* **Throughout your readings and viewing of the powerpoints, these key concepts will be discussed further.**

Module 3

**Chapter 4**

* The nurse manager needs knowledge and skills different from those needed for nursing practice, but few nurses have the necessary education or training.
* All nurses are managers in practice; they direct the work of professionals and nonprofessionals to achieve desired outcomes in patient care.
* A leader is anyone who uses interpersonal skills to influence others to accomplish a specific goal, creating connections among the organization’s members to promote optimal performance and quality outcomes.
* A manager is an individual employed by the organization who is responsible and accountable for efficiently accomplishing the organization’s goals. The manager’s job is to:
  + Clarify organizational structure
  + Choose the means by which to achieve goals
  + Assign and coordinate tasks
  + Evaluate outcomes and provide feedback
* The functions of leaders and managers have similarities and differences. Leaders and managers both use interpersonal skills to accomplish goals, but managers have authority, responsibility, accountability, and power defined by the organization.
* Leadership can be formal or informal.
  + Formal leadership is practiced by a nurse with **legitimate authority** conferred by the organization and described in a job description.
    - **Examples of legitimate authority include:**
      * **Nurse manager**
      * **Case manager**
  + Informal leadership is exercised by a staff member who does not have a specified management role.
    - examples include:
      * Education specialist
      * Quality improvement coordinator
* Traditional leadership theories
  + Trait theories: identifying inborn traits of successful leaders
  + **Behavioral theories**:
    - **Focused on what leaders do; real leaders are made through education, training, and life experiences**
      * **Not by inborn traits**…
  + Contingency theories: managers adapt their leadership styles in relation to changing situations; range from authoritarian to permissive
* Contemporary leadership theories
  + **Quantum leadership**: based on concepts of chaos theory; employees are directly involved in decision making, and managers assume more of an influential, facilitative role rather than one of control.
  + Transactional leadership: based on principles of social exchange theory; nature of transactions between leaders and followers is determined by their assessments of what is in their best interests.
  + **Transformational leadership**: inspires and motivates followers, emphasizes importance of interpersonal relationships; may be a natural model for nursing managers.
    - **Example of transformational leadership style**:
      * **Executive nursing administration of a large hospital system has the job of changing the nursing practice model of a recently purchased smaller community hospital that has had the same practice model for several decades.**
        + **This is best since it produces innovative change in organizations not with the status quo.**
  + Shared leadership: based on empowerment principles of participative and transformational leadership; essential elements are relationships, dialogues, partnerships, and understanding boundaries. Examples include:
    - Self-directed work teams
    - Shared governance
    - Co-leadership
  + Servant leadership: leadership originates from a desire to serve, and in the course of serving, one may be called to lead; servant leaders embody:
    - Empathy
    - Awareness
    - Persuasion
  + Emotional leadership focuses on emotional intelligence and emphasizes emotions and relationships with others as a primary attribute for success.
    - Personal competence
    - Social awareness
    - Emotional intelligence
  + Leaders cannot lead without followers.
  + Followership is interactive and complementary to leadership.
  + A constructive follower is self-directed, proactive, supportive, committed, and shows initiative.
  + The tradition functions of management are planning, organizing, directing, and controlling.
    - Planning
      * Establish objectives (goals)
      * Evaluate present situation and predict future trends and events
      * Formulate a planning statement
      * Convert plan into an action statement
    - Organizing: coordinating the work to be done
    - Directing: process of getting the organization’s work done
    - Controlling: comparing actual results with projected results
  + Nurse management today is a moving target due to the fact that organizations are in flux and structures are changing.
  + Managers need a body of skills different from nursing practice.
  + Titles vary and include:
    - Middle manager: unit managers
    - Top-level manager: includes roles such as executive manager, chief nursing officer, or vice president of patient care
    - Clinical titles: professional practice leaders who are clinical nurse specialists or nurse practitioners
  + Nurse manager competencies have been identified by the the American Organization of Nurse Executives (AONE) and include:
    - Communicate skillfully and build relationships
    - Knowledge of the healthcare environment
    - Exhibit leadership skills
    - Display professionalism
    - Demonstrate business skills
  + Although staff nurses are not formally managers they supervises LPNs, other professionals, and assistive personnel and so are also managers who need management and leadership skills including:
    - **Communication**
      * **Common skill shared by all leadership theories/models**
        + **Key to effective leadership**
    - Delegation
    - Motivation skills
  + Levels of unit management include:
    - Staff nurse: supervises LPNs, other professionals, assistive personnel
    - First-level manager: supervises nonmanagerial personnel and day-to-day activities of specific work unit(s)
    - Charge nurse: expanded staff nurse role with increased responsibility
    - Clinical nurse leader: lateral integrator of care responsible for specified group of clients within a microsystem of the healthcare setting
  + Successful leaders share these common characteristics:
    - Skilled at empowering others, creating meaning and facilitating learning, developing knowledge, thinking reflectively, communicating, solving problems, making decisions, and working with others
    - Generate excitement; clearly define purpose and mission
    - Understand people and their needs; recognize and appreciate differences; individualize their approach as needed

**Chapter 5**

* Change is inevitable and essential for adaptation and growth.
* Change is a continually unfolding process rather than an either/or event: Begins with disruption, moves through a transition period, and ultimately comes to a desired state.
* Nurses need to recognize the following:
  + The ability to lead change is essential in our evolving system of healthcare; nurses are change agents or individuals who work to bring about a change.
  + Although change requires time, effort, and energy, the need for radical change has been identified by The Institute of Medicine’s (IOM’s) report on the future of nursing. Change will occur with or without nursing; the viability of the nursing profession depends on the ability to be proactive in shaping the future.
  + Resistance and grief responses are commonly encountered in the face of both planned and unplanned change; change represents a loss and threatens the status quo. Both can be countered by willingness to take risks and participate in change.
* Five theories explain the change process.
  + [**Lewin**](http://www.nursing-theory.org/theories-and-models/Lewin-Change-Theory.php) **Force-field model**: behavior viewed as a dynamic balance of forces working in opposing directions within a field (such as an organization).
    - Driving forces facilitate change because they push participants in the desired direction. Restraining forces impede change because they push participants in the opposite direction.
    - **Change must be planned by shifting the balance in the direction of change through a three-step process: unfreezing, moving, and refreezing**.
      * **Example of the first step (unfreezing)**:
        + **The new chairperson of the nursing department has determined that the faculty's teaching is stagnant and outmoded. The chairperson would like to encourage the faculty to adopt more innovative teaching strategies by including the staff in identifying problems related to teaching strategies.**

**Staff becomes part of the process of change.**

**It would be ineffective to bring an expert in first until current beliefs about teaching are beginning to “unfreeze”**

* + - Change occurs by adding a new force, changing the direction of a force, or changing the magnitude of any one force.
    - Strategies for change are aimed at increasing driving forces, decreasing restraining forces, or both.
  + [**Lippitt**](https://classroom.synonym.com/apply-lippitts-theory-change-nursing-5940860.html) and colleagues seven-step process: modification of Lewin model focuses more on what the change agent must do than on the evolution of change itself.
    - **Seven step process:**
      * **Diagnose problem**
      * **Assess motivation**
      * **Assess change agent’s motivations/resources**
      * **Select progressive change objects**
      * **Choose change agent role**
      * **Maintain change**
      * **Terminate helping relationships**
    - Participation of key members of the target system throughout the change process, particularly during planning is emphasized.
    - Communication skills, rapport building, and problem-solving strategies underlie their phases.
  + [**Havelock six-step process**](https://www.reference.com/education/apply-havelock-s-theory-change-nursing-cc8c39ad6010bbcd): modification of Lewin’s model. Similar to Lippitt, Havelock describes an active change agent as one who uses a participative approach.
    - **Six step process:**
      * **Building a relationship**
        + **Similar to Lewin’s “unfreezing” stage.**
      * **Diagnosing the problem**
        + **Similar to Lewin’s “unfreezing” stage.**
      * **Acquiring resources**
        + **Similar to Lewin’s “unfreezing” stage.**
      * **Choosing the solution**
        + **Similar to Lewin’s “moving” stage.**
      * **Gaining acceptance**
        + **Similar to Lewin’s “moving” stage.**
      * **Stabilization and self-renewal**
        + **Similar to Lewin’s “refreezing” stage.**
  + Rogers’ five-step innovation–decision process: emphasizes the reversible nature of change: participants may initially adopt a proposal but later discontinue it, or the reverse—they may initially reject it but adopt it at a later time. Successful change requires interest and commitment by key people and policy makers.
  + Kotter (2012) identifies lessons from organizations that succeeded with change and critical mistakes by those organizations that failed. Successful organizations:
    - Created a sense of urgency for the change
    - Formed a powerful coalition to guide the change
    - Created a vision of the desired change
    - Communicated that vision to all
    - Empowered employees to act on the vision
    - Planned for and created short-term wins, consolidated improvements, and institutionalized the new approach
  + **Steps in the change process include**:
    - Identifying the problem or opportunity: If the issue is perceived differently by key individuals, the search for solutions becomes confused. Start by asking the right questions, such as:
      * Where are we now?
      * What is unique about us?
      * What should our business be?
      * What can we do that is different from and better than what our competitors do?
      * What is the driving stimulus in our organization?
      * What determines how we make our final decisions?
      * What prevents us from moving in the direction we wish to go?
      * What kind of change is required?
    - Collecting necessary data and information includes collecting external and internal data, identifying driving and restraining forces, and costs and benefits of the change as well as assessing resources.
    - Selecting and analyzing data means energy is focused on analyzing and summarizing the data versus collecting it. The goal is to flush out resistance, identify potential solutions and strategies, begin to identify areas of consensus, and build a case for whichever option is selected.
    - Developing a plan for change (including time frame and resources): planning the who, how, and when of the change is a key step and includes:
      * Determining who will be the target for the change: members from this system should be active participants in the planning stage to lessen resistance.
      * Lewin’s “Unfreezing” stage: softening attitudes, habits, and ways of thinking; melting boundaries so the system can shift and restructure.
      * Establish a sense of urgency and dissatisfaction with the status quo by introducing data.
      * Plan resources required to make the change and establish feedback mechanisms to evaluate its progress and success
    - Identifying supporters and opposers, including determining:
      * Who will gain and lose from the proposal?
      * Which formal organizational structures and individual ego’s, levels of commitment and personal likes/dislikes contribute to powerbases?
      * How may powerbases be altered to facilitate change? Consider providing authority to supporters and the need for oppossers to leave or transfer.
    - Implementing interventions to achieve the desired change (Lewin’s moving stage): The change agent creates a supportive climate, acts as an energizer, obtains and provides feedback, and overcomes resistance.
    - Evaluating the effectiveness of the change and, if successful, stabilizing the change. The change agent:
      * Determines whether presumed benefits were achieved explaining the extent of success or failure and unintended positive and negative consequences.
      * Extends the change past the pilot stage, refreezing the target system. Responsibilities are delegated to target system members, and new behaviors are reinforced through positive feedback.
    - Specific strategies can be used to achieve change depending on the amount of resistance anticipated and the degree of power the change agent possesses.
      * Power-coercive strategies are based on the application of power by legitimate authority, economic sanctions, or political clout:
        + Changes are made through law, policy, or financial appropriations.
        + Useful and often necessary when a consensus is unlikely, resistance is anticipated, time is short, and the change is critical for organizational survival.
      * **Empirical–Rational Model Strategies**: Power ingredient is knowledge. Effective strategy when little resistance to the proposed change is expected and the change is perceived as reasonable. Basic assumptions include the following:
        + People are rational and will follow their rational self-interest if made clear to them.
        + Change agent who has knowledge has the expert power to persuade people to accept a rationally justified change that will benefit them.
        + The flow of influence moves from those who know to those who do not know. Once enlightened, rational people will either accept or reject the idea based on its merits and consequences.
        + The change agent can direct the change. There is little need for staff participation in the early steps of the change process, although input is useful for the evaluation and stabilization stages. Benefits for staff and improved outcomes are driving forces.

**Example:**

**Computerized charting will be initiated on select units of the hospital. Orientation to this new system will be provided to each nurse by a team of nurses educated in nursing informatics.**

**The assumption of the empirical-rational model is that people are rational and will follow their rational self-interest if that self-interest is made clear to them. In this instance, when the nurses have the knowledge to use the charting system and have a chance to try it, it will become clear that it is in their best interest to adopt the new system.**

* + - * Normative–reeducative strategies: Power ingredient is not authority or knowledge, but skill in interpersonal relationships. Strategies rest on the assumption that people act in accordance with social norms and values and that information and rational arguments are insufficient strategies to change people’s patterns of action.
        + Well suited to the creative problem solving needed in nursing and healthcare today. This approach can be effective in reducing resistance and stimulating personal and organizational creativity
        + With their firm grasp of the behavioral sciences and communication skills, nurses are especially well suited to use this model.
        + Drawback is the time required for group participation and conflict resolution throughout the change process.

Normative-reeducative strategies focus on people's roles and relationships, perceptual orientations, and attitudes that influence their acceptance of change.

* + - * Resistance to change is to be expected for a number of reasons: lack of trust, vested interest in the status quo, fear of failure, loss of status or income, misunderstanding, belief that change is unnecessary or that it will not improve the situation, or dislike or disapproval of the person responsible for implementing the change.
        + The change agent should anticipate and look for resistance to change. Can be recognized in such statements as “We tried that before,” “It won’t work,” “We don’t have time,” etc. Nonverbal forms of resistance include poor work habits and lack of interest in the change.
        + Resistance has benefits, such as drawing attention to potential problems and encouraging ideas to solve them. Resistance is a stimulant and may even motivate the group to do better what it is doing now, so that it does not have to change.
        + If resistance persists beyond the planning stage and well into the implementation phase, it can wear down supporters and redirect system energy from implementing the change to dealing with resisters. Morale can suffer.
        + Strategies for minimizing resistance include:

Talk to those who oppose the change. Get to the root of their reasons for opposition.

Clarify information, and provide accurate feedback.

Be open to revisions but clear about what must remain.

Present the negative consequences of resistance (e.g., threats to organizational survival, compromised patient care).

Emphasize the positive consequences of the change and how the individual or group will benefit.

Keep resisters involved in face-to-face contact with supporters. Encourage proponents to empathize with opponents, recognize valid objections, and relieve unnecessary fears.

Maintain a climate of trust, support, and confidence.

Divert attention by creating a different disturbance. Energy can shift to a more important problem inside the system, thereby redirecting resistance. Alternatively, attention can be brought to an external threat to create a bully phenomenon. When members perceive a greater environmental threat (such as competition or restrictive governmental policies), they tend to unify internally.

* + - * + Unplanned change occurs without warning and challenges the organization to respond. Examples include those prompted by mass casualties in the Boston Marathon bombing and the infection of two nurses caring for a patient in Texas who was infected with Ebola virus. As a result of these unanticipated occurrences, changes have been instituted that will better prepare hospitals in the future.
        + Both staff nurses and managers play an essential role in managing change. Successful change agents demonstrate certain characteristics that can be cultivated and mastered with practice including:

The ability to combine ideas from unconnected sources

The ability to energize others by keeping the interest level up and demonstrating a high personal energy level

Skill in human relations: well-developed interpersonal communication, group management, and problem-solving skills

Integrative thinking: the ability to retain a big picture focus while dealing with each part of the system

Sufficient flexibility to modify ideas when modifications will improve the change, but enough persistence to resist nonproductive tampering with the planned change

Confidence and the tendency not to be easily discouraged

Realistic thinking

Trustworthiness: a track record of integrity and success with other changes

The ability to articulate a vision through insights and versatile thinking

The ability to handle resistance

* + - * + Energy is needed to change a system. Power is the main source of that energy. Informational power, expertise, and possibly positional power can be used to persuade others. To access optimum power, use the following strategies:

Analyze the organizational chart. Know the formal lines of authority. Identify informal lines as well.

Identify key persons who will be affected by the change. Pay attention to those immediately above and below the point of change.

Find out as much as possible about these key people. What interests them, gets them excited, turns them off? What is on their personal and organizational agendas? Who typically aligns with whom on important decisions?

Begin to build a coalition of support before you start the change process. Identify the key people who will be affected by the change. Talk informally with them to flush out possible objections to your idea and potential opponents. What will the costs and benefits be to them—especially in political terms? Can your idea be modified in ways that retain your objectives but appeal to more key people?

Follow the organizational chain of command in communicating with administrators. Do not bypass anyone to avoid having an excellent proposal undermined.

* + - * + In addition to initiating change, nurses and nurse managers are called on to assist with change in other ways. They may be involved in the planning stage, charged with sharing information with coworkers, or they may be asked to help manage the transition to planned change.
        + Change has always occurred; what is different today is both the pace of change and that an initial change causes a chain reaction of more and more change. Change has become the norm.