understood in the right context

Communication process

- **Communication process** is an interactive that occurs when a person (the sender) sends a verbal or nonverbal message to another person (the receiver) and receives feedback.
- The communication process is influenced by emotions, needs, perceptions, values, education, culture, goals, literacy, cognitive ability, the communication mode, and Noise.



Elements of the communication**Sender:**

- A sender is a person who encodes & sends the message to the expected receiver through an appropriate channel.

Message:

- The message is the content of communication and may contain verbal, nonverbal or symbolic language.

Channel:

- A channel is a medium through which a message is sent or received between two or more people.
- Several channels can be used to send or receive the message, i.e., seeing, hearing.

Receiver:

- A receiver (decoder) is an individual or a group of individuals intended to receive, decode & interpret the message sent by the sender/source of message.

Feedback:

- It is a return message sent by the receiver to the sender.
- A successful communication must be a two-way process where the sender sends the message & receives feedback from the receiver as intended.

Confounding elements:

- These elements are not a direct part of the communication process but have significantly influence on communication process.

Characteristics of Communication**5'C' of communication:**

1. Completeness.
2. Conciseness.
3. Correctness.
4. Clarity.
5. Courtesy (the showing of kindness toward others).

Types of communication**1. Based on the means of delivering the message****a. Verbal communication:**

- It occurs through the medium of spoken or written.
- Some important elements of verbal communication are language, meaning , clarity, brevity, consciousness ,timing, relevance.... etc.

b. Nonverbal communication

- This communication occurs without words; where the five senses & whole range of body movements, posture, gesture, facial expressions & silence are used for sending & receiving the message.

2. Based on the purpose of communication

a. Formal communication

Formal communication follows line of authority & is generally used in organization to achieve organizational objectives

b. Informal communication

Informal communication does not follow line of authority.

c. Therapeutic communication:

Therapeutic communication takes place between a health care personnel & a patient, with the purpose of modifying the patient behavior.

Communication and the therapeutic relationship

- Nurses are expected to use communications with clients in a manner designed to promote health.
- The interaction with clients should be therapeutic relationships. It requires the use of verbal and nonverbal techniques that are focused on client needs.

3. Based on the levels of communication**a. Intrapersonal communication**

It takes place within an individual; we may also say it is self-talk.

b. Interpersonal communication

It takes place whenever two or more people interact & exchange messages or ideas.

c. Transpersonal communication

It takes place within a person's spiritual domain.

4. Based on the levels of communication

a. Small-group communication

- An example of a small-group communication is when nurse interact with two or more individuals face-to-face or use a medium (like a conference call).

b. Public communication

- Public is generally defined as a large group of people.

c. Organizational communication

- It takes place when individuals & groups within an organization communicate with each other to achieve established organizational goals.

5. Based on the pattern of communication**a. One-way communication**

It takes place when message is delivered to the audience from the communicator only without constant feedback.

b. Two-way communication

It takes place when both the communicator & audience take part in the process.

c. One-to-one communication

Communication between one sender & one recipient at one time.

d. One-to-many communication

Where one person communicates with many people at the same time.

e. Many-to-one communication

Many-to-one communication takes place when several people communicate with one person at the same time.

Nurse characteristics that promote effective communication

- **Showing unconditional positive regard for your client:** means accepting and respecting the client as a human being, without imposing any conditions for that acceptance.
- **Empathy:** identifying closely with a client because a nurse can imagine herself in the client's situation.
- **Authenticity:** being real, it requires openness and sharing of true feelings.
- **Caring:** means paying attention for a client.
- **Active listening:** is the act of perceiving what is communicated verbally as well as nonverbally.

Benefits of communication

1. **Communication is a source of information to the organizational members for decision-making process** as it helps identifying and assessing alternative course of actions.
2. **Communication also plays a crucial role in altering individual's attitudes**, i.e., a well-informed individual will have better attitude than a less-informed individual.
3. **Communication also helps in socializing.** It is also said that one cannot survive without communication.
4. **Communication assists in controlling process.** It helps controlling organizational member's behavior in various ways.

Common Barriers to Effective Communication:

- **The use of jargon.** Over-complicated, unfamiliar and technical terms.

- **Emotional barriers.** Some people may find it difficult to express their emotions and some topics may be completely taboo.
- **Lack of attention, interest, distractions, or irrelevance to the receiver.**
- **Differences in perception and viewpoint.**
- **Physical disabilities** such as hearing problems or speech difficulties.

Change Management

Learning Objectives for the Lecture:

At the end of the lecture the student is going to be able to:

1. Define the process of change management.
2. Identify the types of the organizational change.
3. Explain the five steps of change management.
4. Know the common examples when change management is needed in the work environment.

Change management is the process of guiding organizational change to fruition, from the earliest stages of conception and preparation, through implementation and, finally, to resolution.

Organizational change management (OCM) considers the full organization and what needs to change, while change management may be used solely to refer to how people and teams are affected by such organizational transition. It deals with many different disciplines, from behavioral and social sciences to information technology and business solutions.

As change management becomes more necessary in the nursing organizations, it is beginning to be taught as its own academic discipline at universities. There are a growing number of universities with research units dedicated to the study of organizational change.

Drivers of change may include the ongoing **evolution of technology, internal reviews of processes, crisis response, customer demand changes, competitive pressure, acquisitions and mergers, and organizational restructuring.**

Types of Organizational Change

The **three most common types** of organizational change include:

1. **Developmental change** - Any organizational change that improves and optimizes on previously established processes, strategies and procedures.
2. **Transitional change** - Change that moves an organization away from its current state to a new state in order to solve a problem, such as mergers and acquisitions and automation.
3. **Transformational change** - Change that radically and fundamentally alters the culture, core values and operations.

FIVE Steps in the Change Management Process

Here's a summary of the key steps in the change management process.

1. Prepare the Organization for Change

For an organization to successfully pursue and implement change, it must be prepared both logistically and culturally. Before delving into logistics, cultural preparation must first take place.

In the preparation phase, the manager is focused on helping employees recognize and understand the need for change. They raise awareness of the various challenges or problems facing the organization that are acting as forces of change and generating dissatisfaction with the status quo.

2. Craft a Vision and Plan for Change

Once the organization is ready to embrace change, managers must develop a thorough and realistic plan for bringing it about. The plan should detail:

- Strategic goals: What goals does this change help the organization work toward?
- Key performance indicators: How will success be measured? What metrics need to be moved? What's the baseline for how things currently stand?
- Project stakeholders and team: Who will oversee the task of implementing change? Who needs to sign off at each critical stage? Who will be responsible for implementation?

- Project scope: What discrete steps and actions will the project include? What falls outside of the project scope?

3. Implement the Changes

After the plan has been created, all that remains is to follow the steps outlined within it to implement the required change. Whether that involves changes to the company's structure, strategy, systems, processes, employee behaviors, or other aspects will depend on the specifics of the initiative.

During the implementation process, change managers must be focused on empowering their employees to take the necessary steps to achieve the goals of the initiative.

4. Embed Changes within Company Culture and Practices

Once the change initiative has been completed, change managers must prevent a reversion to the prior state or status quo. This is particularly important for organizational change related to processes, workflows, culture, and strategies. Without an adequate plan, employees may backslide into the "old way" of doing things, particularly during the transitory period.

5. Review Progress and Analyze Results

Just because a change initiative is complete doesn't mean it was successful. Conducting analysis and review, or a "project post mortem," can help business leaders understand whether a change initiative was a success, failure, or mixed result. It can also offer valuable insights and lessons that can be leveraged in future change efforts.

Common Examples When Change Management Is Needed

With all the changes happening in the business world, change management has become one of the most important business functions.

Some of the **most common examples** when change management is necessary to successfully implement changes within organizations include:

1. Implementation of a new technology
2. Mergers & acquisitions
3. Change in leadership
4. Change in organizational culture
5. Times of a crisis

Risk Management

Learning Objectives for the Lecture:

At the end of the lecture, the student is going to be able to:

1. Define the meaning of risk management.
2. Identify the importance of change management.
3. What are the basic methods of risk management?

Risk management is the process of identifying, assessing, and controlling threats to an organization's capital and earnings. These risks stem from a variety of sources including financial uncertainties, legal liabilities, technology issues, strategic management errors, accidents, and natural disasters.

What is the purpose of risk management?

The purpose of risk management is to identify and deal with problems before they occur in order to avoid surprises and losses. Most large companies have professional risk management on staff.

Risk Management Process

One of the best-known sources is the ISO 31000 standard, *Risk Management -- Guidelines*, developed by the International Organization for Standardization, a standards body commonly known as ISO.

ISO's five-step risk management process comprises the following and can be used by any type of entity:



1. Identify the risks.
2. Analyze the likelihood and impact of each one.
3. Prioritize risks based on business objectives.
4. Treat (or respond to) the risk conditions.
5. Monitor results and adjust as necessary.

Importance of Risk Management

Risk management is an important process because it empowers a business with the necessary tools so that it can adequately identify and deal with potential risks.

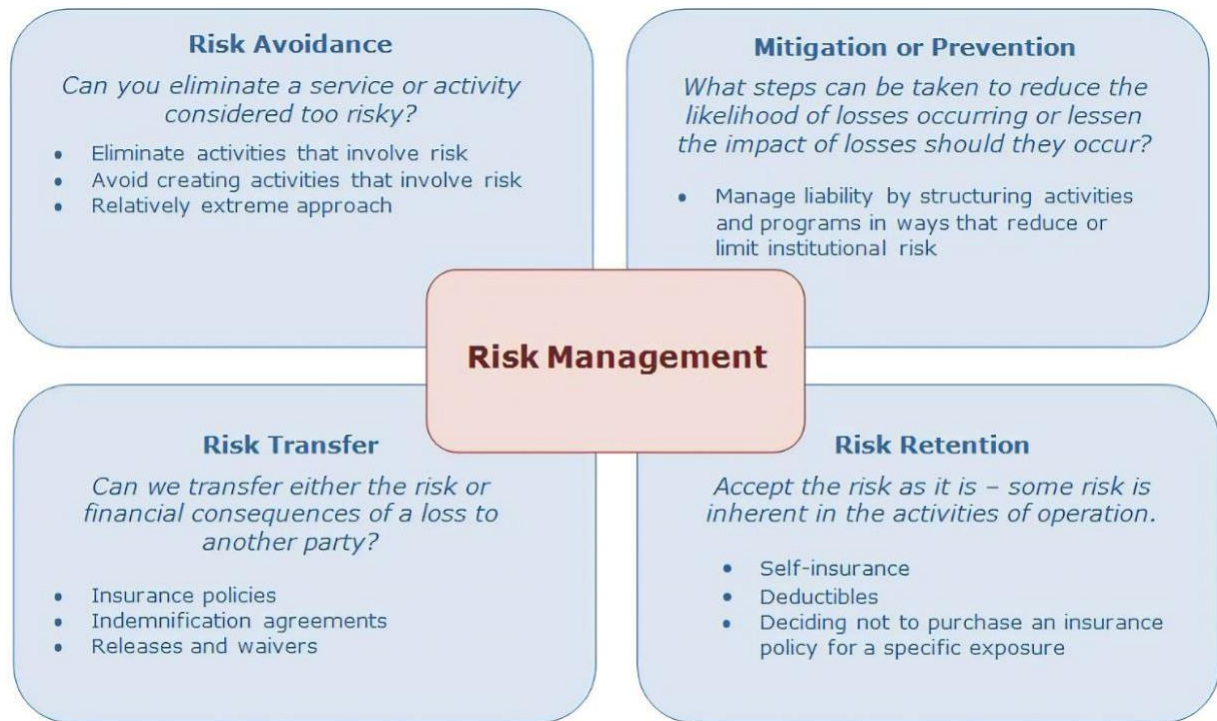
Once a risk has been identified, it is then easy to mitigate it. In addition, risk management provides a business with a basis upon which it can undertake sound decision-making.

For a business, **assessment, and management** of risks is the best way to prepare for eventualities that may come in the way of progress and growth. When a business evaluates its plan for handling potential threats and then develops structures to address them, it improves its odds of becoming a successful entity.

In addition, progressive risk management ensures risks of high priority are dealt with as aggressively as possible. Moreover, the management will have the necessary information that they can use to make informed decisions and ensure that the business remains profitable.

Four Basic Methods for Risk Management

The basic methods for risk management—avoidance, retention, sharing, transferring, and loss prevention and reduction—can apply to all facets of an individual's life and can pay off in the long run.



Chapter Eight

EVALUATING HEALTH ACTIVITIES

Objectives:

At the end of this chapter, the student should be able to:

1. Define evaluation
2. Describe the roles of evaluation
3. Explain types and levels of evaluation
4. Discuss the steps of evaluation

Evaluating

Staff Evaluation is a continuous process and it starts with the first contact with the time the person is employed and ends with his retirement.

Definition

A periodic formal evaluation of how well personnel have performed their duties during a specific period, it is a systematic, interpersonal, continuous process between manager, and employee involving job guidelines and objectives and job description.

Objectives

1. To determine Job competence.
2. To select qualified individuals for promotion or transfer.
3. To establish and improve:
 - a. Communication between supervisors & subordinates.
 - b. Staff performance.
4. To determine:
 - a. Training and developmental needs of staff.
 - b. Salary standards and to award merit.
5. To provide the staff with recognition for accomplishment .
6. To discover the aspirations and talents of the staff.
7. To check the efficiency of staff development programs.
8. To identify unsatisfactory staff for demotion or termination.
9. To aid the manager in coaching and counseling.

Principles of Evaluation

1. the employee's evaluation should be based on behaviorally stated

performance standards, which should be reflected in the job description and related performance standards, and the employees should be aware of them as their desirable performance goals.

2. an adequate representative sample of the nurse's job should be observed to provide a basis for evaluation.
3. the nurse should be given a copy of job description, performance standards, and performance evaluation form, to understand how she was evaluated.
4. when documenting the evaluation, the manager should indicate the satisfactory and the unsatisfactory areas of performance. areas of performance that needs improvement should be stated according to priority.
5. the evaluation interview should be scheduled in a proper time and environment.
6. the goal of evaluation should be to improve performance and satisfaction, rather than to punish.

Qualities to be evaluated

once various individuals will make evaluation, it is necessary to define carefully each quality to be evaluated. The qualities most frequently evaluated fall under five major headings:

Quality of Performance:- i.e. the evaluation of both the quantity and quality of work, neatness, orderliness, reliability; accuracy, knowledge of work, execution, etc.

Mental Qualities:- i.e. the ability to learn, adaptability, reasoning power, judgment, memory, etc...

Supervisory Qualities:- i.e. leadership and organizational ability, communication skills, cooperation, etc...

Personal Qualities:- i.e. honesty, self-control, self-confidence, initiative, attitudes towards others, teamwork, appearance, etc...

Capacity For Further Development:- i.e. intelligence, acceptance of responsibility and other features inherent in leadership.

Problems in performance appraisal

Halo effect, is the tendency to overrate a person because of his pleasant personality, strong social skills, he performed well in the past, recent good performance not the whole year, or shares the interests of the manager.

The horns effect, is the tendency to rate employee lower than what he deserves because: she/ he committed a serious error recently, disagrees with the manager, fails to meet manager's standards for dress and behavior, or poor performing peers.

The central tendency error, is the tendency to rate the employee in the middle of the range for each job dimension.

Self- aggrandizing effect, when the manager deliberately craft ratings to create an image of their own leadership style.,

The most commonly used evaluation tools are

1. Rating Scale

The most commonly used tool in nursing service. It consists of set of behaviors or characteristics to be rated and some types of scales for indicating the degree to which each is present. The scale may take several forms, numerical, graphic or descriptive.

2. Forced Choice Rating

This technique requires the rater to select from groups of statements that best fit and least fit the individuals being rated. The statements are in behavioral terms and are weighed and scored.

3. Check-list

It is composed of a series of descriptive statements in behavioral terms about the standard of nursing performance of the job expected of the individual nurse. The rater places a mark in the "Yes" or "No" column in accordance with the individual's behavior. This tool is easier and tends to reduce bias but it needs time and effort to develop a valid checklist tool. .

The checklist is an efficient tool of assessing technical procedures and in handling large number of staff.

4. Peer Review

In this method, the individual staff is evaluated at the same time by the immediate supervisor plus three or four other supervisors who have knowledge of that individual's work performance. The virtue of this method is its thoroughness. It is possible for multiple raters to modify or cancel out bias displayed by the immediate supervisor.

Types of evaluation

- **Process evaluation**- measurements obtained during the implementation of program activities to control or assure or improve the quality of performance or delivery.
- **Impact evaluation**- focuses on the immediate observable effects of a program leading to the intended outcomes of a program.
- **Formative evaluation**- (sometimes referred to as internal) is a method for judging the worth of a service program while the program activities are forming (in progress).
- This part of the evaluation focuses on the process.

- This type of evaluation permit the managers to monitor how well the organizational goals and objectives are being met.
- Its main purpose is to catch deficiencies so that the proper nursing interventions can take place that allows the nurses to master the required skills and knowledge.
- **Summative evaluation** (sometimes referred to as external) is a method of judging the worth of a program at the end of the program activities (summation).
- The focus is on the outcome.
- It can also be subdivided:
 - a. Outcome evaluations Impact evaluation.
 - b. Cost-effectiveness and .
 - c. cost-benefit analysis .

Job Evaluation:

- Is a method for comparing different jobs to provide a basis for a grading and pay structure.
- Its aim is to evaluate the job, not the jobholder, and to provide a relatively objective means of assessing the demands of a job.

Job analysis:

- It's an objective and structured process to gather information to understand exactly what is required for a person to be successful in the role.
- It usually identifies, key tasks and responsibilities as well as the knowledge, skills and capabilities required to successfully perform the role.
- The aim of a job analysis therefore is to define and outline the common duties, or tasks, performed on the job, as well as descriptions of the skills, personality, experience, career aims, behaviors and team fit required to perform the role, which in turn becomes a documented position description.

Decision making and Problem solving

Objectives

1. Define Concepts of problem-solving, decision-making, and critical thinking
2. Identify Practical steps of problem-solving
3. Discuss the effective problem-solving strategies
4. Describe steps in the decision-making process.
5. Identify the important skills of critical thinking

Introduction

- Head nurses (nurse managers) are expected to use knowledge from various disciplines to solve problems with patients, staff, and the organization as well as problems in their own personal lives.
- They also always faced with the necessity of making decisions in dynamic situations.
- Problem-solving is used inconsistently and often interchangeably with decision-making in organizational functions. Although they appear similar, in some instances depend on one other. However, decision-making is a basic of problem-solving.

Problem solving

- "a process used when a gap is perceived between an existing state (what is going on) and between a desired states (what should be going on)".

Steps of problem solving

1. Define the problem
2. Gather information
3. Analyze information
4. Develop alternative solutions
5. Make a decision
6. Implement the decision
7. Evaluate the decision

Effective Problem-Solving Strategies

1. **Trial and error:** one of the most common problem-solving strategies is trial and error. In other words, try different solutions until you find one that works.
2. **Heuristics:** are problem-solving strategies or frameworks people use to quickly find an approximate solution.
3. **Insight problem-solving:** the cognitive processes help in problem-solving.
4. **Working backward:** Start with the end (reasons) and move back to the present (problem) and suggest potential actions
5. **Means-end analysis:** is a problem-solving strategy that, to put it simply, helps you get from “point A” to “point B” by examining and coming up with solutions to obstacles.

Decision-making

- "Systematic process of establishing criteria by which alternative courses of action are developed and selected".
- Decision making is a necessary component of leadership, power, authority and delegation.
- Decision making and problem solving are associated with nursing process.

Advantages of a systematic approach in Decision Making

1. It is characterized by order and direction that enables managers to determine where they are.
2. Provide a framework for data gathering, which is relevant to the decision.
3. Allows application of previous knowledge and experiences that minimize errors and improve patient care.
4. Increase managers' confidence and ability to make sound decisions.

Steps in Decision Making Process

- Identify and define an area of concern
- Gather and analyze information
- Establish goals
- Seek alternatives
- Implement the selected strategy
- Evaluate outcomes

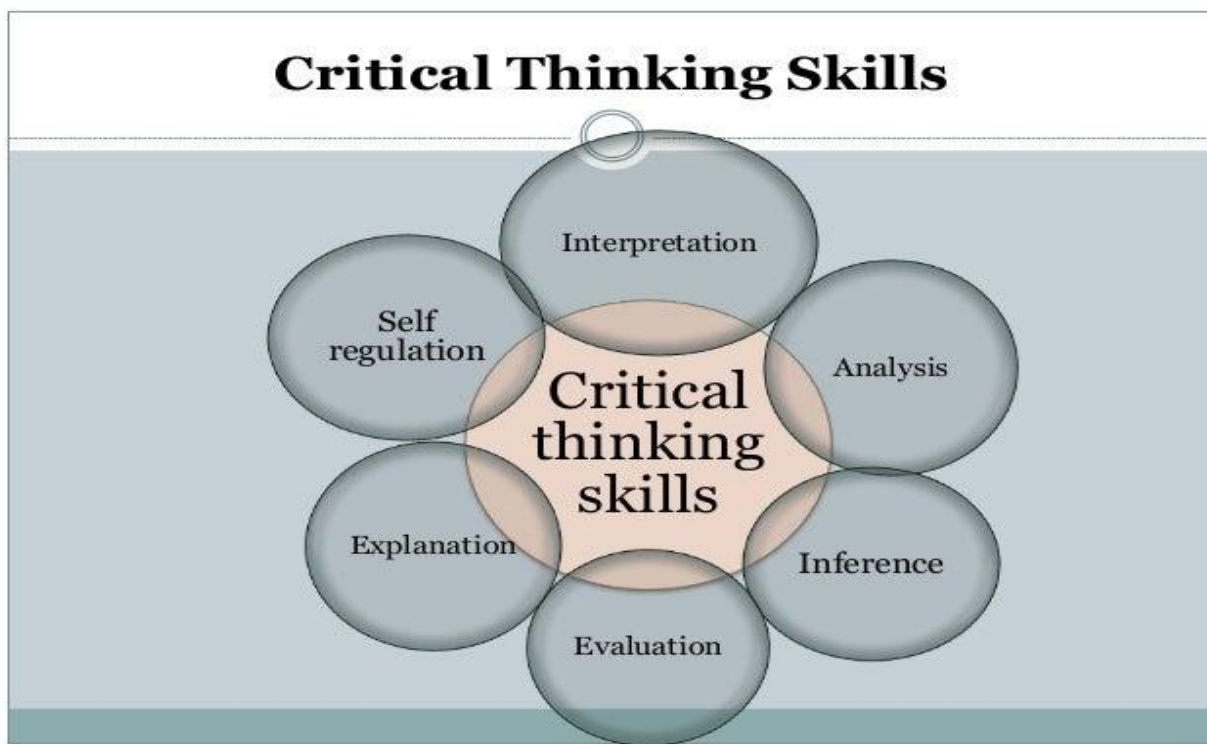
If your decision was ineffective you will need to review the steps again.

Take into consideration the following:

- Problems/concerns were not correctly identified.
- Assessment was not complete or properly analyzed.
- Goals were unrealistic.

- Decision taken without considering other possible alternatives and consequences.
- The strategy chosen was incorrectly implemented due to lack of specific guidelines.
- Evaluation of responses was incomplete or situation changed rapidly.

Critical thinking is a human cognitive process of purposeful, self-regulatory judgment, which result in interpretation, analysis, evaluation, and inference (conclusion) as well as an explanation of the evidence or context-based. (American philosophical Association, 1990).



Management & Leadership

Management & Leadership

CASE STUDY #1 (leadership)

You have been offered the job of nurse manager for a 40-bed unit in a long-term care facility. You are excited about the opportunity to use the leadership and management content you have learned in school and to determine for yourself what really works in your leadership style. You are a novice leader and manager and want to be sure the position is right for you.

1. What aspects of the position and yourself are you going to examine before deciding if the job is right for you?
2. If your search for information indicates that the job is one you should apply for, what questions are important for you to ask during the interview as a check to see if your initial analysis was correct or to gain additional information?
3. Assuming you take the job, what is an important aspect for you to identify quickly on your unit?
4. Write a summary of the information you have about your personal leadership and management style at this point in your career. Include all of the information you can gather.

CASE STUDY ANSWERS

You should spend time doing the following:

- Review your personal tapes to see what is already in your leadership and management personality.
 - Take the Leadership and Followership Style Test and personally analyze the results.
 - Ask people with whom you have recently worked or recent faculty members to give you feedback about what they have observed about your leadership and management skills.
 - Use your network system at the nursing home where you have been offered the job to:
 - Determine the leadership style of the administrator. Then compare it with what you know about yourself.
 - Determine the management style of the previous nurse manager on the unit where you are considering going to work. Try to determine if it was a satisfactory style for the people who worked there. Compare what you discover with what you know about yourself.
2. You should consider asking about the following concerns during the interview:
- What is the formal organizational structure, and where do you fit into it?

- How does the interviewer perceive the management style of the previous nurse manager? Was it effective?
 - How does the administrator prefer resolving problems that arise?
 - Is there a management team that you are to be expected to work with in this position?
 - Is there a mentor assigned to you or available to you during your orientation period?
 - Will there be an opportunity for continuing education in nursing management while you are in this job position?
3. The informal leaders of the unit.
 4. Keep this summary for future reference when applying for a leadership or management job or when comparing it with your situation in 3 to 5 years.

CASE STUDY #2 (critical thinking)

You enter a patient's room to answer a call light and are surprised to walk in on a physician who put on the call light because he needed help. The physician is doing a procedure unknown to you that involves IV solutions and medications. You are a new LPN graduate and have not yet been certified in IV therapy. There is a LPN student in the room looking frustrated and possibly frightened. The patient appears to be in pain and looks at you as though she hopes to be rescued. The physician seems frustrated and is tense and raising his voice. He appears to be unable to complete the procedure he has undertaken because both of his hands are full, and he needs one more thing done. You wonder if he asked the student to assist with the IV medications and became frustrated when she said she couldn't. All of these observations and considerations race through your mind in seconds. In addition, your blood pressure and heart rate increase because of the adrenaline release caused by the situation. Then the physician says to you, "Finally, a nurse! Grab that medication (a syringe filled with 'something' sitting on the over bed table) and give it in the second IV port." What do you do, and, more importantly, how do you think it through? Write the solution to the case study in your class notebook and be prepared to share it in class.

CASE STUDY ANSWERS

What a potentially traumatic situation! This situation happened to one of my students, so don't discount it as something that would never happen. What would you do? A possible course of action follows. You may have other ideas that are just as valid. List them in your class notebook and come to class prepared to share your thinking. Do not give the medication just because the physician told you to give it. You have visually evaluated the situation, and except for the patient's

apparent mental stress, you determine the patient is not in any danger; there is a brief amount of time to get more information. Before asking any questions, ask the student to go find a RN. Whatever the outcome, a RN is needed because of the IV medication. The RN should make the necessary decisions and administer the medication if it is deemed appropriate. Ask questions! What is the procedure? What is the medication? What is the overall purpose for what is being done? While you are asking the questions, move in close to the frightened patient and touch her, give her some comfort and a feeling of security rather than the negative feelings coming from the physician's anxiety. This is caring. It is possible that the physician is going to raise his voice at you in stress and frustration. He is in a less than ideal situation. Because you are a critical thinker, you can listen to his anxiety without becoming defensive. At this point, your concern is the patient. Is she safe? Is she anxious? Is she in need of medical attention other than what she is receiving? When the RN arrives, he or she can determine a solution to the problem with the physician. You have gathered information and should share it with the nurse. With the RN on the scene, you should focus all of your attention on the patient, who is probably concerned. There is a temptation for people to gather around what is exciting. In this case, it could be the interaction between the nurse and the physician or the procedure that is being done. Where you are needed is with the patient, not the procedure, unless you are doing it.

CASE STUDY #3 (Entry Into Practice)

You are soon to be a graduate LPN who has worked the past 2 years as part of a nursing assistant and RN dyad team on the step-down intensive care unit (ICU) of a local hospital. You love your work and hope to be transferred to the ICU to work on one of the LPN and RN dyad teams there. While on the step-down unit, you have worked hard, attended educational programs when they were offered, and hoped that you someday could work in the ICU where the "action" is. You have recognized that the acuity of the ICU patient is a challenge that appeals to you. You are to graduate with your LPN license in 3 months. 1. What information should you gather to assist you in determining if the ICU job is right for you as a new graduate? Discuss formal and informal mechanisms for gathering information. 2. What strategies should you use to assist you in being considered for the job? Discuss how you would creatively apply the information shared in this chapter to a real situation such as this one.

CASE STUDY ANSWERS

1. How should you gather information to assist you in deciding if you should apply for the job?

First, let's discuss the information you need. The formal mechanism is to go to the human resources office and complete an application for the job. At that time it is appropriate to ask questions about the following:

- Salary

- Shifts available
- Educational opportunities
- Orientation

The employee in human resources may not know the answers to such specific questions. In addition, there may not be a job opening, and without a job opening no one can take your application.

The informal search for information can involve many strategies. You have 3 months before you can accept a job there. It is possible for you to get the information you need through an informal network system. You probably already have one established from working in your area for so long and possibly have not recognized it for what it is.

You frequently take transfers from ICU. The RNs exchange reports while you and the LPN assist the patient in getting comfortable and oriented to the room. A meaningful networking strategy may be to talk to the LPN about the job and its opportunities. Important, realistic day-to-day information about the job that you can glean this way includes the following:

- Is it a good job for a LPN, especially for one who is a new graduate?
- Is there an orientation program? You specifically need to know about this because you realize that the step-down unit and ICU are not the same.
- Are educational programs available that can assist you in developing and maintaining the highly technical skills that are necessary for the ICU?

If this information sounds positive to you, there is one more important piece of information you should gather: When does the LPN think a new opening may occur?

Remember that networking means all parties have something to offer to the network. Before you talk to the LPNs in the ICU, you may need to define what you have to offer. Perhaps if the units are physically close, you can offer to make the “food run” for the ICU staff. Important aspects of being part of an informal network are to be alert to the opportunities that arise and to work with the people in your network. This lets people in the ICU know that you are interested in the job.

Another strategy is to identify and recruit a mentor before you get the job. The mentor could assist you in refining skills such as charting or wound assessment that would not be contradictory to the nurse practice act. For example, as a nursing assistant, you should not be looking for a mentor for IV therapy or ventilator management skills.

If you know the nurse manager for the ICU, you can make an appointment with the manager at a date close to your graduation. At this time, you should tell him or her what your goal is and how pleased you are with the information that you have identified about the job. Let the manager know about your mentorship and what you are learning there, and then share your 5-year plan. This information shows you are someone who is on his or her way to a meaningful career. Admit that your plan may change and that you are flexible in making it.

None of these strategies should take on the appearance of what is commonly referred to as “brown nosing.” Be sincere in what you are doing and show a commitment to what your future holds. Let your energy and enthusiasm show. Show to people that you are a lifelong learner and what you believe about being a nurse. Identifying and working with a mentor are important parts of successfully entering into nursing practice.

CASE STUDY #4 (Employment Process)

You are 3 months from graduating from an accredited LPN program, and you are excited about your upcoming role as a LPN. You have decided that you want to work in a hospital for 1 or 2 years to polish your clinical skills and have role models and mentors available to you. You have had clinical experience in a local 300-bed hospital that is appealing for you to consider as a place of employment. 1. Describe how you may determine in which area of the hospital you want to work and how you are going to make an application at the hospital. 2. Write a cover letter and prepare a résumé. 3. Prepare a filing system for three hospital applications, and submit it to your faculty person with your letter and résumé.

CASE STUDY ANSWERS

1. The area in which you choose to apply for a position depends on your career goals. It is a reasonable consideration to want to work in an area where you may have many opportunities to improve on your clinical skills, but you need to ask yourself, which skills? Do you want to be great at care of adults, children, or families? Your career plan determines your optimal place to work. After you have identified which area is for you, be alert to available positions on that unit. Do you know anyone who works there and who could serve as part of your network? If you do, take the person to lunch or to the cafeteria for a quiet moment to discuss the possibilities for you and your wish to be employed there.
2. Use the information in this chapter to write your cover letter and prepare your résumé. Use classmates, faculty, and appropriate other persons and their ideas to make this exercise meaningful. Have someone review your work and give you feedback. Submit your work to your faculty person for evaluation.
3. The creation of a filing system should be a pleasant experience. Make it user-friendly, and let it reflect your personality. Be creative and original just for the fun of it! This can help when job searching is tedious.

CASE STUDY #5 (communication skills)

You are one of two evening team leaders on a medical floor of a busy metropolitan hospital. The other team leader is a RN and is the charge nurse. The unit has recently returned to team leading as a management style because of the laying off of several RNs throughout the hospital. You are new in the role but think you are well prepared in your theory and your clinical background. The problem is that the other employees, physicians, and patients do not understand the role in which you have been placed. You do have strong support from the unit nurse manager and the RN with whom you work. Tonight you are working with a RN who is new to the unit and the role of LPNs as team leaders. The unit is full with 40 acutely ill people. The rest of the staff are regular staff members who know the unit and the patients and have worked with you in the past. By all indications, it will be a difficult shift. You have a patient who has terminal cancer and is on frequent pain medications. The charge nurse is unwilling to give you the second set of narcotic keys because you are “only” a LPN. This is a major inconvenience and the first time you need to get medication for the patient, it takes an extra 15 minutes to locate the RN and get the keys. This results in wasted time for you and a longer time of discomfort for the patient. You have decided to talk to the RN about the problem.

1. What communication approach do you plan to use?
2. What other skills do you need to implement for the conversation to go well?

CASE STUDY ANSWERS

It is a busy shift, and it may seem easier to endure the behavior of the RN than to deal with the situation. At least, this is your first reaction. After thinking about it for a few minutes, however, you realize that would be passive behavior and is not the type of communication that you want to participate in even for one shift. You want to scream at the RN, “Look at the unnecessary pain you made the patient experience!” Of course, you recognize that as aggressive behavior and equally unacceptable as a communication style. You take a deep breath and plan how you can communicate with the RN in an assertive way.

This is not an easy problem to solve. Because the shift is so busy and because you are still new at being a team leader, it requires a great deal of energy from you to do the job. You recognize that you may have to work with this RN again. Also, she has violated your right as a LPN to feel valued in your work and to have a work environment that allows you to give the best possible care to the patients, that is, keys to the narcotic room. Resolving the problem effectively is important.

You think about the recommended sequence for communicating with someone in an assertive manner.

As a reminder it is:

“I feel ...”

“When you ...”

“We should ...”

1. Now you need to fill in the blanks with the problem that you are encountering. It could be something like:
 - “I feel devalued as a team leader and licensed nurse when you do not allow me to carry a set of narcotic keys that are needed by me every 2 to 3 hours for Mrs. F., ...”
 - “We should identify a solution to this problem quickly so that Mrs. F. can get the best care possible during the remainder of this shift.”
2. It is impossible to predict accurately how the charge nurse may respond to your comments. Your hope is that she understands what you are saying and the reason for your comments and gives you the narcotic keys. If that does not happen, you may need to use the skills of active listening and caring theory; if there is not a resolution between the two of you, you may have to explain the problem to your nurse manager and discuss the issue with him or her.

CASE STUDY #6 (conflict solving)

You have been the charge nurse on a 12-hour evening and night shift for a hospital-based nursing home unit for the past 6 months. You are comfortable with the job and its requirements and believe that you have grown in your nursing care skills and management skills. You have had to work with some challenging problems and believe that the staff members have learned to trust you and your managerial judgment. The unit is assigned a new middle manager who seems uncomfortable in his role. The person is a RN but has not had previous experience in managing. The new manager, Jim, wants to spend time on both shifts to learn about the nursing care process, meet personnel, and evaluate the management styles being used. Last week, Jim worked 4 hours of one of your shifts with you. It seemed that he wanted to be the charge nurse for those 4 hours, and you became confused as to what to do to get the work done effectively. Jim told you what to do and reorganized things so that the usual pattern of the unit was disrupted. He made it clear that he was the boss and reprimanded a certified nursing assistant for taking a problem to you. It was an uncomfortable 4 hours, and after he left, the unit was disorganized, and the staff members were confused. Jim plans to work with you again in 2 days. The staff members know he is coming and are complaining about him “interfering” with their work. There are some openly aggressive comments made, such as, “He is so stupid, did you see how he did the dressing change on Mrs. Lucas?” Other comments are more passive-aggressive and are complaints about having him on the unit watching the staff. You conclude that you are not the only person who is uncomfortable with Jim working with you. As you see Jim at the change of shift and during report, you notice that his comments to you consistently sound like orders. You find yourself reacting negatively to being talked to this aggressively. Every time you see Jim, you play tapes of failed communication, trying out different ways of telling him how you

feel about his aggressive communication style. You never share your thoughts or anxiety about working with him again with anyone. You know that you need to do something to make the shift you are going to work together a positive experience for Jim, the staff, and yourself.

1. What is the first critical step you are going to take?
2. What strategies should you use to resolve the conflict?
3. What should you do with any positive results from your actions?

CASE STUDY ANSWERS

What you are experiencing is passive-aggressive behavior from the staff toward Jim and perceived conflict from yourself.

1. The critical first step is to recognize what is happening. This means you take some quiet time to process what has happened, comments that have been made, and your feelings and reactions. Taking the time to understand the situation is time well spent because it allows you to identify the problem clearly. Taking time to think about the situation helps you to remember that conflict is inevitable, and the hiring of a new manager is the perfect situation for anticipating conflict. After you have determined that what is happening is normal and expected, you can focus on how to keep the perceived or felt conflict between you and Jim and between Jim and the staff from escalating to a major problem.

2. The following strategies should be used to resolve this conflict. Something needs to be done before the shift Jim plans to work with you in 2 days. It is difficult, but you recognize that you need to make an appointment with Jim and discuss your concerns in an assertive fashion. You call and make the appointment for the next day before the beginning of your shift. As you prepare for a successful interview with Jim, you make a mental note that he is an inexperienced manager and a relatively new RN. It is important that you not threaten him or say things that cause him to become defensive because that would be counterproductive to your goals. Remember this is not a war scene. It is a conflict that you want to resolve with a win for you, the staff, and Jim. You are excited and nervous about the challenge this presents.

You approach your appointment with Jim in a cheerful and positive mood. It would be appropriate to thank him for the time he is spending with you and to tell him how much you respect his efforts to get to know the staff individually by working with them and to learn the organization of the different shifts (if that is a true statement and belief). The next piece of information shared with Jim, or anyone in this type of situation, either can escalate the perceived conflict or can work toward resolving it. You need to depend on your skills and knowledge of working with diverse people to recognize the most meaningful way to talk to Jim. If he seems defensive and is expecting criticism from you, defuse that

immediately. Your comments about his time and willingness to get to know the staff and unit should do that for you.

What is said next needs to be done assertively and in a caring manner. It needs to be professional and said with sincerity. Sometimes it is best to be direct: “Jim, I feel there is something amiss between us like a misunderstanding that hasn’t happened yet. I don’t know where it is coming from or why I feel this way, but I want to talk to you about it.”

The response from Jim is hard to imagine. He may look at your sincere (smiling) face, hear your caring (but direct) words, and feel a strong relief that here is someone he can finally talk to about his new job. He also may be a win-lose type of manager and may make fun of you or criticize you because you think there is a problem. You cannot change him; if he is a win-lose manager, you cannot make him into a win-win manager.

I am an idealist, so let it be said that Jim is grateful to you for bringing up the subject, and he is able to discuss with you his observations and feelings about the staff and your management of them. Be open to what is said, and do not do what comes naturally. Merely listen and learn. Respond honestly and with a win-win attitude. Always be assertive in what you say. You should let Jim know that you feel like you are being given orders when he talks to you. You acknowledge he is the boss, but you are more accustomed to a participative management style. Then you can ask him if he has any suggestions to assist you in supporting him.

Depending on the results of your conversation with Jim, you should take the positive information back to the staff as you go to work. Help them realize that Jim is new and basically wants to do a good job. Share appropriate parts from your conversation with him with the staff, and let them know about his strengths. Your goal is to keep a perceived conflict from escalating into an unmanageable one. By sharing honest and positive information, you can promote the understanding that is required to manage a conflict.

CASE STUDY #7 (reporting and recording)

You are a new LPN graduate who just passed your NCLEX-PN examination. You are working on a medical floor of a large medical center, and you are excited about your job. The patients you care for are interesting people with complex illnesses, and the nurses seem supportive of you as a new nurse. It is a dream job. You have just finished your 1-month orientation and now are working on the 12-hour evening shift that goes from 7 p.m. to 7 a.m. This is your first night working after orientation. You are disappointed that the usual RN, the one who oriented you, called in sick and a float RN from labor and delivery is working as the charge nurse. As you take report, you notice that things seem disorganized from the previous shift. You merely see it as a symptom of how busy the shift must have been. You are surprised when you are assigned 14 patients with a nursing assistant

to assist you because it is your first “real” shift, and the patients seem very ill according to report. From the beginning, things don’t go well. You recognize, as you make your rounds and do your assessments, that you have the 14 most ill patients on the floor. You are concerned about the situation. By 10 p.m. (3 hours into the shift), you recognize that you are not keeping up with the workload in terms of passing medications on time or giving pain medications in a timely manner. You also have two major dressing changes that need to be done. When you went to the float charge nurse (the labor and delivery nurse), she did not offer any help or solutions and seemed stressed over her own assignment.

1. What are the legal issues that are at risk in this situation?
2. What can the LPN do about the situation?
3. Write the solution to the case study on a separate piece of paper to submit to your instructor.

CASE STUDY ANSWERS

There definitely is risk for negligence and malpractice by the LPN and the RN. If there are medications and dressing changes that are being done late, legal problems already have started.

Possible Solutions to the Problem

Talk to the float charge nurse again. Locate a quiet place where you can get her attention so that she will focus on the problems. Explain your concerns and that you feel you could be negligent in your care. Hopefully, the RN will agree with you, and together you decide to call the nursing supervisor to ask for more licensed help. If the supervisor has no one else in the hospital who can assist you, the RN needs to call the nurse manager for the medical floor and tell her that the two of you need more help to give safe and prudent care. This may be upsetting to the nurse manager, but it is much less upsetting than coming in the next morning and finding that there have been serious incidents involving patients. Any court would find the RN and the LPN guilty of malpractice if something happened to a patient on that shift because they were not practicing in accordance with the standards of care. It is unreasonable for a labor and delivery nurse and a new LPN to manage the care for 28 acutely ill patients. No institution would have a standard of care that approved that staffing situation. Because the RN and LPN are licensed personnel, they are responsible to change the situation.

CASE STUDY #8 (Understanding Use of Power)

You are on a shared governance committee for a hospital nursing unit. The chairperson of the committee, a registered nurse with an associate degree who has been out of school for only 3 months, has made a decision for the committee that is unpopular. This nurse, Lucas, has decided that all charge nurses (you are in this

group) are to work 6 days on and 2 days off with a 3-day weekend once a month. He makes the decision without using group process, which is how shared governance is designed to work, and he is adamant that this decision is not negotiable but is his right as chairperson of the committee. Lucas seems to be authoritarian in his use of formal power (he is after all the chairperson) and is unwilling to listen to input or ideas from you and other members of the committee.

To accept his scheduling plan would be a serious problem for you and one other charge nurse because both of you are in school and need set days off each week to attend classes. You know that another charge nurse has set a schedule where she tends her grandchildren every Friday and to change that for her would be a serious alteration in her life. As you observe Lucas refusing to listen or discuss his plan, you recognize that he is showing intolerance to the comments being made. He states that the decision has been made and that, as professionals, everyone needs to adjust to the new scheduling pattern. Then the meeting is terminated.

After the meeting, you observe that the charge nurses are angry and stay in the room to complain about Lucas in negative and hostile terms after he has left the room. Several subgroups are complaining about what has just happened. You are not willing to participate in the subgrouping, so you leave the room. At the nurses' station you observe Lucas, who appears angry. He is sharp in his comments with the unit secretary, he is scowling, and his entire body looks tense.

1. What assessment do you make of this situation?
2. What plan can you formulate for dealing with the situation?

CASE STUDY ANSWERS

This situation is a power struggle that is going to have serious negative effects on the entire staff. The upset people are the charge nurses, but their passive-aggressive behavior may carry to others on the staff, and soon everyone may be involved.

1. Your assessment could follow this format:

- Assessment of Lucas It is crucial to try to understand people who attempt to exert power over you. It is important that you spend time to understand Lucas and his behavior. He is a novice nurse with an associate degree. He did pass his National Council Licensure Examination for Registered Nurses (NCLEX-RN), but he has had little experience in management. Because he has been a nurse for such a short time, you wonder if he has the experience or theoretical background for his position. His management of the scheduling change indicates that he does not because of his lack of change theory skills. His presentation indicates a need for power that he hasn't earned yet. You identify the situation as a power struggle and want to use your knowledge and skills to resolve it without damage to anyone

involved. You perceive that Lucas needs to establish his power base and is using the scheduling plan to do so. It is important not to destroy him in the solution of this problem.

- **Assessment of the other charge nurses** It is clear that the charge nurses as a group are willing to engage in a power struggle with Lucas. This is not a good idea because no one can win. You are not sure the other members of the charge nurse group recognize that fact. You observed passive-aggressive behavior immediately after Lucas left the room and are concerned that it may transfer to the entire staff. The members of the charge nurse group are angry and feel powerless. You sense that any progress the group had made in developing empowerment as individuals has been destroyed with this arbitrary decision made by Lucas. You are concerned about the overall functioning of the group and how they may handle this immediate problem.

- **Assessment of yourself**

This decision has a negative impact on you and your plans for school. You also recognize it as a power move by Lucas and a potential power struggle that could be devastating to the group. You recognize that you feel angry and imposed on by the decision and how it was implemented. Your goal is to resolve the situation with a win-win approach by using your own power base and knowledge.

- **Possible solution**

You are not the nurse manager for the entire unit or an administrative person. You cannot resolve this problem independently because you do not have the formal power to do so. You recognize that if you take the problem to the nurse manager for the unit, you may be committing the ultimate passive-aggressive “crime”—that of “tattling” to the boss. You are not willing to do that. You recognize that your strengths are the following: (1) You believe you understand the situation, (2) you want a win-win solution, and (3) you have the respect of most of the members of the charge nurse group because of your ability to use management skills and your expert nursing skills. What plan can you formulate with the information you have identified?

2. One possible plan follows. You may have devised a plan different from the one shared here. Many possible approaches would be effective. Examine yours carefully to determine if it correctly uses the principles of communication and power.

- **Informally talk to each of the charge nurses**, and discuss with them the need for a win-win solution to the problem. If you are comfortable, let them know that passive-aggressive behavior cannot resolve the problem, and show support for Lucas as a nurse.

- **After you have communicated with different members of the charge nurse group**, you should find that they are still talking about the problem but in a different way. The people in the group are intelligent professionals, and perhaps they needed to be

reminded of information (win-win) they had learned previously, or they needed to be taught the concept. The discussions that occur should be less angry and more focused on the solution to the problem.

- When the group as a whole has shown that it is interested in a win-win solution, it is time to approach Lucas. You or anyone from the group can do this; however, it must be done well. Remember this is a nurse who does not want to be told he is a novice. The objective in talking to him is to ask for another meeting to discuss the scheduling format before it goes into effect. Do not make threatening comments like, “We have a problem to discuss with you.” That may bring out the fear in him and cause him to act more autocratic. Instead, try this approach: “Lucas, there are some details of the new scheduling procedure the charge nurse group needs to have clarified. Could we have a meeting to clarify them?”
- The meeting should be friendly and have the spirit of cooperation. Lucas should not be threatened. Think of how to support his self-empowerment, which begins with developing his self-confidence. Someone should be prepared to point out the positive aspects of his plan. There are some because after all he is not stupid or uneducated; his goal was to bring about an improvement in the scheduling process. Next, someone should identify the problems, one at a time. A barrage of problems should not be presented, but one person at a time should voice concerns until they all are verbalized. Then Lucas can recognize that no one is trying to take away his power or be hostile with him (the group is being nurturing by trying to support him), and he may join in the spirit of cooperation.
- If someone begins to show behavior during the meeting that is not win-win, a member of the group needs to point that out. It is acceptable to say, “The goal of this meeting is to resolve the problem so that everyone is a winner.” By showing that professional spirit of working together for each other’s good, the problem can be resolved. Often give-and-take is needed to resolve such situations, but that goes with belonging to a group and working successfully within it.

CASE STUDY #9 (team building)

You are the 3 to 11 p.m. shift charge nurse in a 56-bed skilled nursing facility. You have been asked to participate on the interdisciplinary team that meets twice a week to evaluate and set goals for residents with resident and family input. This is an exciting invitation, and you are eager to be an active member of the team. You think there is a great deal of information about residents that is identified on the evening shift, and you want to share it with the team members. You believe strongly that it can make a difference in the overall care of the residents. This is your ultimate goal as a nurse in the facility.

As you consider the reality of being on a well-established, high-performance team such as the interdisciplinary team, you have some feelings of anxiety: Will you fit into the team effectively; will they accept or reject you? What do you really have to offer

this team of experienced professionals? As these questions come to your mind, you realize that you are not helpless in this situation.

1. How can you learn about teams in general and this team specifically to ease your membership into the group?
2. List at least six strategies that you could use to achieve this goal.

CASE STUDY ANSWERS

1. You need to investigate a variety of resources for learning about teams in general and for evaluating this team.

2. Some strategies you may want to implement follow:

- Think back to group experiences you have had previously. How did you function in those groups? What information would have helped you then?
- Talk to a member of the team you know and ask some of the questions about which you have been concerned. This is a good time to get information you need and to see if the team members are willing to share with and mentor new members.
- Review a book about team building so that you are up-to-date with the basic characteristics and stages necessary for a successful team.
- Go to meetings on time and be prepared with pertinent information about the residents in your care.
- Remember that it is normal for the team to experience changes in its ability to function when a new member joins. Be prepared to be seen as the new kid on the block, and accept the temporary change in team performance.
- Choose to be a functional, high performer.

CASE STUDY SEMINAR (student's learning activity)

Develop and describe your ideal employment environment. The criteria for this setting should be based on describing specific actions on the hygiene factor list and on the motivator factor list. This is an opportunity for you to express your ideas regarding the overall about what have you learned during this class in addition to your personal concepts of leadership and management. At this point, you have read about the activities and decisions that make an effective manager. The implementation of these skills and concepts should allow you to develop an ideal work situation.

CASE STUDY ANSWERS

The answers will depend on the students' perception about what he or she have learned through the entire semester.