

TRAINING NURSING MANAGEMENT

how to develop a solid nursing management, given the tendency to be specialists first and managers second

The hospital under study hypothesized that a successful transition could be made through the use of a well-designed management development program. The population under examination was comprised of the 15 middle management members of the nursing management. The administration of the hospital treated the strategy of change, change agents and change techniques to be the independent variables, while the nature of nursing management was held to be the dependent variable. They assumed that success would be real to the extent that the desired change was satisfactory in their perception as management.

Selected members of upper management of the hospital pre-tested and post-tested the study population in the areas of administrative, supervisory, leadership, technical and human relations competency against pre-determined success criteria. Based on a comparison of the two tests, administration of the hospital concluded that the management development program had been successful.

The population under study was limited to 15 assistant directors of nursing and nursing management personnel. The intent of the program was to train the assistant directors to train the head nurses, without direct intervention in the training process by upper management. Figure 1 indicates the organization just prior to the study. Figure 2 indicates the organization at the onset of the study. The structural change comprises part of the total strategy.

GUIDELINE POSITIONS

The theoretical position taken by upper management in the transition program was based upon several propositions. These guideline positions can be expressed for the purpose of examination in a series of statements.

The elements of an organized activity are theoretically so arranged to facilitate their contribution to the overall goal or objective.

The nature of the complexity of patient care renders each element dependent on

each of the others to a greater or lesser degree.

Given the work to be performed and the relationship between and among the elements of the organization, behavior of incumbents is to some degree predictable.

Manipulation of the elements and/or the work to be performed will alter individual behavior.

There is a critical relationship between the nature of supervision and the performance of workers.

The effective mission of supervision at all levels is to bring about a state of compliance with the overall objectives of the organization.

Managerial development successfully takes place through a process of specification of objectives, detailing of behavior change, analysis of success indicators through logical task sequence and multi-level managerial program acceptance.

SUCCESS CRITERIA

It was hypothesized that the success criteria could be met through a definite management education program of (1) basic tools acquisition, (2) greater understanding of the labor force and (3) support for flexibility of judgment and freedom of action for supervisors, within prescribed policy limits.

The procedure was to examine compliance with the administrative, supervisory, leadership, technical competence and human relations areas comprising the success criteria by measuring changes in several specific patterns of behavior.

The success criteria were divided into five major areas: administration, supervision, leadership, technical competence, human relations.

Figure 3 is presented as a synopsis of the success criteria. It is also the final evaluation tool for the determination of compliance with the success criteria.

The intent of the development program was to bring about a change in the

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Figure 1 Organization of the Nursing Division prior to the transition program

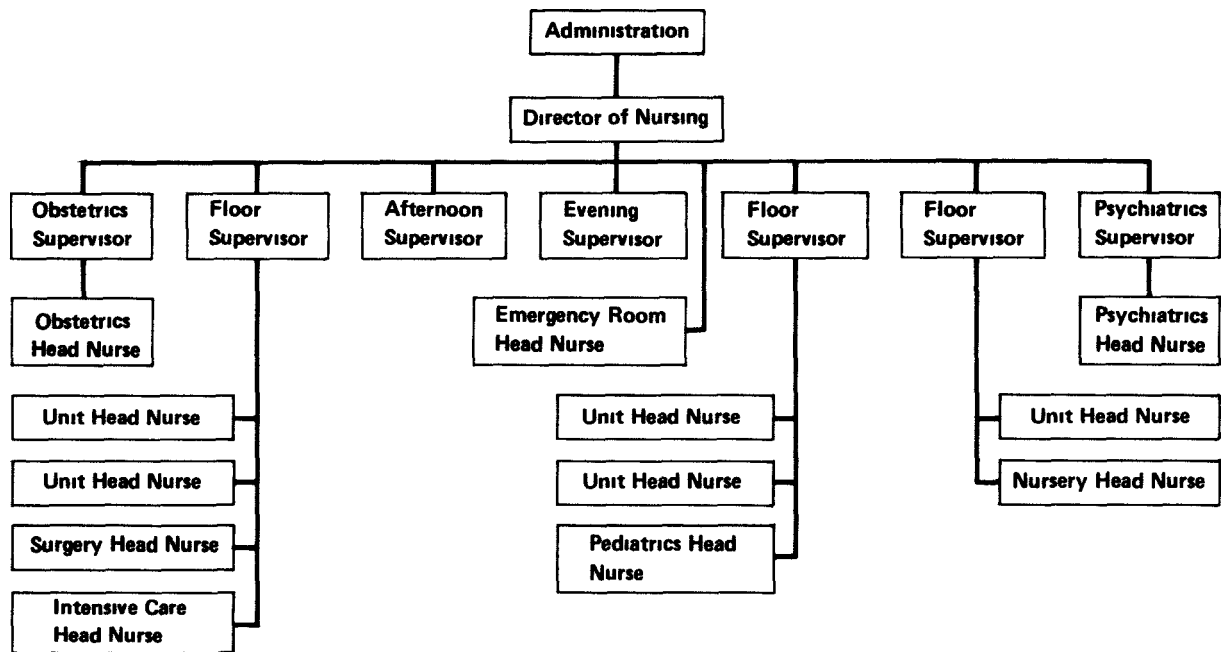
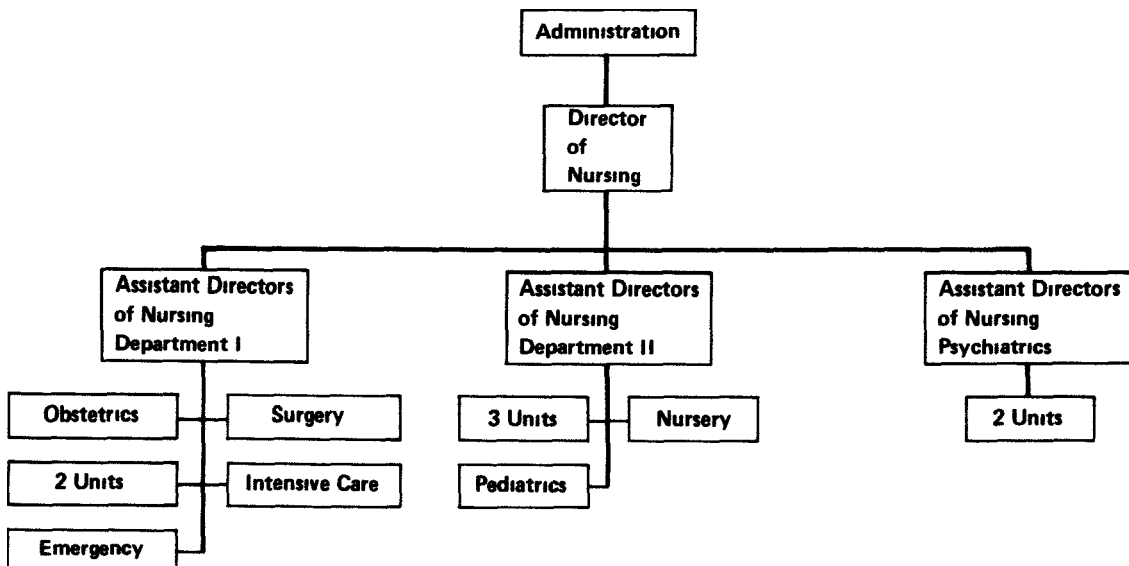


Figure 2 Organization of the Nursing Division at the onset of the transition program



Note The assistant directors provide seven day a week, 24-hour a day supervision and rotate between departments except Psychiatric, where occasional coverage is provided by assistant directors from departments I and II

Figure 3 Mechanism for Final Evaluation of Compliance with Success Criteria

ADMINISTRATION

Knows and utilizes proper forms and procedures	7	6	5	4	3	2	1
Meets deadlines	7	6	5	4	3	2	1
Organizes personal workload	7	6	5	4	3	2	1
Organizes work of those supervised	7	6	5	4	3	2	1
Appraises immediate superior of all current developments	7	6	5	4	3	2	1
Work from well designed calendar of responsibilities and projects	7	6	5	4	3	2	1

SUPERVISION

Gives continuous orientation and on-the-job training to employees supervised	7	6	5	4	3	2	1
Explains orders whenever possible	7	6	5	4	3	2	1
Answers questions fully or obtains answers for employees supervised	7	6	5	4	3	2	1
Administers and supports proper policy	7	6	5	4	3	2	1
Listens to and attempts to correct employee complaints	7	6	5	4	3	2	1
Holds periodic meetings with employees to pass on information	7	6	5	4	3	2	1
Administers discipline when necessary	7	6	5	4	3	2	1

LEADERSHIP

Sets goals and objectives of self	7	6	5	4	3	2	1
Sets goals and objectives for employees supervised	7	6	5	4	3	2	1
Meets goals and objectives for self	7	6	5	4	3	2	1
Helps employees meet goals and objectives	7	6	5	4	3	2	1
Supports employees supervised within the limits of proper sub-ordination	7	6	5	4	3	2	1
Supports hospital policies and procedures	7	6	5	4	3	2	1
Helps develop employee potential for advancement	7	6	5	4	3	2	1

TECHNICAL COMPETENCE

Keeps up with changing procedures	7	6	5	4	3	2	1
Generates new procedures	7	6	5	4	3	2	1
Participates in outside in-service training	7	6	5	4	3	2	1
Finds and corrects clinical nursing errors	7	6	5	4	3	2	1
Notes and analyzes changes in patient mix	7	6	5	4	3	2	1
Utilizes ancillary assistance when required	7	6	5	4	3	2	1

HUMAN RELATIONS

Participates in analysis of wages, hours, and working conditions of those supervised	7	6	5	4	3	2	1
Continually evaluates performance of those supervisors in a constructive manner	7	6	5	4	3	2	1
Demonstrates ability to solve problems in a satisfactory manner	7	6	5	4	3	2	1
Stays aware of general tone and tenor of employee group	7	6	5	4	3	2	1
Passes on positive and negative feedback to administration	7	6	5	4	3	2	1

behavior of nursing management trainee which would lead them away from their traditional role of nurse first, to a new role characterized as nursing manager. To do this, upper management realized it would be necessary to deal with the problem in terms of the role perception of the trainees. The intent was to create a different role perception by the trainees, reinforced by group norms, which would coincide with the expectations of upper management.

The technique was to conduct an educational program in all aspects of the new role desired, inclusive of a comparison of the new and old roles. To insure acceptance of the new role by all trainees, the program was designed to be as realistic as possible. The approach was highly pragmatic, dealing with real

and on-going problems, including work assignments which were designed not only to reinforce the program subject matter, but also to produce a notable accomplishment for the trainees at each stage of the program. Whereas the administration insisted that the reports and procedures be adopted, no overt demand was made that total behavior change was to take place, nor was the total intent of the program clearly revealed until after final evaluation had been accomplished.

PHASE ONE BASIC TOOLS ACQUISITION

The basic tools material was presented over a ten-week period, one topic each week, in two-hour sessions. At the end of each session, a work assignment was made designed to stimulate learning and establishment of needed programs and documentation. In all cases, the meetings were held during the working day, and the work assignments were to be done during working hours. The topics covered were as follows:

1. Job description and analysis
2. Orientation and in-service training.
3. Policy and procedure.
4. Position control and recruitment.
5. Scheduling and staffing
6. Departmental documentation and facilities
7. Wages and salary administration.
8. Employee and supervisory evaluation.
9. Formal communication
10. Facilities management.

The trainees were, at this point, given a two-week break prior to beginning the next phase of training.

Figure 4 demonstrates the various key elements of the management tool subject matter in terms of administrative responsibility, staff responsibility, and departmental responsibility, graphically illustrating the overlapping nature of managerial function.

PHASE TWO GREATER UNDERSTANDING OF THE LABOR FORCE

The labor force education program was presented over a seven-week period utilizing two-hour meetings held during the early evening. There were no specific work assignments resulting from the meetings.

Outside experts participated in some of the sessions. The following is a list of the seven topics:

1. Formal organizations
2. The nature of communications
3. Labor history
4. Labor law
5. Professional unionism.
6. Collective bargaining
7. Tactical problems in labor relations

The seven programs in Phase Two of the management development program were characterized by informal discussion rather than formal presentation of materials as in Phase One. The trainee explored, as a group, such questions as: How do we make a system work? What do employees expect of a supervisor? What are the consequences of saying too much or too little? And, several others of this general nature were also studied. At the conclusion of these seven programs, the trainees were given a two-week break in preparation for the third and final phase of the program.


PHASE THREE FLEXIBILITY AND FREEDOM OF ACTION

This phase was made up basically of four sections, however, the fourth session was in reality the launching point for full scale performance. These were as follows:

1. Critique and evaluation
2. Session on nursing practices.
3. The role of the head nurse
4. Development of the head nurse program

For the following 90 days there was virtually no interference or policy guidance from administration, other than routine directives and operational demands. At the conclusion of that 90

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Figure 4 Demonstration of the elements of basic management responsibilities in terms of Administrative, Staff and Department function

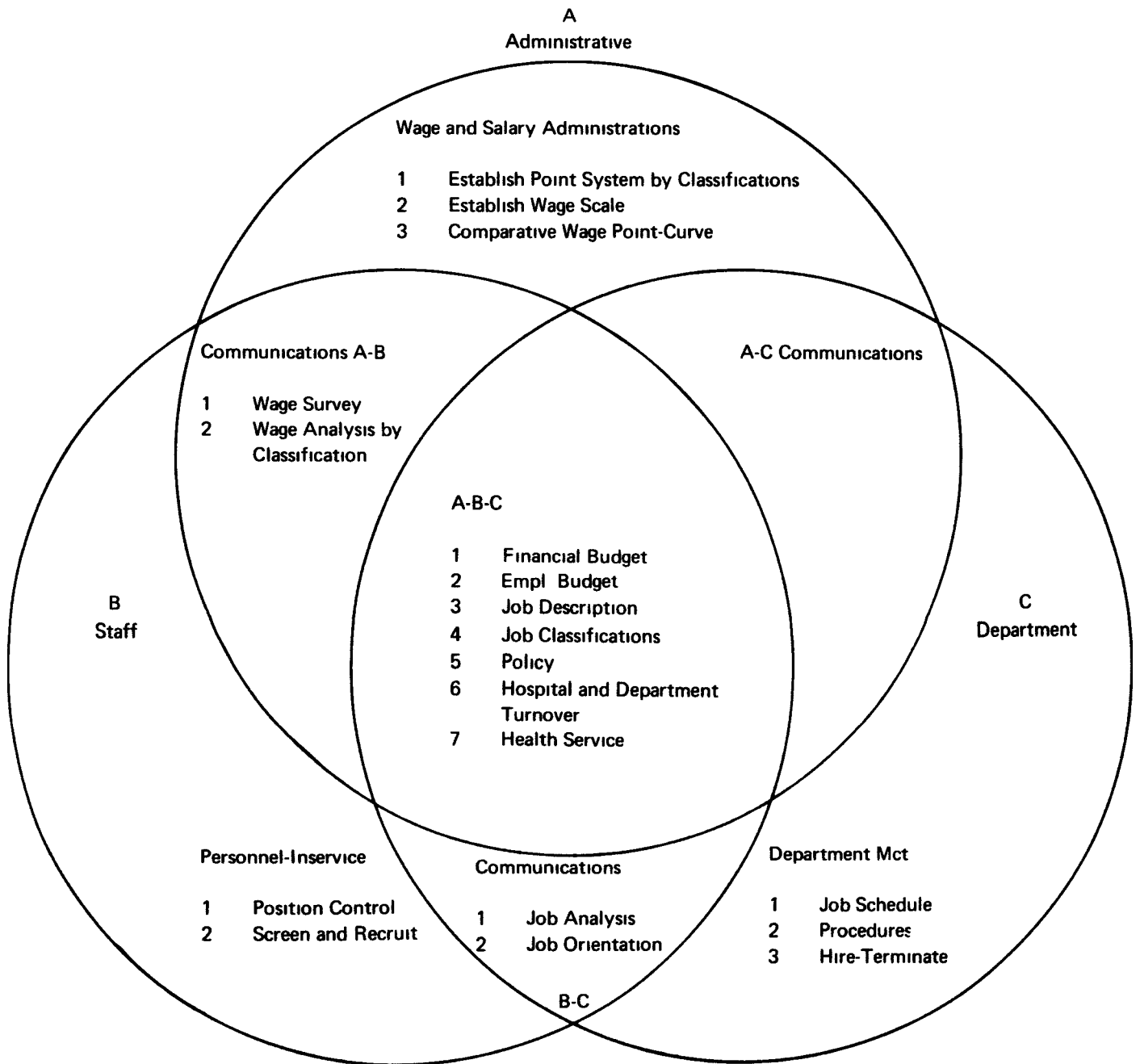


TABLE I Results of the Pre-test and Post-test of Compliance with the Success Criteria

Factor	Pre-Test		Post-Test		Post-Test Mean as a Per Cent of Pre-Test Mean
	Mean	Low-High Range	Mean	Low-High Range	
A1	2 00	1-3	5 33	5-7	266
A2	2 00	1-3	6 66	5-7	333
A3	2 5	1-3	5 66	4-6	226
A4	2 66	2-4	5 33	5-7	200
A5	2 00	1-3	6 33	5-7	316
A6	1 33	1-2	6 66	5-7	500
S1	3 00	1-4	5 33	3-6	178
S2	2 66	1-3	5 00	3-6	188
S3	3 00	1-4	5 0	4-7	166
S4	2 33	1-3	6 66	5-7	286
S5	2 00	1-3	5 33	4-6	266
S6	3 00	2-4	5 00	5-6	166
S7	1 33	1-2	6 00	5-7	451
L1	1 66	1-2	6 66	5-7	400
L2	1 33	1-2	5 00	4-6	376
L3	3 00	1-3	4 66	4-5	158
L4	1 00	1-1	4 33	4-5	433
L5	1 66	1-2	6 00	4-7	361
L6	1 33	1-2	6 66	5-7	500
L7	2 66	1-3	4 33	3-5	156
T1	3 00	1-4	6 33	5-7	210
T2	1 33	1-2	5 00	4-6	376
T3	3 33	2-4	4 00	3-5	120
T4	4 66	4-6	6 33	5-7	136
T5	1 66	1-2	4 66	3-5	281
T6	4 33	3-5	4 66	3-5	110
H1	1 00	1 1	5 00	4-7	500
H2	2 00	1-3	5 0	4-5	250
H3	4 33	3-5	5-33	4-7	123
H4	3 33	2-4	6 33	4-7	190
H5	2 33	1-3	6 66	5-7	286
Group Average	2 26	1 3-3 0	5 46	4 1-6 3	242

(Note Factor Codes agree with Criteria list in Figure 3)

days, the final measurement for compliance with the success criteria was taken

EVALUATION

At the onset of the study, evaluations were completed on each of the trainees. These evaluations then became the baseline for unacceptability of performance.

In examination of the success criteria, the evaluating committee decided that for performance to be satisfactory, a minimum of 50 per cent improvement would have to be demonstrated. Further, it was decided that the success criteria would be considered met only where 75 per cent improvement was demonstrated. The final evaluation, or post-test, was to be conducted in the same manner as the pre-test.

Pre-Test and Post-Test Results. Table I displays the results of the pre-test and the results of the post-test. Due to the small size of the population tested (N=15), only the mean and percentage increase were taken. No other manipulations of the data were conducted.

In an examination of Table I, the categories listed are pre-test mean, range of post-test score achieved, and the post test means as a percent of the pre-test mean. Note that only factors T3, T4, T6 and H3 fail to meet the minimum satisfactory level of 150 per cent. Additionally, S3, S6, L3, L7, fail to meet the 175 per cent test for success criteria compliance. Thus, we see that of the 31 areas of behavior change, eight failed to meet fully the compliance standard and four fell into the unsatisfactory area. Taken as a whole, the group achieved a mean level of 242 per cent, considerably above the success criteria compliance level.

In examination of the factors which did not reach the success level, the evaluators felt that four satisfactory areas (S3, S6, L3, L7) would improve in time, and that the four areas where change did not meet the satisfactory level (T3, T4, T6,

H3) were well performed at the time of the pre-test.

Administration, therefore, arrived at the following conclusions:

- 1 Change did occur
- 2 The change was in the direction of achieving the objectives
- 3 The change was generally sufficient to meet the success criteria

CONCLUSIONS

Given the nature of the change to be produced, the possible effects of varying age, education, attitudes, experience and motivations on the part of the trainees were never fully examined. The extent to which those factors would or would not have an effect were not measurable within the design of the study.

For purposes of study, however, it must be remembered that administration held the change strategy, change agents and change techniques to be the independent variable with the nursing management as the dependent variable. In terms of the measurements utilized, change did take place, it must be borne in mind that this process took place in a working environment. Upper management wanted to produce positive change. The definition of positive change was theirs to make and they got what they wanted. It is, therefore, an interesting account of a process of gaining compliance with registered nurses who must play the part of management with managerial norms.

Perhaps the essence of the development program can be stated as the application of the fundamentals of personnel administration and employee relations to management training. Certainly it stands to reason that a solid system of communication makes supervision an easier task. The introduction of a job description program, combined with exacting standards for job content evaluation in the job evaluation process goes a long way to insure that the supervisor knows exactly what he is supervising at any given point in time. This alone should

tend to increase the acceptability of the supervisor's performance. Against this framework, which can be compared to a road map of the organized unit for which the supervisor is responsible, the introduction of policies and procedures goes even further, not only in helping the supervisor know what he is supervising, but also in setting standards by which to judge the performance of those supervised. Now, if an organization goes even further and introduces uniform communications channels and mechanisms, it becomes increasingly easier to coordinate the activities of the various units of an organization, and thus the supervisor will have still more clearly-defined perimeters of operation. Finally, if in addition to the areas indicated above, management takes steps to educate a supervisor in the nature of his or her work force, why people act as they do in a given setting, and how they are likely to act when the circumstances are changed, the general performance of the supervisor is bound to make a marked improvement.

The key to success in making the transition is the knowledge that the role of management is to coordinate and facilitate the process of patient care in the hospital environment. This, more than anything else, had to be the philosophical goal of the management development program.

The administrator must rely on line supervision educated and trained to understand and accomplish the functions of management. It becomes obvious that in nursing, as well as in every other medical or paramedical activity in the hospital, he must have supervisors who possess the technical knowledge he does not.