

Analyzing a nurse leader

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Abstract

A strong leader is important in any business and nursing is no exception. This paper looks at one manager and how they handle the day to day challenges. The management style that is used will be analyzed to see how it effects the organization, employees, and the patients. The manager's style will also be compared to the literature to determine if what they do is the best.

Analyzing a nurse leader

The nurse leader I interviewed is Patti VanDort, MSN, RN, NEA-BC, Vice President, and Chief Nursing Officer of Holland Hospital. Patti has been at Holland for over 24. She graduated from Grand Valley State University in 1987 with her bachelors in nursing. After a short six month employment, at what was Blodgett Hospital, she came to work at Holland. She specialized in Oncology, which she still has a passion for to this day. She originally did not have an interest in a career in management but a chance opportunity changed that. She was in a masters program for nursing education when a position as Patient Care Coordinator (PCC) became available and she was asked to fill the position. She enjoyed the position and decided to change from education to administration. She started her masters in 1990, but for several reasons, she did not complete it until 2000 (P. VanDort, personal communication, June 21, 2011).

Her career progressed from the PCC role to the manager of 4 west, a medical/surgical oncology floor. While she was on maternity leave the hospital went through a restructuring and when she came back she was no longer a manger but rather a director of the medical/surgical floors. She worked as a director for several years until she was offered the position of CNO. She stated in this position in 2001 (P. VanDort, personal communication, June 21, 2011).

This paper will look at how Patti has developed her leadership style over the course of her nursing career. The analysis of her development will focus on several areas. These areas include: cultural diversity, legal and ethical issues, power and influence, decision making and problem solving, management of conflict, and research management.

Cultural Diversity

Patti was quick to acknowledge the lack of diversity at Holland Hospital. Holland as a community is a diverse place. Approximately 28% of the city of Holland is of Hispanic origin and another 7.8% are members of other minority groups (Daining, 2011). This does not carry over to the hospital. The hospital has estimated that about 20% of their employees are minorities while the majority of the employees are white females. This is much lower than the 35.8% of the city population that are minorities. Patti recognized this and established a diversity steering committee to address the disparity. Out of this committee came some great innovations. A Spanish interrupter is in the hospital and available 24 hours a day every day. They also worked to establish a network of local interrupter from as many languages as possible. The committee also held focus groups with minority members of the community to get their opinions on how the hospital is serving them. These groups gave the committee some good feedback and said the hospital was doing a good job. By holding these meetings the hospital is reaching out to the community and showing that it wants to do what is best for the community (P. VanDort, personal communication, June 21, 2011).

Patti also works to encourage cultural sensitive care in her nurses. She shared a story of a post - surgical nurse. This nurse noticed that the patient she would be getting from surgery had Buddhism listed as their religion. She went on-line and looked up information about the religion. She discovered that in Buddhism it is believed that facing east aides in healing. She took this information and made sure the patient was placed in a bed that faced east (P. VanDort, personal communication, June 21, 2011). This was a simple thing to do, but it meant the world to the patient and their family. The patient later

sent a letter to the hospital thanking that nurse for doing that simple thing and taking the time to care when others might not have.

The way Patti approaches diversity is reinforced by Rios (2011). In a Congressional briefing Rios addresses the disparity of minorities in healthcare, especially Hispanics. She advocates for a concerted effort to increase minorities in healthcare leadership. This report is important to Holland because of the large Hispanic population. As the Hispanic population continues to increase, it will become more important for Holland to increase their efforts to diversify its employee population to better reflect the community that they serve.

Legal and Ethical Issues

Weber (2001) wrote a great book about the ethics of healthcare. In his book he addresses how the business of healthcare is different from any other business. He describes healthcare organizations as community service groups that serve to promote the health of the community. He describes how business ethics is interwoven with clinical ethics and how both need to be considered within the hospital.

The way Weber (2001) describes ethics is similar to the way Patti views ethics in healthcare. She sees ethics as split into business and clinical ethics. She follows a simple ideal of do "what's fair". She addresses all business decisions with the idea that you can be fair but not always equal. She feels you need to do what is best for the greater good (P. VanDort, personal communication, June 21, 2011). This is a belief that Weber (2001) also supports.

On the clinical side Patti falls back onto her nurse training. She wants to do what is best for the patients. This is something that has come into conflict with her business

ethics. As a hospital, Holland has several illegal immigrants that come in for emergency dialysis at least once a week. These patients sometimes are so sick they need to be admitted to intensive care unit (ICU). This care is provided to these patients free of charge because they are unable to pay and the hospital cannot collect Medicaid or Medicare on them. This is an ethical dilemma that Pattie faces. She needs to balance the needs of the patient, community, and hospital and still do what is ethically right. The hospital has had many meetings in an attempt to address this issue. They have looked at setting them up with a dialysis clinic, but due to they lack of insurance and the patient's illegal status, no one will accept them. So the hospital has established a routine with these patients. They have these patients come in once a week on the same day each week. They have it all set up so that patient enters the emergency room and is admitted to the hospital. The doctors have standard orders waiting for the patient and dialysis is already set up for that day. This is the way that Patti has worked to balance the many needs and do what is fair (P. VanDort, personal communication, June 21, 2011).

Patti also sits on the ethics committee for the hospital. This committee addresses many different ethical issues that affect patients. One type of issue they address is futile care and end of life care. The committee will be informed of a potential ethical dilemma with a patient and they will be asked to offer their opinion. This usually happens with patients that are in ICU with little to no hope of recovery, but the family wants everything done. This is an area that Patti finds especially difficult. When these situations come up she begins to see value in the need for rationing of healthcare but understands the ethical pitfalls that come with it (P. VanDort, personal communication, June 21, 2011). The committee gives the employees an acceptable avenue to air their concerns about a patient.

It also helps the patient because the committee's goal is to limit the suffering of patients and do what is ethically, morally, and clinically best for the patient.

Power and Influence

The words power and influence have a tendency to bring up negative thoughts. Yoder-Wise (2011) sees power as the use of influence on others to achieve a goal. She describes a history of nursing where nurses were thought to be powerless. This is slowly changing and as such the ideas of power and influence are being brought into a positive light.

Patti shared her view on the word power. She dislikes the word because it denotes a hierarchy. She understands a hierarchy is needed but she prefers to loosely adhere to one. She does not see herself as greater than any nurse in the hospital but rather their equal. She likes the word influence because it expresses collaboration and equality (P. VanDort, personal communication, June 21, 2011). Yoder-Wise (2011) describes influence as the process of using power. This influence can be both positive and negative in its execution.

Patti chooses to use her power and influence in as subtle a way as she can. The use of these two things needs to be done sparingly. If she has a new concept she wants carried out she works to get others to see the need for the change. She looks for people to "buy in" to the idea. She also does not make major changes without consulting others within the organization (P. VanDort, personal communication, June 21, 2011).

One way she likes to get feedback is from Unit Practice Teams (UPT). These teams are set up on every unit in the hospital, and they work to create policy and practice standards that affect not only their unit but at times the whole hospital. UPT's are one the

best ways she has found to use her influence (P. VanDort, personal communication, June 21, 2011).

By using these approaches, Patti has found that she gets quicker and broader acceptance of change from the staff. This acceptance makes for a happier staff during the change, which the patients are able to pick up on. Patients are also better cared for, because the staff is not seeing the change as a negative and attempting to avoid implementing the change.

Even though Patti does not like to use her power she did share with me a story of when she needed to exercise her power. One day she received a phone call from one of her directors that was having a difficult time solving a problem. Patti knew she was not the best person to help the director solve it but she knew who would be. She told the director to call her fellow director Mr. X. The director said she called Mr. X but he stated he was too busy to help. Patti told the director not to worry she would take care of it. So Patti hung up the phone and promptly called Mr. X. She told him that the director was having a problem and asked him if he could help her. He said sure I can do that (P. VanDort, personal communication, June 21, 2011). This was an example where she subtly used her power to influence someone to help achieve a goal.

Decision Making and Problem Solving

There are many models out there for decision making but in nursing there are two main ones; information-processing model and the intuitive-humanist model (Banning, 2008). These two models are both very different in their approach. Information-processing uses a scientific approach to problem solving. Users of this model, use data and proven methods to decide what the best decision is. The intuitive-humanist model is

different; because it is about intuition and using previous experience to make decisions (Banning, 2008). This is the model that Patti employs to decide most decisions.

Patti describes her decision making process as going by the gut and flying by the seat of your pants. She believes that failure is ok and it only adds to her pool of knowledge and experience. A person needs to know that they can fail and not be reprimanded for it otherwise they will be paralyzed with fear of losing their job. This works best for her because she puts more emphasis on her past experiences to guide her decisions (P. VanDort, personal communication, June 21, 2011).

For big decisions that will have a large impact on the hospital she uses a more information-processing model. If she is struggling with a decision she will often go to a co-worker who has an analytical approach to decision making. He is able to look at the problem in a way that Patti is not able to. Patti feels one of the most important things a leader can do is surround themselves with good people who have different viewpoints. She built a team that complements her and each other versus mirroring her. The team that Patti has created has been together for over ten years. The team is diverse in both their backgrounds and decision making processes (P. VanDort, personal communication, June 21, 2011).

This approach is good for the organization, because it creates an environment where everyone's ideas and opinions are valued. The patients benefit, because they are being cared for at a hospital where the upper levels of management strive to do what is best. The management is not stuck with a single way of thinking but rather have many ways.

Management of Conflict

The management and resolution of conflict is something every manager has to deal with at one time or another. There are many approaches to resolve conflict and some are better than others. Crawley (2011) looks at one approach called nudging. Nudging is a method of using small pushes to get the individuals involved in the conflict to recognize the issue and work to resolve it. This method involves three stages: scoping, reflecting, and shaping.

Nudging is close to the method that Patti has developed over the years to handle conflict. The first stage of nudging is scoping. In this stage the individuals determine what the conflict is truly about. They establish what is important to each of them, work to see the other person's side, and start to work towards a resolution (Crawley, 2011). Patti goes into all conflicts with an understanding that the person might not agree with her but that they feel they were heard and their concerns were taken seriously. She listens to their concerns and will repeat their concerns back towards them. This gives the person the feeling that they are being heard and that their concerns are being taken seriously (P. VanDort, personal communication, June 21, 2011).

The next step of reflecting is where you acknowledge the person's feelings about the matter and understand their viewpoint about how to resolve the issue (Crawley, 2011). This idea follows with the way Patti handles conflict. She has one simple rule during a conflict which is no raised voices. Patti believes that once voices get raised; the discussion is no longer about the problem but is now about the fight (P. VanDort, personal communication, June 21, 2011). It has now become emotional. It is important to acknowledge the feelings but they need to be controlled if a resolution is to be found.

The last step of shaping is where it all comes together. This is where you use your experience to assist in moving and shaping the resolution into something that all can accept. Patti likes to shape the conflict by attacking it head on. She does not believe in beating around the bush and being political (P. VanDort, personal communication, June 21, 2011). If a manager is not straight forward with their staff, the staff can quickly come to not believe in the manager.

This method of conflict resolution is one she has employed with all types of people at the hospital. She uses it when patients approach her with complaints. She even uses it when the doctors come to her about practice concerns. One of the more recent concerns that a physician brought to her was about the high number of new staff. The physician was starting to worry about the safety of his patients on some nights because of number of new nurses that were working on a unit. Patti listened to his concern and repeated it back to him. She talked to him and they discussed how the orientation of a nurse is different from that of a doctor. The doctor did not consider the fact that nurses do not have a residence or internship like physicians have. They must learn on the job. After the conversation, the physician felt better about the situation and talked about how he was going to work to help educate the nurses (P. VanDort, personal communication, June 21, 2011). This was a great outcome for the physician and the nurses.

Research Management

The participation and interruption of research is Patti's weakest management role. Holland Hospital is not a research hospital and does not participate in many studies. Since Patti has worked at Holland, for pretty much her whole career, she has only managed a hand full of research studies. When the opportunities have come up for a

study at the hospital, Patti has taking more of a business role. She acknowledges her lack of experience with research and as such she looks to other nurses to head it up. Patti supports the research by allocating the funds needed to carry out the research. Patti has also supported the research by recruiting a doctoral prepared nurse to work on the studies. Holland does not employ a doctoral prepared nurse so she went out and found a freelance researcher to use for the few studies the hospital does (P. VanDort, personal communication, June 21, 2011).

A recent study that took place at Holland was the use of oral care kits to prevent ventilator assisted pneumonia (VAP). The study was carried out by the nurses in the ICU and Patti worked to provide the needed money to buy specialized oral care kits. Without Patti's support the study could not have happened. Her hand off approach is great for the hospital, because it gives the staff the ability to become more involved with the research. It is also a benefit to the patients because it creates an atmosphere where new ideas are valued and nurses are able to effect change that will benefit patients.

Conclusion

Patti has used her many years of experience to mold a leadership style that has served her well over the years. Her unique style has been influenced by not only experiences but also the education she has received. Pattie uses every interaction as a learning experience, and to improve her leadership skills.

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