

The Nurse Manager Boot Camp E-zine...

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Editor: Leah Curtin, RN, ScD(h), FAAN



CHAT SCHEDULE

Surviving Organizational Politics
February 14, 2006 - 3:00:00 PM EST
Leah Curtin, RN, ScD, FAAN
1 Hour

Conflict Management for Managers
February 20, 2006 - 3:00:00 PM EST
Jeanne Clement, RN, EdD, FAAN
1 Hour

Determining Appropriate Staffing

To determine appropriate staffing, one must first determine, with a fair degree of accuracy, how much time it takes for nurses to perform various nursing activities. There are a number of ways to do so:

Time and motion studies (task-oriented, clipboard and stopwatch approach)

Predetermined standards (industry accepted standards buttressed by time studies)

Work sampling sampling work at systematic or random intervals)

Logging (employees log activities/tasks and the time it takes to complete them)

Historical averaging (projecting from past experience..but it will perpetuate existing deficiencies)

Estimating (only works well if nurse experts, using standardized categories, estimate the time required for a comprehensive unit of service)

It is important to understand that there is a science behind estimation. In 2000, a group of research clinicians compared work sampling and self reporting in patient care activities and determined that self-reporting provides a reliable method of measuring work activities. The researchers estimating to time and motion studies and found that self-reporting provides as reliable an estimate of how nurses allocate their activities as the time-motion studies. These expert nurses' estimations were consistently supported 85% of the time – and at much lower cost than time-motion studies.

Carol Ann Cavouras, MS,RN

The Human Element in the Electronic Age

These days, with e-mail, voicemail and fax, you can probably avoid interaction with a real human in the vast majority of business situations. Where would we be without our laptops, cell phones, fax machines, e-mail and voicemail? Why, wasting time in, or in route to, meetings and face-to-face encounters — and who needs that in these get-more-done-with-less times in which we live? Well, as research has started to show, we all do.

Edward M. Hallowell calls it “the human moment”, an “authentic psychological encounter that can happen only when two people share the same physical space.”

According to Hallowell, the human moment requires two things: One, that people be physically present, and two, that they pay attention emotionally and intellectually.

Who knows better than nursing the power of human interaction? Indeed, caring, high touch as opposed to high tech is at the very root of our viability, the very foundation of patient care. And yet, how often do we as administrators forget that power when it comes to dealing with co-workers, both our superiors and those who report to us. The solution, of course, is not to do away with technology, but rather to figure out when and how to use it. A couple of suggestions:

Rediscover the meeting: Schedule regular meetings with your staff or your superiors — old fashioned brainstorming meetings, “play” time, even dumping sessions if that’s what’s needed. Meetings can be straightforward, planned, brief. The important thing is to have them in person and to engage in them fully.

Use e-mail and voicemail judiciously: Use e-mail and voicemail to schedule, reinforce, recap and extend what happens in your meetings. But try to imagine the real human being that will be on the other end of your message and talk to that person.

Manage by walking around: Electronic communications make it possible for us to do more work than ever, but it’s good if you occasionally get up from your desk and see what’s going on. Just a simple walk around to say ‘hello’ or ‘what’s happening?’ can make a world of difference. If you need to, schedule it. We must embrace high tech for what it can do to make us more human, for what it can do to make high touch more possible. And that’s not so difficult. We simply must pay attention, take the time and make the effort.

Roy Simpson, RN, MAP, FAAN

Source: Hallowell, Edward M., The Human Moment at Work, Harvard Business Review, January-February 1999, page 3-8.

Don’t give in to Bullies!

On occasion, I like to while away the minutes with word games via the Thesaurus on my PC. This month I plugged in the word ‘boss’. It was something of a revelation to find the word ‘bully’ flash up on the screen. Bullies give orders and boss people around. Some managers do as well...Apparently enough of them to create a space in the Thesaurus. And so I polled some colleagues to explore experiences with bullies in the workplace.

The hospital comes first - or else!

George had a manager who believed all things came to a halt for the sake of the company. Twelve-hour days were common, and, if anyone complained, the boss’s response was “That’s the way this organization operates. If you don’t like it, leave!” In his mind, “the company paid you, so the company owns you -- day and night.” When personal life has no value, individual employees have no value either.

The confidence game

Carol has a manager who spends time pitting one nurse against another. To increase productivity, the manager would ‘confidentially’ discuss employee’s feelings with other employees, only the feelings weren’t necessarily what was related. For example, the manager tells Carol that Jane has problems with Carol’s work, and then she tells Jane that Carol says she’s lazy. These divisive tactics created feelings all right -- anger and resentment! It worked for a while, until things began to gel during coffee breaks. As employees began confronting one another, they discovered the little game. Now no one takes a thing she says seriously, and the danger is that her dishonest ‘style’ could be hazardous...to patients as well as staff.

The fishing trip

Joanne inherited a bad manager, who used deceit to gain information. He asks a question with feigned sincerity, such as “Why did you tell Bob I was in over my head?” You never said that to Bob, but Bob told you the boss *said* he was in over his head. You would, of course, ‘fess up, and now he had information from his fishing trip.

Learning to counter the moves...

Where is the lesson in this? You only control the box in which you stand. All other boxes belong to those who stand in them. Manipulative behavior is a con game. Don’t play it! Nurses often mistake camaraderie for compassion and solidarity. As nurses we try to please. Bad move.

A bully will sniff out your weak underbelly with finesse. Learn how to interpret your particular bully’s innuendos. Plan your interactions with this boss and anticipate her moves before you speak. An anticipatory conversation in your head may provide you with responses you may not be able to come up with in the heat of the moment. Trust your instincts and your intuition. Keep your own council -- there are some things it just isn’t wise to share with anyone, even your colleagues. Anything you say about the bully had better be something you don’t mind if she hears, because she just might. In fact, you can count on it!

Katherine Logan, MSN, RN

Maintaining Personal Integrity...

Most of us think of ourselves as good. Certainly our *intentions* are good, and most of us judge ourselves by our intentions. Other people, we judge according to the results of their actions -- but rare indeed are the people who judge themselves by the results of their own actions! The result of this unbalanced state of affairs is that we frequently judge others harshly, and rationalize the negative results of our own actions by appealing to the good intentions we know we had. This tendency to minimize bad outcomes is exacerbated by both time and distance.

The psychology of it all...

In 1956, Festinger *et al* may have helped explain this phenomenon when they developed the concept of cognitive dissonance:¹ *i.e.*, when people hold two disparate items of information simultaneously, they tend to change one of them. For instance, the two items of information "I am good." and "I have told a lie." are not logically incompatible, but they are dissonant. People who hold these two items in their cognitive worlds tend either to think "I am a liar." or to minimize or justify the lie. Far more often than not, they choose the latter.²

In the ensuing 45 years, research on cognitive dissonance led to other findings: not only will we reject one item of information and embrace the other, we actually will debunk the rejected item and find reasons to support the information embraced.³ In no time at all we find ourselves saying that we only told the lie to help others (especially the one being lied to), or we may actually blame the person to whom we told the lie for forcing us to lie ("If she/he wasn't so unreasonable, I would have told the truth!). Worse, the more often we iterate the justifications, minimizations *etc.*, the more we believe it.⁴ And the more we believe our own lies to ourselves, the more likely we are to repeat the behavior. Perhaps this is why the philosophers warn us, "Above all, to thine own self be true!"

...leads to the justification of all

These all too human responses are intensified when the wrong-doing is a result of having caved in to pressures.⁴ Subtle pressures co-opt one incrementally over time: a situation made all the more likely when some of the pressures brought to bear are ethically justifiable -- and some are not. Incrementally, then, what was previously unacceptable becomes first *necessary* (I don't have enough time...), then *accepted* (everyone else is doing it...), and eventually *expected* practice (this is just the way things are around here...).

When a survival ethos is created, ethical concerns often are trivialized. When Mansson explained to 570 university students that the costs of care had risen so high that some unfit people would have to be eliminated, and asked them to help determine both *who ought to be eliminated*, and *how they ought to be eliminated*, over half of them eagerly

agreed -- in the absence, it must be stressed, of any obedience to command. "Do you think," Mansson asks, "that we are any better as long as so many of us seem unthinkingly to endorse programs which in their spirit are believe we have legitimate justification such as self-preservation, or merely because such programs are advocated in the respectable name of science?"⁶ Or, in this case, the legitimate concern for common sense disposition of our resources! It seems that giving people 'good reasons' for doing something significantly increases the likelihood of good people doing bad things! But not all people will harm others, even for good reasons and under pressure.

Except for a few...And a few more!

How can we create a generation of altruistic people? Well, we can start by eliminating the adjective, *altruistic*! The author of *When Light Pierced the Darkness: Christian Rescue of Jews in Nazi-Occupied Poland*, noted that, although they were aware of their own empathy, the rescuers weren't impressed by it. "It is the normal thing to do." they said. Their characteristics are also pretty 'normal': Many came from loving families, but not all. Some were illiterate, some were educated. They weren't all religious, they weren't all brave. What they did share, however, was compassion, empathy, an intolerance of injustice, and an ability to endure risk.

1. They were nonconformists -- not outcasts, but then again, not those who must have approval.
2. They were independent and they knew it.
3. They had a long history of doing good deeds, though not such dangerous ones. Thus they did not think this to be anything too out-of-the-ordinary.
4. They identified with the victims of injustice rather than the perpetrators of injustice.
5. They saw beyond race, ethnicity and religion.⁷

When these 'rescuers' were asked: 'Why did you do this?' they said, 'How could we not?...we just did what a human being is supposed to do.' If we view them as extraordinary, then we imply that compassion, empathy and responsibility for one another is exceptional and that indifference is normal. The rescuers tell us that kindness, compassion and courage exist in all of us, and we want our children to know this. We need to know that choosing to do good is the ordinary *human* thing to do!

Leah Curtin, RN, SCD, FAAN

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