favoring one hat over the other—spending much of the time thinking and doing as a worker rather than behaving as a manager. Falling into the working trap can leave a supervisor's time and energy stretched too thinly over numerous technical tasks while some of the department's workers remain underutilized for lack of solid supervisory direction.

NOTHING TO DO?

The following nine points were excerpted from a list of "supervisory activities" that a nursing supervisor was kind enough to share with the instructor and the class in a management development program.

As everyone knows, the supervisor has practically nothing to do except:

1. Decide what is to be done, and assign the task to someone.
2. Listen to all the reasons why it should not be done, why it should be done differently, or why someone else should do it.
3. Follow up to find out whether it has been done, and discover it has not been done.
4. Listen to excuses from the person who should have done it.
5. Follow up again to determine if it has been done, only to discover it has been done incorrectly.
6. Point out how it should have been done, and prepare to try again.
7. Wonder whether it may be time to get rid of a person who cannot do a job correctly; reflect that the employee probably has family responsibilities and that a successor would probably behave the same way anyway.
8. Consider how much simpler it would have been to do the job one's self in the first place.
9. Sadly reflect that it could have been done correctly in 20 minutes, but as things turned out it was necessary to spend 2 days to find out why it took 3 weeks for someone else to do it wrong.

The foregoing is more than simply an exaggerated recounting of some of the frustrations of supervision. Implicit in the nine points are a number of considerations important in the overall supervisory task. For instance, point two suggests that handing out work to an employee is more than simply assigning a person a task and giving the order. Proper delegation includes thoughtful matching of person and task, thorough instruction, and assurance that the employee understands why the job must be done.

Although follow-up is an extremely important part of all supervisory activity, point three might make us wonder how timely the follow-up was in the situation described, since late follow-up can be as bad as none at all. Point five, again dealing with follow-up, might prompt us to ask whether corrective action has been taken and thorough instructions have been provided, or if once again the employee was simply told to do it.

Point six states to "point out how it should have been done." If this is the first time instructions were offered or efforts were made to find out if the job was understood, then the supervisor has far more trouble than even these few frustrations suggest.

The musings of point seven are likely to be uncalled for at this stage. The supervisor must do considerable self-assessment before writing off any employee as incapable. Furthermore, if honest evaluation does lead to consideration of firing, the rationalization that a successor would probably behave the same way is completely without foundation. Also, the likelihood of the person having "family responsibilities" should not enter into consideration; it is, in fact, discriminatory to base any personnel decision on the presence or absence of family responsibilities.

Point eight simply illustrates the thought processes that allow the supervisor to fall into the working trap, and the "sad reflection" of point nine does not carry far enough—it should perhaps go on to include: "Why, then, can't I get an employee to do a simple job like this within a reasonable timeframe?" Otherwise, it suggests that the supervisor has compounded some personal errors and attempted to rationalize them away by tagging the employee with the failure. It is more than likely that such a "failure" is at least half owing to the supervisor.

THE RESPONSIBILITIES OF HEALTHCARE MANAGEMENT

At this juncture our view of management will be broadened to take in the entire body of people who are responsible for directing all activities that move employees toward the organization's goals. Consider "management" to be a single composite "person" responsible for running the organization. This "person" has several major responsibilities.

First, management is responsible to the organization's patients to assure that these all-important people receive the best possible care at the lowest possible cost. At the same time, management is responsible to the organization's employees and must recognize their reasonable needs for security, approval, a sense of accomplishment, assurance of their reasons for being there, and fair treatment and fair compensation for their efforts.

Management is also responsible to the board of trustees in their legal capacity as guardians of the organization's resources. Beyond the trustees, management is responsible to the community for determining how best to meet current healthcare needs. To follow the thread of responsibility completely through to the end, we can also say that management has an important responsibility to itself to continually strive to upgrade its capabilities and adapt as necessary to the constantly changing healthcare environment.

Although fulfillment of the foregoing responsibilities may be directed toward a common objective—the preservation or restoration of health—there is likely to be conflict in their fulfillment. To appreciate the implications of such conflict, felt most severely at management's highest levels, put yourself in the position of our composite "person" and furthermore imagine that you must do your job while answering to four or five different bosses. To some extent, healthcare managers at all levels are often forced into conflict situations, many of which involve the needs of the patients, employees, or community, as opposed to the reality of what can or cannot be accomplished within the limits of available resources.

THE NATURE OF SUPERVISION

Supervision may differ from one organization to another according to various characteristics, and such differences may occur among departments in the same organization. Generally, the style of supervision in health care will be more dependent on people-centered attitudes than on production-centered practices. The tasks involved in delivering health care are more variable than repetitive; units of input and output to and from the institution's systems are not specifically definable, and health care includes a relatively high proportion of partially self-directed professional and paraprofessional workers. Although a manufacturing supervisor has every need to focus strongly on people, the repetitive-task environment often forces concentration on processes and techniques. The necessary orientation for the healthcare supervisor is more toward strength in interpersonal skills.

It was mentioned earlier that the end product of all business is people. In health care and everywhere else, it is necessary to consider the ultimate customer for a product or service. For a mass-production manufacturing enterprise, the customer is likely to be remote, unseen, and unknown, even though there may be health and safety implications associated with the product or service. In health care, however, the customer is the patient and the patient is present here and now. The service is hands-on and personal; as such, it is of immediate importance to the patient. In health care, then, much more so than in most other endeavors, there is an immediate focus on the customer and some immediate quality considerations.

Patients are people and employees are people. To the healthcare supervisor, patients and employees exist in the here and now, in a face-to-face relationship with the supervisor. Since the vast majority of the problems of healthcare supervision are people problems, the nature of healthcare supervision can truly be described as getting things done through people.

That phrase—getting things done through people—is not only descriptive of the role of the first-line supervisor, it is also the simplest, most all-encompassing definition of management. In addition, it holds an important clue to the source of the frustrations Sandra Dolan is experiencing in "Paid to Make Decisions?" Rather than getting things done through people, Sandra is attempting to get people to do things. Sandra knows where she wants the staff to go, and in all likelihood the directions she has chosen are best in the long run. However, Sandra is trying to send them there rather than take them there. The difference between getting things done through people and getting people to do things is as fundamental as the difference between leading and pushing.

Regardless of the organizational environment within which supervision is practiced, successful supervision comes only through conscientious effort. A considerable degree of dedication to the job is necessary, but no one should feel it necessary to become a workaholic. The person who gives everything to the job to the exclusion of all else is most likely using the job as an excuse to fill other needs. Rather, the effective healthcare supervisor is a person who has a reasonable liking for the work, who has a sincere interest in delivering quality patient care, and who can bring to the job the perspective of a private citizen and sometimes a consumer of health care.

At the end of a management development class in which numerous techniques were discussed, a supervisor said, "I could really get a lot of good work done around here if it weren't for all the problems that pop up every day." When you find yourself feeling that kind of frustration, consider this: the problems—those nagging, unanticipated, annoying difficulties that seem to spring up day after day—are a large part of the reason for your job's existence. If there were fewer problems, fewer supervisors would be needed. To a considerable extent, the supervisor is a frustration fighter; if the frustrations did not exist, necessary tasks might well be accomplished without supervisory intervention. The day-to-day problems do exist, however, and hour-to-hour and moment-to-moment operating decisions have to be made. And the person who must make most of these decisions is the first-line supervisor—the final link between the best intentions of the organization and the actual performance of patient care.

TRULY PAID TO MAKE DECISIONS?

Concerning the frustrations encountered by Sandra Dolan in "For Consideration," a few observations can be offered in addition to what has already been said about the way she handles the dual role of manager and worker (the "two hats") and about how she has been trying to get staff to respond to her.

In her efforts to professionalize the department, Sandra has insisted on adherence to a number of rules and policies that apparently have not been observed for quite some time. Her approach seems to be simply: "You should have been observing these rules all along, so start doing so now." Official policies or not, however, staff have every reason to question why these rules had not been enforced in years (probably never enforced at all during the tenure of some of the staff) and why suddenly they must be observed. Sandra could, of course, order compliance and begin disciplining those who do not respond, but this would buy her little more than resentment and intensified resistance. Sandra is attempting to implement change by edict and implement it rapidly, when what she really ought to be doing is taking time to win people over and helping them to understand why certain changes will be to their advantage in the long run.

By saying, "Don't think of this as a competition or a test of wills," Sandra's manager zeroed in on part of the immediate problem. By saying that she could not back down on any of her changes without looking bad, Sandra had made it just that, a test of wills. The effective manager must learn that sometimes the wisest course of action is to back down gracefully, and that compromise is not necessarily a dirty word.

By claiming, "I'm paid to make decisions, so I make them," Sandra might just as well have said, "The buck stops here." The "buck" usually does stop with the manager whether this person makes a decision in a vacuum or factors in the input of the entire staff, but what the "buck" really refers to is the responsibility. One of the most important lessons Sandra has to learn is that true participative management is not abrogation of responsibility; it is not weakness, it is strength. Sandra is, of course, paid to make the decisions, but she apparently has yet to learn that the best decisions often result from the knowledgeable input of the people who do the work day in and day out.

Supervision as a Step along a Career Path

Some who enter supervision will see the position as "just a job," a means of earning a living until they can move on to something more in line with their long-range plans or desires. Some others, however, will regard their entry into supervision as the first step on a career ladder they wish to climb whether in their present organization or another organization in the same business.

A successful and fulfilling career usually does not just happen. Rarely if ever does "going with the flow" carry you to where you are best suited or potentially most fulfilled. Rather, those who go furthest in the direction that is best for them usually have a fairly clear vision of their intended direction; they know where they are going.

Once having adjusted to the requirements of a position to the extent of being comfortable and confident, it is normal to experience a growing desire to move on to a larger role and greater responsibility. The desire for career advancement is common in both the supervisor and the career professional or technical specialist.

The growth-oriented supervisor cannot help possessing a split focus as far as employment is concerned. Although every supervisor should of course be largely attentive to the job at hand, the growth-oriented supervisor can be expected to experience two important concerns: doing the present job, and preparing for the next job.

Careers: Ladders and Tracks

Within certain areas of health care the available career ladders or career paths are perceived as both limited and limiting. There are a number of relatively short career ladders in health care. For example, in a mid-size hospital the entire career ladder in diagnostic imaging or the clinical laboratory may consist of only two or three levels including the departmental management level. When a person reaches the top of a short career ladder there are but a few steps remaining—another hospital department that has a longer career ladder, general management or administration, or another organization that has a longer career ladder in one's specialty. To move to another department in a healthcare organization usually requires re-education, complete training in another field.

Career tracks are also affected by the essential pyramidal structure of most organizations. At each level moving up the pyramid there are fewer positions available, so at each succeeding level the competition is greater. This situation has been worsened in recent years by the tendency toward organizational "flattening" resulting in the reduction in the numbers of available first-line-management and middle-management positions.

Which Way Do You Face?

At any given time the supervisor may tend to "face upward" toward higher management and the rest of the hierarchy or "face downward" toward the work group. There are needs causing one to do either at any particular time, and there are tendencies in the individual that favor facing either upward or downward. The pressures to face upward or downward are rarely equal, and there are no guarantees that one is facing in the appropriate direction at any time.

The downward-facing pressures consist of the needs of one's direct-reporting employees, the needs of the department's clients, patients, or customers, and