

chapter 2 Manager

OBJECTIVES

After reading this chapter, the student should be able to:

- Define the term *management*.
- Distinguish scientific management and human relations-based management.
- Explain servant leadership.
- Discuss the qualities and behaviors that contribute to effective management.

OUTLINE

Management

Are You Ready to Be a Manager?
What Is Management?

Every nurse needs to be a good leader and a good follower. In Chapter 1 we defined leadership and followership, and showed that even as a new nurse, you can be an effective leader. Not everyone needs to be a manager, however. New graduates are not ready to take on management responsibilities. Once you have had time to develop your clinical and leadership skills, then you can begin to think about taking on management responsibilities (Table 2-1).

Management

Are You Ready to Be a Manager?

For most new nurses, the answer is *no*, you should not accept managerial responsibility. Your clinical skills are still underdeveloped. You need to direct your energies to building your own skills, including your leadership skills, before you begin supervising other people.

What Is Management?

The essence of management is getting work done through others. The classic definition of management was Henri Fayol's 1916 list of managerial tasks: planning, organizing, commanding, coordinating, and controlling the work of a group of employees (Wren, 1972). But Mintzberg (1989) argued that managers really do whatever is needed

Management Theories

Scientific Management
Human Relations-Based Management
Servant Leadership

Qualities of an Effective Manager

Behaviors of an Effective Manager

Interpersonal Activities
Decisional Activities
Informational Activities

Conclusion

to make sure that employees do their work and do it well. Lombardi (2001) added that two-thirds of a manager's time is spent on people problems. The rest is taken up by budget work, going to meetings, preparing reports, and other administrative tasks.

Management Theories

There are two major but opposing schools of thought in management: scientific management and the human relations-based approach. As its name implies, the human-relations approach emphasizes the interpersonal aspects of managing people, whereas scientific management emphasizes the task aspects.

Scientific Management

Almost 100 years ago, Frederick Taylor argued that most jobs could be done more efficiently if they were analyzed thoroughly (Lee, 1980; Locke, 1982). Given a well-designed task and enough incentive to get the work done, workers will be more productive. For example, Taylor promoted the concept of paying people by the piece instead of by the hour. In health care, the equivalent of what Taylor recommended would be paying by the number of patients bathed or visited at home rather than by the number of hours worked. This creates an incentive to get

table 2-1

Differences Between Leadership and Management

Leadership	Management
Based on influence and shared meaning	Based on authority
An informal role	A formally designated role
An achieved position	As assigned position
Part of every nurse's responsibility	Usually responsible for budgets, appraising, hiring, and firing people
Requires initiative and independent thinking	Improved by the use of effective leadership skills

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the most work done in the least amount of time. Taylorism stresses that there is a best way to do a job, which is usually the fastest way to do the job as well (Dantley, 2005).

Work is analyzed to improve efficiency. In health care, for example, there has been much discussion about the time and effort it takes to bring a disabled patient to physical therapy versus sending the therapist to the patient's home or inpatient unit. Reducing staff or increasing the productivity of existing employees to save money is also based on this kind of thinking.

Nurse managers who use the principles of scientific management will pay particular attention to the types of assessments and treatments done on the unit, the equipment needed to do them efficiently, and the strategies that would facilitate more efficient accomplishment of these tasks. Typically, these nurse managers keep careful records of the amount of work accomplished and reward those who accomplish the most.

Human Relations-Based Management

McGregor's theories X and Y provide a good contrast between scientific management and human relations-based management. Like Taylorism, Theory X reflects a common attitude among managers that most people do not want to work very hard and that the manager's job is to make sure that they do work hard (McGregor, 1960). To accomplish this, according to Theory X, a manager needs to employ strict rules, constant supervision, and the threat of punishment (reprimands, withheld raises, and threats of job loss) to create industrious, conscientious workers.

Theory Y, which McGregor preferred, is the opposite viewpoint. Theory Y managers believe that the work itself can be motivating and that people will work hard if their managers provide a supportive environment. A Theory Y manager

emphasizes guidance rather than control, development rather than close supervision, and reward rather than punishment (Fig. 2.1). A Theory Y nurse manager is concerned with keeping employee morale as high as possible, assuming that satisfied, motivated employees will do the best work. Employees' attitudes, opinions, hopes, and fears are important to this type of nurse manager. Considerable effort is expended to work out conflicts and promote mutual understanding to provide an environment in which people can do their best work.

Servant Leadership

The emphasis on people and interpersonal relationships is taken one step further by Greenleaf (2004), who wrote an essay in 1970 that began the servant leadership movement. Like transformational and caring leadership, servant leadership has a special appeal to nurses and other health-care

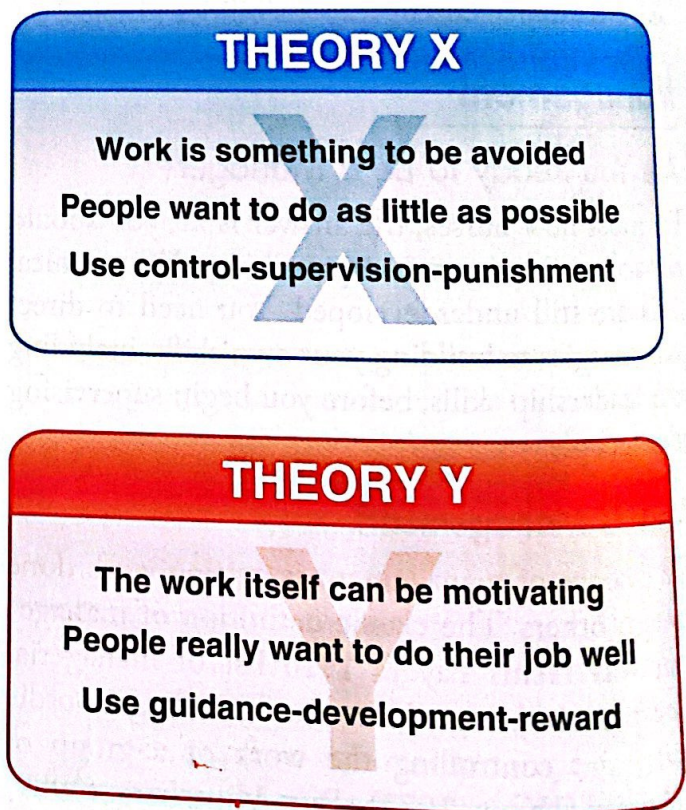


Figure 2.1 Theory X versus Theory Y.

professionals. Despite its name, servant leadership applies more to people in supervisory or administrative positions than to people in staff positions.

The servant leader-style manager believes that people have value as people, not just as workers (Spears & Lawrence, 2004). The manager is committed to improving the way each employee is treated at work. The attitude is “employee first,” not “manager first.” So the manager sees himself or herself as being there for the employee. Here is an example:

Hope Marshall is a relatively new staff nurse at Jefferson County Hospital. When she was invited to be the staff nurse representative on the search committee for a new chief nursing officer, she was very excited about being on a committee with so many managerial and administrative people. As the interviews of candidates began, she focused on what they had to say. All the candidates had impressive résumés and spoke confidently about their accomplishments. Hope was impressed but did not yet prefer one over the other. Then the final candidate spoke to the committee. “My primary job,” he said, “is to make it possible for each nurse to do the very best job he or she can do. I am here to make their work easier, to remove barriers, and to provide them with whatever they need to provide the best patient care possible.” Hope had never heard the term servant leadership, but she knew immediately that this candidate, who articulated the essence of servant leadership, was the one she would support for this important position.

Qualities of an Effective Manager

Two-thirds of people who leave their jobs say the main reason was an ineffective or incompetent manager (Hunter, 2004). A survey of 3,266 newly licensed nurses found that lack of support from their manager was the nurses’ primary reason for leaving their position, followed by a stressful work environment. Following are some of the indicators of their stressful work environment:

- 25% reported at least one needle stick in their first year.
- 39% reported at least one strain or sprain.
- 62% reported experiencing verbal abuse.
- 25% reported a shortage of supplies needed to do their work.

These results underscore the importance of having effective nurse managers who can create an environment in which new nurses thrive (Kovner, Brewer, Fairchild, et al., 2007).

Nurse managers hold pivotal positions in hospitals, nursing homes, and other health-care facilities. They report to the administration of these facilities, coordinate with a myriad of departments (the lab, dietary, pharmacy, and so forth) and care providers (physicians, nurse practitioners, therapists, and so forth), and supervise a staff that provides care around the clock. You can see why their effectiveness has considerable influence on the quality of the care provided under their direction (Trossman, 2011).

Consider for a moment the knowledge and skills needed by a nurse manager:

- Leadership, especially relationship building, teamwork, and mentoring skills
- Professionalism, including advocacy for nursing staff and support of nursing roles and ethical practice
- Advanced clinical expertise including quality improvement and evidence-based practice
- Human resource management expertise including staff development, and performance appraisals
- Financial management
- Coordination of patient care, including scheduling, work flow, work assignments, monitoring the quality of care provided, and documentation of that care (Jones, 2010; Fennimore & Wolf, 2011)

The effective nurse manager possesses a combination of qualities: leadership, clinical expertise, and business sense. None of these alone is enough; it is the combination that prepares an individual for the complex task of managing a unit or team of health-care providers. Consider each of these briefly:

- **Leadership.** All of the people skills of the leader are essential to the effective manager.
- **Clinical expertise.** Without possessing clinical expertise oneself, it is very difficult to help others develop their skills and evaluate how well they have done. It is probably not necessary (or even possible) to know everything all other professionals on the team know, but it is important to be able to assess

the effectiveness of their work in terms of patient outcomes.

- **Business sense.** Nurse managers also need to be concerned with the “bottom line,” with the cost of providing the care that is given, especially in comparison with the benefit received from that care and the funding available to pay for it, whether from private insurance, Medicare, Medicaid, or out of the patient’s own pocket. This is a complex task that requires knowledge of budgeting, staffing, and measurement of patient outcomes.

There is some controversy over the amount of clinical expertise versus business sense that is needed to be an effective nurse manager. Some argue that a person can be a “generic” manager, that the job of managing people is the same no matter what tasks he or she performs. Others argue that managers must understand the tasks themselves, better than anyone else in the work group. Our position is that both clinical skill and business acumen are needed, along with excellent leadership skills.

Behaviors of an Effective Manager

Mintzberg (1989) divided a manager’s activities into three categories: interpersonal, decisional, and informational. We use these categories and have added some activities suggested by other authors (Dunham-Taylor, 1995; Montebello, 1994) and from our own observations of nurse managers (Fig. 2.2).

Interpersonal Activities

The interpersonal category is one in which leaders and managers have overlapping concerns. However, the manager has some additional responsibilities that are seldom given to leaders. These include the following:

- **Networking.** As we mentioned earlier, nurse managers are in pivotal positions, especially in inpatient settings where they have contact with virtually every service of the institution as well as with most people above and below them in the organizational hierarchy. This provides them with many opportunities to influence the status and treatment of staff nurses and the quality of the care provided to their patients. It is important that they “maintain the line of



Figure 2.2 Keys to effective management.

sight,” or connection, between what they do as managers, patient care, and the mission of the organization (Mackoff & Triolo, 2008, p. 123). In other words, they need to keep in mind how their interactions with both their staff members and with administration affects the care provided to the patients for whom they are responsible.

- **Conflict negotiation and resolution.** Managers often find themselves resolving conflicts among employees, patients, and administration. Ineffective managers often ignore people’s emotional side or mismanage feelings in the workplace (Welch & Welch, 2008).
- **Employee development.** Managers are responsible for providing for the continuing learning and upgrading of the skills of their employees.
- **Coaching.** It is often said that employees are the organization’s most valuable asset (Shirey, 2007). Coaching is one way in which nurse managers can share their experience and expertise with the rest of the staff. The goal is to nurture the growth and development of the

employee (the “coachee”) to do a better job through learning (McCauley & Van Velsou, 2004; Shirey, 2007).

Some managers use a directive approach: “This is how it’s done. Watch me.” or “Let me show you how to do this.” Others prefer a problem-solving approach: “Let’s try to figure out what’s wrong here” (Hart & Waisman, 2005). “How do you think we can improve our outcomes?”

You can probably see the parallel with democratic and autocratic leadership styles described in Chapter 1. The decision whether to be directive (e.g., in an emergency) or mutual problem-solving (e.g., when developing a long-term plan to improve infection control) will depend on the situation.

- **Rewards and punishments.** Managers are in a position to provide specific rewards (e.g., salary increases, time off) and general rewards (e.g., praise, recognition) as well as punishments (withhold pay raises, deny promotions).

Decisional Activities

Nurse managers are responsible for making many decisions:

- **Employee evaluation.** Managers are responsible for conducting formal performance appraisals of their staff members. Traditionally, formal reviews have been conducted once a year, but people need to know much sooner than that if they are doing well or need to improve. Effective managers are like coaches, regularly giving their staff feedback (Suddath, 2013).
- **Resource allocation.** In decentralized organizations, nurse managers are often given an annual budget for their units and must allocate these resources wisely. This can be difficult when resources are very limited.
- **Hiring and firing employees.** Nurse managers either make the hiring and firing decisions or participate in employment and termination decisions for their units.
- **Planning for the future.** Not only is the day-to-day operation of most units complex and time-consuming, nurse managers must also look ahead to prepare themselves and their units for future changes in budgets, organizational priorities, and patient

populations. They need to look beyond the four walls of their own organization to become aware of what is happening to their competition and to the health-care system (Kelly & Nadler, 2007).

- **Job analysis and redesign.** In a time of extreme cost sensitivity, nurse managers are often required to analyze and redesign the work of their units to make them as efficient as possible.

Informational Activities

Nurse managers often find themselves in positions within the organizational hierarchy in which they acquire much information that is not available to their staff. They also have much information about their staff that is not readily available to the administration, placing them in a strategic position within the information web of any organization. The effective manager uses this knowledge for the benefit of both the staff and the organization. The following are some examples:

- **Spokesperson.** Nurse managers often speak for administration when relaying information to their staff members. Likewise, they often speak for staff members when relaying information to administration. You could think of them as central information clearinghouses, acting as gatherers and disseminators of information to people above and below them in the organizational hierarchy (Shirey, Ebright, & McDaniel, 2008, p. 126).
- **Monitoring.** Nurse managers are also expert “sensors,” picking up early signs (information) of problems before they grow too big (Shirey, Ebright, & McDaniel, 2008). They are expected to monitor the many and various activities of their units or departments, including the number of patients seen, average length of stay, and important patient outcomes such as infection rates, fall rates, and so forth. They also monitor the staff (e.g., absentee rates, tardiness, unproductive time), the budget (e.g., money spent, money left in comparison with money needed to operate the unit), and the costs of procedures and services provided, especially those that are variable such as overtime or disposable vs. nondisposable medical supplies (Dowless, 2007).
- **Reporting.** Nurse managers share information with their patients, staff members, and

table 2-2

Bad Management Styles

These are the types of managers you do not want to be and for whom you do not want to work:

Know-it-all	Self-appointed experts on everything, these managers do not listen to anyone else.
Emotionally remote	Isolated from the staff and the work going on, these managers do not know what is going on in the workplace and cannot inspire others.
Purely mean	Mean, nasty, and dictatorial, these managers look for problems and reasons to criticize. They diminish people instead of developing them.
Overly nice	Desperate to please everyone, these managers agree to every idea and request, causing confusion and spending too much money on useless projects.
Afraid to decide	Indecisive managers may announce goals for their unit but fail to be clear about their expectations, assign responsibility, or set deadlines for accomplishment. In the name of fairness, these managers may not distinguish between competent and incompetent, or hardworking and unproductive employees, thus creating an unfair reward system.

Source: Based on Welch, J. & Welch, S. (2007, July 23). *Bosses who get it all wrong*. *Bloomberg Businessweek*, 88; Schaffer, R.H. (2010/September). *Mistakes leaders keep making*. *Harvard Business Review*, 87-91; Wiseman, L., & McKeown, A. (2010/May). *Bringing out the best in your people*. *Harvard Business Review*, Reprint R1005K, 1-5.

employers. This information may be related to the results of their monitoring efforts, new developments in health care, policy changes, and so forth.

Review Table 2-2, Bad Management Styles, to compare what you have just read about effective nurse managers with descriptions of some of the most common ineffective approaches to being a manager.

Conclusion

Nurse managers have complex, responsible positions in health-care organizations. Ineffective managers may do harm to their employees, their

patients, and to the organization, while effective managers can help their staff members grow and develop as health-care professionals providing the highest quality care to their patients.

If you have wondered why there are so many conflicting and overlapping theories of leadership and management, it is because management theory is still at an immature (not fully developed) stage as well as being prone to fads (Micklethwait in Wooldridge, 2011). Even so, there is still much that is useful in the theories and much to be learned from them.

Study Questions

1. Why should new graduates decline nursing management positions? At what point do you think a nurse is ready to assume managerial responsibilities?
2. Which theory, scientific management or human relations, do you believe is most useful to nurse managers? Explain your choice.
3. Compare servant leadership with scientific management. Which approach do you prefer? Why?
4. Describe your ideal nurse manager in terms of the person for whom you would most like to work. Then describe the worst nurse manager you can imagine, and explain why this person would be very difficult to work with.
5. List 10 behaviors of nurse managers and then rank them from least to most important. What rationale(s) did you use in ranking them?