PRACTICAL ANSWERS

TO OVER 500 COMMON MANAGEMENT QUESTIONS

THE NURSE MANAGER'S PROBLEM SOLVER

Edited by

TIM PORTER-O'GRADY

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Absenteeism

♦ WHAT SHOULD I SAY TO A NURSE WHO OFTEN CALLS IN SICK?

Q When I was counseling an employee regarding her absenteeism, she responded that she was "really sick" and that I must want her to work when she is ill. How should I respond?

A The response made by your employee indicates a lack of understanding relative to the absenteeism policies in your organization. It also appears that your expectations have not been clearly stated or are not clearly understood by this individual and possibly by others.

1. Begin by making a personal commitment that you will treat all employees fairly and equally. In this way the individual will not feel singled out.
2. Schedule a formal meeting with this employee to review your expectations rather than responding to the remark casually. This individual requires firm action and is looking to you to provide that leadership.
3. Begin the meeting by reminding the employee that each employee provides a critical service and that when one member of the team is out sick, everyone else must work harder. Also, unplanned absences are costly when they require replacement. As a manager, you are committed to providing high-quality service and you expect your staff to participate in that endeavor.
4. Review the organization's basic philosophy with this individual. Tell the employee that sick-leave policy is not a time-off benefit but an insurance in case of illness.
5. If you have requirements in your policy, for example, a physician's note, review these requirements with the employee.
6. Try to have an open dialogue about the work environment. Ask the individual if the work schedule is problematic and inquire about subjects such as working conditions, wages, benefits, and control over work. Your willingness to discuss these issues will indicate that you are sincere about helping your staff to succeed.
7. Since personality and life-style issues often influence our behavior at work, attempt to assess emotional maturity and see if there are personal concerns affecting work performance. If it seems appropriate, suggest an employee assistance program. Or if a change in scheduled hours would help and you can accommodate the change, offer this flexibility; 10- or 12-hour shifts may be just the answer.
8. If this employee has been counseled before, you may want to formalize the disciplinary process in the following way:
   - Meet to discuss the problem of absenteeism *privately*.
   - Provide a list of all sick-call occurrences and previous counseling sessions. If there is an apparent pattern, like calls just before a weekend or holiday, point this out.
   - Ask for explanations.
   - Delineate the change in behavior that you expect, for example, there will be no sick-calls for the next 3 months.
   - Specify if this is a verbal or written warning.
   - Schedule a follow-up meeting.
   - End on a positive note, perhaps by telling the individual that you appreciate the contributions she makes to the team when on duty.

Remember that others will be watching to see if you really do follow through.

In addition, supply data to your staff on a regular basis about the number of call-ins. Don't be afraid to openly discuss how other employees feel about no-shows. If you have the ability to promote motivational or reward programs in your organization, do so. Wellness pay, lotteries, or time-off programs may help all of you in the long run. And remember, in dealing with any staff member, be objective.

V MANCINI

Advance Directives

♦ WHAT ARE MY OBLIGATIONS REGARDING ADVANCE DIRECTIVES?

Q Our hospital is required to provide our patients with advance directives. What are advance directives, and what is my obligation as a

nurse manager in meeting the requirements of this new law?

A Advance directives are documents that are used to guide the provision of care when an individual is incapacitated. Specific types of advance directives and their scope are defined by state law and may vary significantly from state to state. Examples of advance directives include Living Will, Durable Power of Attorney for Health Care, Directive to Physicians, Natural Death Act Directive, and Values Statement.

To understand your obligation as a nurse manager regarding advance directives, it is first important to understand the basic components of the federal Patient Self-Determination Act (PSDA). The PSDA was passed on December 1, 1991, and requires hospitals, skilled nursing facilities, home health agencies, hospice organizations, and health maintenance organizations (HMOs) serving Medicare and Medicaid patients to provide written information to adults to whom they provide care regarding the following:

1. An individual's rights, under state law, to make decisions about medical care, including the right to accept or refuse medical and surgical treatment.
2. An individual's rights, under state law, to formulate advance medical directives, such as a Living Will or a Durable Power of Attorney for Health Care, to guide the provision of care when the individual is incapacitated.
3. The policies and procedures that the institution has developed to honor these rights, including the commitment not to condition the provision of care on whether the patient has an advance directive.

The law further requires that

1. Institutions provide education regarding PSDA legislation to the community, staff, and physicians.
2. The patient's medical record indicates whether the patient has an advance directive.

As a nurse manager, you are responsible to ensure that

1. Staff receive appropriate education and are knowledgeable regarding PSDA legislation and the requirements of state law regarding advance directives.
2. Staff receive appropriate education and are knowledgeable regarding your institution's specific policies and procedures and that those policies and procedures are followed.
3. Care provided to an individual will not be conditional or otherwise discriminatory based on the presence or absence of an advance directive.
4. Staff know whom to contact, 24 hours a day, if they have questions about how to interpret the hospital policies and procedures in any given situation.

C ST CHARLES

Agency Use

♦ WHO SHOULD CHOOSE SUPPLEMENTAL STAFFING AGENCIES?

Q Should the choice of supplemental staffing agencies be delegated to a hospital purchasing department or to the staffing coordinator?

A The choice of which supplemental agencies for a hospital to use can have profound or minimal impact on a hospital's bottom line depending on the usage of agency staff. However, the choice of which agency to use should be made by the nurse executive rather than either the staffing coordinator or the purchasing agent. The ultimate responsibility for the competency of the agency staff, as assured by departmental quality checks and appropriate management, lies with the nurse executive. Liabilities ensuing from the use of the agency staff and failure to meet standards for quality care also rest with the nurse executive. Yet the actual execution of the contract(s), billing practices, and staffing needs can be handled by both or either the purchasing agent or staffing coordinator. The purchasing department should have a good understanding of negotiating for price, contract terms, and other contract issues, whereas the staffing coordinator knows what skills and experience are essential, must keep all records related to orientation and evaluation, and must observe all licensure requirements. Use of a tripartite committee in which all three members review previous and predicted usage requirements, the evaluations on record, and financial constraints seems to be the best course to take. The nurse executive would then make recommenda-

tions, and the staffing coordinator and purchasing department would request proposals from the final vendors. All three would review proposals. The awarding of the contract would be handled by the purchasing office. All technical and professional documentation would be managed by the staffing coordinator. The committee could meet quarterly to review satisfaction with performance. If the purchasing department is not aware of the obligations of the nursing department to ensure competency of all agency staff, the nurse executive should intervene to establish the roles as defined above.

S LENKMAN

♦ WHAT INFORMATION SHOULD A STAFFING AGENCY PROVIDE?

Q What kinds of screening processes do supplemental staffing agencies administer to agency nurses?

A The type of screening varies somewhat from agency to agency, but the key to having some control over the skill base and qualifications of the candidates is to have a clear, specific nursing policy that defines the screening responsibilities of the providing agency. These screening processes should include

1. An application and skills checklist that highlights the background of the potential candidate.
2. Evidence of the clinical experience necessary to qualify the individual to work in your institution. Often this means the RN must have 1 year of practice in medical/surgical nursing and 2 years in critical care.
3. Satisfactory work references. Your standard could be two positive work-related references.
4. Current licensure in your state.
5. Current CPR certification. ACLS certification may be your requirement if the nurse is to work in critical care or on a telemetry unit.
6. Documentation of a satisfactory health assessment including a chest x-ray or TB skin test.
7. Documentation of annual in-service training on fire, safety, and infection control, including in-service training on blood pathogens.
8. Passing scores on written exams (clinical and pharmacology).

If your institution is using local agencies for supplemental staffing, it may be possible to do a personal interview. For those using traveling nurses, a phone interview including specific clinical questions as well as questions to determine the flexibility of the candidate may enhance the screening process.

MA SORENSEN

♦ ARE CONTRACTS REQUIRED BY JCAHO BETWEEN A HOSPITAL AND A SUPPLEMENTAL AGENCY?

Q Does JCAHO require a contract between a hospital and a supplemental staffing agency? What should be covered in a contract or written agreement with an agency?

A JCAHO does require that a contract exist between each supplemental staffing agency and the hospital. These contracts should be reviewed annually to remain current. The contract or written agreement should include statements about the responsibilities and obligations of the staffing agency as well as those of the hospital. A written agreement should include the following items:

1. The hourly rates to be paid by the hospital for the supplemental staff.
2. The requirement that each nurse demonstrate evidence of current registration in the state.
3. Evidence of professional liability insurance (although the hospital is liable for the nurses' actions while on duty).
4. Current CPR or life-support certification.
5. A skills roster for each clinical specialty to which the nurse will be assigned.

In addition, the hospital should require that supplemental staff be oriented to specific units within their hospital before their engagement. This orientation may include review of current documentation forms, nursing care maps or care plans, and orientation to the physical unit. The agency is also required to provide evidence that each of their supplemental staff has had tuberculin skin tests or chest x-rays. The hospital may have additional requirements re-

lated to drug screening, immunization against rubella, or other requirements extended to the usual staff members.

JF STICHLER

♦ DOES JCAHO REQUIRE AGENCY NURSES TO BE ORIENTED?

Q Does JCAHO require agency nurses to be oriented to each hospital where they may work?

A The Joint Commission refers to agency nurses as outside contract staff and expects compliance with minimal competency checks to protect patients (Nursing Care Standard 2.4; JCAHO, 1992). Specifically these staff must be oriented before providing patient care and must have documented evidence of licensure and current clinical competence in assigned patient care responsibilities. To ensure consistency in achieving compliance with these standards, the mechanisms or systems and procedures governing this practice are usually centralized. This means that the policy and procedure for use of agency nurses is defined by the department of nursing and not by the individual unit. Thus every nurse manager should be using the same uniform methods for monitoring, reporting, and managing agency nurses. If you cannot find a centralized department of nursing policy for how all the nursing units handle this task, you need to raise this issue with your supervisor or nurse manager colleagues to propose drafting such a policy.

MC ALDERMAN

AIDS

♦ WHAT SHOULD I DO WHEN STAFF DO NOT WANT TO TREAT HIV-INFECTED PATIENTS?

Q We recently admitted an HIV-positive patient to our department. I am having difficulty getting staff to care for this patient. What alternatives do I have to ensure proper patient care?

A Patients have the right to expect and receive appropriate care regardless of their diagnosis. Nursing staff have the responsibility, as a condition of employment, to provide care regardless of the patient's diagnosis. The hospital or the nurse manager should not allow any staff member to refuse to provide care for an HIV-positive patient.

Ideally, as the nurse manager you should have an open conversation with staff to discuss any fears or concerns they may have regarding providing care to HIV-positive patients before any issues arise about caring for a specific patient. Your commitment to the staff should include ensuring that appropriate protective equipment is available, as well as providing any education or ongoing support they may require. Education may include having staff meet with the hospital infectious disease physician or infection control nurse on a regular basis as they work through their concerns. And most important, you should make it very clear that all nursing staff are expected to provide care to HIV-positive patients in a professional manner.

C ST CHARLES

♦ SHOULD PREGNANT NURSES BE EXCUSED FROM TREATING CONTAGIOUS PATIENTS?

Q As nurse manager, I am frequently confronted by expert nurses who are pregnant and refuse to care for HIV patients. What is the best and fairest way to handle this situation?

A This is a situation that, at one time or another, every nurse manager will face, whether in relation to the risk of HIV infection or with more common diseases such as hepatitis and herpes. However, when HIV infection is the center of the controversy, emotions can run very high.

The first step is to review the most current literature regarding modes of transmission and techniques to decrease exposure to HIV. Currently, universal precautions are the most effective method to prevent transmission of HIV and hepatitis. You may wish to start with federal guidelines available through the

Centers for Disease Control (CDC) and Occupational Safety and Health Administration (OSHA). In addition, review your agency's guidelines to ensure that they are congruent with state and federal guidelines. This is recommended because agency guidelines sometimes exceed those of the state and federal policymakers.

After reviewing the guidelines, meet with experts in your agency from nursing, medicine, human resources, and occupational/employee health departments to review the documents to ensure that your agency standards are, in fact, the ones you wish to implement as guidelines and that they are uniformly used throughout your agency. Further, ensure that all required and suggested equipment is available in quantities that are sufficient to meet requirements of the job. The staff must be able to trust that the agency will always have the necessary equipment available to care for patients with communicable diseases. It is also the agency's responsibility to ensure that all personnel know how to properly use equipment; this includes storage, operation, and proper disposal of all associated materials.

Now you are ready to meet with the staff. It is suggested that you first listen to their concerns in order to fully understand their fears. Often the act of listening provides a major step toward resolution. You may find that the process of vocalizing fears and concerns lends the opportunity for meaningful dialogue and mutual understanding regarding the issue and proposed solutions.

Because universal precautions are the accepted method for reducing the risk of transmission of HIV and other communicable diseases, personnel must be educated in how proper implementation of these precautions will provide for their safety. Dealing with the fear of HIV infection is an ongoing process and must be carried out in a factual and open manner.

GL CROW

♦ SHOULD NURSES INTERVENE IN A LIFE PARTNER'S CARE OF A DYING AIDS PATIENT?

Q We have a person in the final stages of AIDS on our unit. His life partner stays all evening and through the night to assist in his care. The nursing staff is not always sure that he is using the best technique or doing things that are right for the patient. He also appears to be very possessive of his relationship. How do I help the staff deal with this situation?

A Compassion is perhaps the most important aspect of caring for a dying patient. Supporting the presence of a partner to assist both the patient and partner in the grieving process is a true demonstration of compassion and of addressing a priority need of this patient. Perhaps to improve techniques, some one-to-one patient and partner education would be helpful. An overall plan would be best designed at an interdisciplinary conference with the patient and partner and selected health care team members present.

D SHERIDAN

Assertiveness

♦ HOW CAN I BE MORE ASSERTIVE AND IMPROVE MY COMMUNICATION SKILLS?

Q Many of my colleagues have told me that I am not very affirmative in my management style. They claim that I appear to be more passive than I should be. How do I deal with my own passivity and become more self-directed?

A Assessing management styles is a complex process. Receiving constructive criticism from peers and supervisors along with self-assessment can be very helpful.

Initially you should explore further what is meant by "not very affirmative." Specific examples from peers and supervisors will give you a better understanding of the preception of others. If available, management assessment tools such as the Myers-Briggs inventory can offer more information and clue you in to your vulnerable areas.

Some areas to consider in assessment are:

1. Do you deal with conflict directly?

2. Do you resolve issues and problems in a timely manner?
3. Do you make firm decisions?
4. Are you self-directed or do you wait to be told or asked before acting?

If the answer to most of these questions is *no*, then you do need to develop your conflict-resolution, decision-making, and self-direction skills. You should initiate a development plan by investigating resources such as books, articles, and conferences. You also should seek assistance from your immediate supervisor who can assist you with a development plan.

If the answer to most of these questions is *yes*, then perhaps the perception is based on your communication style. *How* you communicate, as well as *what* you communicate, influences how you are perceived. Your body language, voice tone and quality, and inflection affect others' perceptions of you. It is important to assess the communication style of the person you are talking to and adjust your style based on this perception. You should also analyze the words you use that may not accurately reflect your actions, intentions, or abilities.

SF SMITH

♦ WHAT DO I SAY TO A STAFF NURSE WHO WANTS TO TAKE CREDIT FOR WORK SHE DIDN'T DO?

Q We have a staff nurse who gets others to do work for her and then takes all of the credit herself. What can I do to remedy this?

A Behavior problems such as this require straightforward approaches. This is a situation in which the staff knows what is going on but does not want to confront the offender. This lack of response enables the nurse to continue the behavior while others remain frustrated and unrecognized. The collective reaction of the staff is a form of victim behavior, since no one feels adequately empowered to deal with the situation.

As the manager, you need to discuss this behavior with the employee but should not take the issue away from the staff. They need to be part of the solution on an ongoing basis. In addition, you should take the following steps:

1. Meet with the staff nurse and describe the behavior you have observed. From your management perspective, discuss how it affects unit functioning.
2. Identify what behavior changes need to occur and how they will be evaluated.
3. Meet with individual staff members who have recently been on the receiving end of this behavior. Discuss how they might have handled the situation to let their feelings be known. If the staff members need coaching, role-play possible approaches. Encourage the employees to discuss the issue with the offending nurse.

Acknowledge the efforts of all staff members in their work. If the situation arises again, openly acknowledge the contribution of other staff as well. Be consistent in your response to each incident but see that staff also participate. Assertiveness training might be helpful as a group activity.

B FOSTER

♦ HOW DO I MANAGE A JEKYLL-HYDE STAFF NURSE?

Q How do I deal with a passive-aggressive staff member whose behavior is exemplary in my presence but is reported to be quite the opposite when I am absent?

A Dealing with "reports" from others regarding a staff member's behavior is a challenge. While the information should be taken seriously, as a nurse manager, you must go beyond merely listening to others before making any judgment requiring action. Labeling of behavior is not helpful and can create a stereotype related to an individual's performance that is unfair or misrepresents the actual situation.

You should create opportunities to observe the individual's behavior with other staff, patients, and families. Are there other individuals who could provide another perspective in understanding the situation? Data related to the staff member's performance can be helpful in assessing the situation. Stepping back and processing what is happening on

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the unit is also an important part of evaluating the situation.

If you cannot observe or collect objective data to help you understand the situation, then meet privately with the staff member. This interaction could be over lunch or a coffee break, but it needs to be a private conversation that focuses on how others perceive the staff member. The staff member's reaction may range from one of surprise to one of distress because of its unexpected nature. The nurse manager should reassure the staff member that the meeting is informal and intended for dialogue and exchange.

The nurse manager should prepare for the meeting by reviewing all past annual performance appraisals, anecdotal notes, patient or staff letters, and other supporting documentation. This will allow the nurse manager to discuss past activities and involvement in role expectations. If the discussion during the informal meeting does not seem to support the reported perception regarding the staff member, then the nurse manager should identify several opportunities to involve the specified staff member in unit activities. It is important to share with the individual that other staff need to see that genuine collegiality and partnership are shared values and that inconsistencies in performance are detrimental to unit operations.

Clarifying expectations and holding an individual accountable for consistent behavior are helpful and contribute to enhanced team functioning. However, it is important for the nurse manager to assess the situation and take action on *objective* data and not on second-hand information that is not necessarily based on fact.

AMT BROOKS

Assignments

♦ ARE ACUITY-BASED ASSIGNMENTS FAIR?

Q How can I get RNs to move beyond the pressure from staff to assign everyone the same number of patients and start basing assignments on acuity?

A A valid and reliable acuity system can determine the appropriate professional and nonprofessional staff needed to meet the care needs of patients. Most of the accepted "acuity systems" require input from the registered nurses on the unit. This input is usually translated via a computer into work-hours required. Nursing administration should support the results of the data gathered. The RNs on the unit should be informed as to required staffing, and they also should be told the level of care required and hours needed to meet those care needs. There are significant differences in the nursing care required for a high-acuity patient. The RNs need to be educated about the benefits of an acuity system. Once they understand the acuity system, they should more readily accept the fact that everyone does not have to have the same number of patients for an assignment.

JG O'LEARY

♦ HOW SHOULD I DEAL WITH A NURSE WHO REFUSES A PATIENT ASSIGNMENT AND WALKS AWAY?

Q As the head nurse of a medical unit, one morning I recently made patient assignments. One of the RN staff refused her assignment and also refused to give me a reason why. I stood by my decision but she left the ward to find "someone with more authority." Is this abandonment of patients? How should I deal with a situation like this?

A You have much work to do. First consider the assignment. Could *you* have managed that assignment? What did you base the assignment on? Do you have a reliable patient classification system, and would you consider the assignment fair for an average employee? Was this individual a new employee who required additional orientation or support? Were you in any way showing bias or favoritism within your staff? Did you assign your friends a lighter caseload? Did this employee have difficulty yesterday with a specific patient and truly feel that she could not properly care for that individual? How much time have you as a manager spent with this employee understanding his or her role? Is this individual having personal problems? If so, what are they?

I would not even consider the question of patient abandonment until I had answered the above questions. Also, once the employee voiced her concerns, I would have suggested that we do that assignment together, and that she in turn help me with my responsibilities.

JG O'LEARY

♦ HOW CAN I BALANCE ASSIGNMENTS EQUITABLY?

Q On our managed-care team we have a couple of staff members who are continually at odds with regard to work load and patient care. No matter what the issue is, I can't seem to balance assignments. Do you have any insights that can help me?

A The two types of case management, in-house and community based, lend themselves to different ways of balancing work load. In-house case management assignments can be balanced utilizing an acuity tool to measure intensity of service. Assignments can then be made accordingly. Community-based case management lends itself to a professional group practice. In our system, a group of case managers are assigned to cover a group of zip codes. The case managers are responsible for screening referrals and adding to their caseloads within these zip codes. The individual nurse as case manager is then responsible for letting his or her peers within the zip code group know when help is needed with a caseload.

DD GILES

Bonuses

♦ SHOULD BONUSES BE OFFERED?

Q Some hospitals offer bonuses for recruitment, retention, or productivity enhancements. Should our hospital be doing this?

A Financial rewards such as bonuses and paid vacations have been used as enhancements for both the new recruit and occasionally for the nurse who served as the recruiter. Usually these methods have been used during periods of extreme staffing shortages and crisis within the organization. However, unless a satisfying professional practice model exists for nurses in the organization, new recruits will generally seek other employment as soon as their obligations at the current agency are complete.

The new emphasis must support cost-effective models that retain nurses, encouraging them to build their knowledge base over the long term within the same organization. In organizations committed to professional models of nursing practice, accountability for goal achievements by all professionals is an expected cultural norm of the system. Gain sharing or bonus rewards are more closely aligned with performance, productivity, and actual quality of patient care outcomes.

Gain sharing as defined by Belcher (1991) refers to

> . . . a compensation system that is designed to provide for variable compensation and to support an employee involvement process by rewarding the members of a group or organization for improvements in organizational performance. Gains, as measured by a predetermined formula, are shared with all eligible employees typically through the payment of cash bonuses.

Gain sharing, pay for performance, and incentive and bonus plans describe performance-based monetary rewards. Generally, these incentives have been limited to executive-level compensation in most hospitals (Bell & Bart, 1991).

However, there is an increasing awareness by progressive health care organizations of the valued contributions made by "expert" professional nurses who are "knowledge specialists" in their various areas of clinical practice. Such visionary organizations have moved to include other professional nurses in their incentive programs (Bell & Bart, 1991).

Gain sharing, which is directed toward productivity and quality outcomes, tends to reward members of an organization as a group for their contributions to improved achievements. This serves as a perfect incentive in those organizations that stress staff participation, team building, and empowerment.

J TROFINO

♦ MUST BONUSES BE AWARDED TO EVERYONE ON A UNIT?

Q Is it really necessary that bonuses be given to everyone on every service and unit, even though units are becoming more specialized, customer driven, and self-directed?

A The simple answer to this question is, "No." It is unnecessary to give bonuses to everyone; however, the concept of rewarding performance is significantly more complicated than just giving bonuses. Today more than ever, nurse managers are challenged to design systems for compensation that reward achievement, performance, and contribution, but unit specialization, in and of itself, is not a good criterion for giving bonuses. Bonuses today should be based foremost on the outcome needs of the organization.

Every good organization should have in place a merit pay increase system designed to reward employees for their expertise, performance, and output. Such a system should have clear and definable objectives. In my experience, all too often institutions have poorly organized and poorly administered merit pay systems that lead to the creation of *additional* reward systems to accomplish what was intended with the merit system.

Initiation of a bonus system should be directed at accomplishing more for the organization and its employees than what should be expected from a merit pay system. In today's health care environment where we are challenged to do more with less and where survival is being determined by our ability to reshape not only our organization but our paradigm of health care delivery, opportunities exist to reward nurses who improve productivity, redesign delivery systems, and generally improve outcomes.

The following points might be useful in developing a bonus system:

1. Understand the needs and priorities of your organization.
2. Determine if your goal is to reward individuals or a group for improved outcomes. Rewarding the group can promote team development and overall group cohesiveness.
3. Identify the organizational need you wish to have addressed within the bonus system and state it as a clear, measurable objective.
4. Develop a mechanism for measuring performance outcome. The measurement process should be defined before beginning any activity and must be objective and quantifiable. For example, if your objective is to develop an orthopedic service strategic plan, before initiating the objective you must document and have agreement on (a) what your organization or superior defines as a service strategic plan, (b) what particular needs or issues are expected to be addressed, and (c) what level of financial analysis or projection is acceptable.
5. It must be clear who will be evaluating the outcome.

Truly effective bonus systems can be quite challenging to develop; however, when properly developed and administered, they may contribute significantly to the organization's accomplishments. In addition, they provide incentives for employees to significantly improve performance in specifically targeted areas. Generally speaking, if applied loosely throughout an organization, a bonus system will have a short-term impact on morale, and one should not expect any significant impact on organizational performance.

GA ADAMS

Budgeting

♦ HOW CAN I MANAGE BUDGET VARIANCES?

Q What are the criteria for analyzing budget variances? What is a normal or acceptable budget variance? What variances need justifications and to whom?

A The first question you need to ask is what is considered a budget variance within your institution. Do you have an FTE (full time equivalent) variance or a total dollar variance?

If you have an FTE variance, you need to ask what the standard FTE budget is and how it was determined. Do you have a reliable and valid acuity system that determines the number of professional and nonprofessional staff required to meet your patient care needs, or was your budget developed based on stan-

dard nursing hours required for your patient population? If your budget was developed on dollars received, take the time to understand the formulas. You may be in a no-win situation. You may have some non-paying clients. If this is the case, you may have a negative balance to begin with.

If your variance is significant (I consider anything over 10% significant), you may have to ask why. If you have fewer patients on your unit than usual, you could have a variance at the end of the month. Remember, you do not need the same number of staff if you have 50% fewer patients. Next year you should become involved in determining the acuity of your patients and develop your own budget. Do not let someone else determine the number of staff members needed to provide quality care.

Eliminating overutilization and nonproductive time is another way of managing budget variances. Consider this scenario. Two staff members call in sick (your hospital pays them for sick time), and you replace them with two agency nurses, who cost you one third more in salary. These costs go against your cost center and result in variances. Everyone is entitled to "sick time," but abuses do occur. Track and follow those individuals who abuse what really is a privilege in a job. Also watch overtime. Frequently an overtime abuser clocks out late, and in many institutions any time over 8 hours a day or 40 hours a week is considered overtime. Overtime can really eat up dollars fast. Scheduling some part-time employees who are paid at an hourly rate would be better than having your full complement of staff as full-timers at any given time on your schedule.

JG O'LEARY

Burnout

♦ WHAT CAN I DO TO KEEP FROM BEING OVERWHELMED WITH WORK PROBLEMS?

Q How can I keep from becoming discouraged when so many things seem to be beyond my control, and the management's and staff's expectations of me are so high?

A These are difficult and confusing times for nurses and others in the health care arena. We are in the midst of the most rapid and significant change we have ever experienced. Uncertainty abounds and is a powerful influence on everyone and every situation. In the midst of such change, it is helpful to get back to basics by honestly examining our situations and the expectations we experience in light of who we are as a person and a nurse. These times urge us to step back and reflectively examine the values, beliefs, and expectations that form our personal and professional grounding.

Facing up to reality is an important first step in not becoming overwhelmed. In truth, many factors affecting practice today are beyond our control. It is also true that expectations of nurses and nursing are greater and more complex than ever before, and many of these requirements are inappropriate. In addition, some of the expectations we impose on ourselves are greater than we can manage and may be out of step with our individual interests, talents, and preparation.

The nurse who is best prepared for today's world and its expectations is one who is on solid footing personally and professionally and who can tolerate continuous uncertainty. The nurse who can tolerate, if not thrive on, ambiguity is one who knows himself or herself and is in touch with a central source of insight that enriches life, connects with others, and guides his or her being. The nurse who has a clear focus for nursing and for his or her practice is able to examine aspects for which nursing has legitimate accountability and explore practical ways to develop helpful influence in practice settings.

Ask yourself the following questions and write about your responses. What values are most important to me as a person? What are my most basic beliefs about nursing? What is the central purpose of nursing? As a manager, how can I best support this purpose? How can I become more caring for myself and more helpful to others? What can I do to be more in touch with what is important to me and to nursing? How can I support myself and others in these difficult times?

ME PARKER

♦ HOW DO I COMBAT DISSATISFACTION AND WEARINESS WITH MY JOB?

Q I'm tired of being a nurse manager, but I believe that if I leave my position I will never be able to

find another role that gives me as much freedom or pays as well. What should I do?

A Career decisions are difficult to make. By identifying the components of the position that are causing you to want to leave the position, you will help to determine if these are issues that may be addressed and improved. In many situations, responsibilities continue to be added to the point of unrealistic expectations. The expectations are often self-generated. When work begins to affect one's personal life to the point of frustration and thoughts of leaving, it is definitely time to reassess the role, your personal goals, and your expectations. The following points may be considered:

1. Review your current job description to determine if the job has expanded to include added responsibilities.
2. Keep a time log for at least a week to assist you in defining how you are spending your time.
3. Assess the time log to identify areas that may need to be addressed. (What activities are preventing accomplishment of the things that are important?)
4. List your options, with advantages and disadvantages of each option.
5. Identify those areas that need to be addressed and schedule an appointment with your director to discuss possible alternatives.

You must reassess the reasons you want to be a manager. Money and freedom are important factors. However, to be an effective manager and leader one must be committed to the principles of management and leadership.

A vacation in a peaceful setting is often helpful when one needs time to think and plan.

SH SMITH

♦ IS IT EFFECTIVE TO HAVE ONE MANAGER OVER SEVERAL UNITS?

Q My hospital is planning to decrease the number of nurse managers. Then each manager will be responsible for several units. Is this effective, or can it lead to burnout?

A There are a number of issues that need to be resolved before this can work:

1. Both the staff and the manager need to be very clear on the role of the manager. They all need to know that she is a manager, that managing is her priority, and that she is not the clinician. Many head nurses who have played a clinician's role along with a coordinator's role find the transition very difficult, and so do their staff.
2. Changes in the role of the staff nurses need to be clearly articulated, and the nurses need to be educated to help them make the change. The new role must be explained to other health professionals so they can adjust their expectations.
3. A good clinician must be in place to take on the role that the head nurse had previously filled. The staff need the clinical support to learn new skills and maintain old ones.
4. To be successful, the manager must be educated to do the job. Many promotions occur with no background, training, or in-service instruction for the new role. An ongoing leadership program and peer support are very helpful, as are role models and mentors.
5. The manager needs to be able to communicate readily to both her staff and her supervisors and to have immediate access to the resources that are required to manage her units.

Reducing the number of unit managers becomes a problem when one manager is expected to fill several positions with no other supports. There is only so much work that one person can do, and only so much work that can be delegated to the staff nurses. If too much work is delegated to the staff in addition to their existing work load, and if senior management has not replaced the unit managers whose positions have been eliminated with other types of nurses or workers, the unit manager and the staff nurses are primed for burnout.

JB COLTRIN ET AL.

♦ WHAT CAN I DO TO BOOST MORALE?

Q My medical/surgical unit is chronically short staffed. The nurses are overworked and tired and display low morale. Hospital administration states there is a budget crisis and a hiring freeze. What can I do to boost morale and create a healthier environment?

A The situation described in this scenario is one of the most difficult for the manager to handle.

The following list of suggestions may work in some situations and not in others, depending on the actual work environment.

1. *Dealing with reality.* Given that nothing can be done to increase staffing and that this is the reality of the situation, discover how much worse the situation is being made by absenteeism, poor teamwork, disorganization, and other issues that are under the control of the staff and manager. In any situation, determining what you can change, what you cannot change, and how much impact your changes will have is the most important first step.
2. *Redesigning the work.* Is there any activity (e.g., telephone calls, interruptions, or documentation) that if altered would give staff more time? Rather than large increments of time, look for small amounts of time that can be salvaged on a constant basis. Are volunteers used as much as possible? Can a volunteer staff a visitor desk closer to the unit elevator to handle all deliveries and visitor information and requests? Can volunteers deliver patient education materials to patients' rooms or give them to families for nurse follow-up? Can unit clerk job descriptions be revised to give them more decision-making authority than they currently have? Can time needed for documentation be reduced by using a checklist charting system at the bedside, using problem-oriented charting, and removing all duplication? Can physician communication forms be placed on all charts when nurses need to ask nonurgent questions? Are there pull-down wall charting desks outside each patient room? Can each fifth or sixth room be made into a miniature nursing station complete with limited narcotics supplies, ice box, and computer to decentralize the nurses to where the patients are?
3. *Dealing with low morale.* Although it is very difficult to deal with low morale when a unit is chronically short staffed and nurses are tired, a caring manager can often work wonders. When there are no alternatives and decreased staffing is the reality, the sense of achievement gained by recognizing reality and working as a team to make the situation bearable is a great morale booster. When all other issues (absenteeism, poor organization, and work redesign) have been taken care of by the manager and staff working together, teamwork and collaboration can thrive. Crucial to success is the ability to reward, praise, and have fun. The manager will need to foster comraderie, perhaps with competitions such as "recognize that baby" and "clinical whiz of the month," or birthday and service recognition on a consistent basis. The manager must recognize every example of team building and collaboration that occurs. The values of the unit and its culture must become matched; the attitude should be, "United we can handle anything; we are the best." Jokes, cartoons, and posters need to be positive and demonstrate ability to work together to achieve success.

S LENKMAN

♦ HOW CAN I HELP MY STAFF ACCEPT CUTBACKS THAT WILL INCREASE THEIR WORK LOAD?

Q Whenever there is a budget crunch at my hospital, nurse managers are expected to reduce spending by eliminating overtime, reducing agency usage, or cutting staff. Care expectations, however, do not change. Staff go home exhausted and dissatisfied. How can I help the staff cope with the pressure, this increased work load, and the feelings of frustration?

A First and foremost, *you* must be comfortable with the administrative decisions to cut back on resource allocation. From your question, I am not sure that this is the case. It is important to evaluate organizational directives that you receive as a manager and to determine if they fit with what you believe is ethical. Kenneth Blanchard and Norman Vincent Peale (1988), in *The Power of Ethical Management,* provide managers with an ethical checklist to use when evaluating organizational decisions:

1. *Is it legal? (Existing standards)* Will the decision to cut back violate civil or regulatory standards, your hospital's policies, or your nursing practice standards?
2. *Is it balanced? (Sense of fairness and rationality)* Is the implementation of cutback decisions equally fair to all groups involved? Are some of my nurses suffering more than others? Are some hospital departments suffering more than others? Are the decisions part of an overall strategy for survival or an automatic, "quick-fix" approach to the situation? Is there a balance between a short-term

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