NURSE MANAGER ANALYSIS

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Abstract

The interview with Cathy Ebel, the clinical manager at surgical services, was educational and interesting. Her statements that provided the information for this paper were short, concise, meaningful, relevant and effective. She is knowledgeable and brilliant in her position. Her core values and many years of experience in health care as a staff nurse and manager reflect her ability to manage four departments effectively. For example, she has the ability to deal with a diversified staff and patients, handle ethical issues, has the power to influence people, problem solve, manage conflict, plus she was involved in research that helped refine protocols.

Keywords: manager, diversity, ethical, problem-solving, decision-making, conflict management and resolution, and research.
Introduction:

Nurse manager analysis is important to this leadership and management class, because it provides knowledge of how leadership functions within an organization. This assignment provides an opportunity to acquire information about the departmental responsibilities of the manager.

Cathy Ebel is an RN, BSN, MSM, Surgical Services and Clinical Manager, at Holland Hospital. She graduated as a registered nurse from a diploma school. She received a bachelor’s degree from Grand Valley State University in 1980, and her master’s degree in 2008 at Cornerstone University.

Cathy has been working for Holland Hospital for thirty-five years. Before she held her manager position, she was a staff nurse for twelve years. She has been a manager for fifteen years, and has been the manager at surgical services for the last six years. She is responsible for the following departments: pre-operative, intra-operative, post-anesthesia, and anesthesia.

Ability to deal effectively with cultural diversity:

Evidence
She stated that cultural diversity is a general term, and that she valued everyone as equal. She does not see cultural diversity as being different from physical, spiritual or social needs. She holds to this outlook wherever she is and whoever she is with - as an employee, mom, friend, and daughter. Her core value is to treat everyone equally and fairly. Her outlook on every situation is positive; this helps her to resolve situations with others effectively.

Support

Most healthcare organizations’ employee and patient populations are becoming more diverse. Holland Hospital is no exception to this trend. As manager, Cathy provides an annual educational session to achieve cultural diversity within the organization. The diversity training has been incorporated into Holland Hospital’s staff training since 2006. Diversity education is mandatory for all the staff in the peri-operative once a year. The guest speaker in 2008 was Dr. Gottfried Oosterwal. He provided an excellent presentation on how healthcare organizations are providing effective care to multicultural populations (www.hollandhospital.org). The attendance record is saved in each hospital employee’s personal file as a record of their training experience, which is included in their annual evaluation. The Holland Hospital Diversity Awareness Team provides an understanding of diversity issues surrounding gender, race, ethnicity, age, sexual orientation, and physical ability; this provides the staff with the tools they need to work effectively with all of their patients.

In the surgery department the majority of the employees are Caucasian. There is a small percentage of minority workers. We are not on the diversity team. Although the hospital serves
different ethnicities, the prevalent minority race served is Hispanic. At surgical services all employees are treated equally, and diversity training is part of an annual competency. Also, the hospital hosts an annual diverse culture fair, where food from many countries is served - this is open to employees, and the public welcome to be part of this educational event.

**Analysis**

As an employee of Holland Hospital, I have been working with Cathy for six years in the intra-operative unit. She is familiar with the cultural differences inherent to the patients and employees that she comes into contact with on a daily basis. She collaborates with the other healthcare professionals to educate the department regarding cultural diversity. She holds the highest standard in treating patients and interacting with her fellow employees. Cathy is a member of the American Nurse Association, and the Association of Operating Room Nurses. She embraces cultural differences and values individuality. For example, a patient of Middle-Eastern descent requested that before she was intubated she would be faced east. Cathy made sure this request was carried out by the surgical staff in the operating room. The American Nurse Association emphasizes that nurse managers must recognize the need for health care to be provided to culturally diverse populations in the United States, and on all continents of the world (Yoder-Wise, 2011, p. 158). She makes every effort to manage patients holistically in today’s diverse culture. She has achieved the goals for the organization in providing diversity awareness all the peri-operative staff, and she provides cultural safety to all patients.

**Describe and analyze ethical issues for this manager:**

**Evidence**

Early this year there was a patient who did not want to be resuscitated if his heart should stop during surgery. This is an ethical dilemma between anesthesiologist, patients and the
department. In surgery after the intubation, the machine controls the breathing, so this becomes an ethical issue because the patient did not want to kept alive by machine, if the heart should stop at any given time during surgery.

Therefore, as a manager Cathy, presented the evidence of the best practice to the group of anesthesiologist doctors, the designation of code category and resuscitation orders were established for the anesthesiologists to address when they meet with the patients during the pre-operative interview, and explained the advance directive as stated in appendix A (see appendix A). Thus this form of code status is now being utilized by all anesthesiologist doctors.

**Support**

As a nurse and manager, she holds the responsibility to respect the patient’s rights, and upholds their wishes if they do not want to be resuscitated during a palliative surgical procedure. Therefore, meeting the needs of patients involves holistic care, which means meeting patients’ emotional, psychosocial and spiritual needs, as well as granting the patients their wishes. The nurse manager is accountable for the overall quality of care delivered to patients (Yoder-Wise, 2011, p. 447).

When making decisions, nurses need to combine many elements, such as who should be making certain choices, consequences - both good and bad - of all possible options, rules, obligations and values. Ethical decision making models assist in accomplishing desired goals or outcomes. Ethical decision-making is always a process. To facilitate this process, the nurse manager must use all available resources, like the institutional ethics committee, and communicate with and support all those involved in the process (Yoder-Wise, 2011, p. 91).

In an event of ethical issues the unit manager must facilitate understanding to patients, physicians and nursing staff. For example, one of the patients having surgery requested not to be
a full code during surgery if the heart stopped. Before this situation the code status was not addressed between the anesthesiologist and the patient. As the result, Cathy had to make changes and become the patient’s advocate. Part of this process involved doing research on the best practice, and then she set up a meeting with the group of anesthesiologists and presented her findings.

**Analysis**

Cathy is responsible for the employees’ ethical principals as well as the patients. During the interview she focused on being the patient’s supporter and communicated her belief in providing safe and quality care to all patients. At the same time she upholds her ethical and moral responsibility to them. Therefore, if the patient wishes not to be resuscitated, then the code status needs to be communicated among the patient, patient’s family and the anesthesiologist. According to the AORN standard, if the patient requests to not be resuscitated, or to allow natural death, this information should be communicated among the healthcare team and standardized wrist bands issued accordingly. Wrist bands, utilizing acronyms such as DNR, may decrease the risk of miscommunication. Thus this is a vehicle to carry out the patient’s wishes, because their rights do not stop at the entrance to the operating or procedure room. It is the professional responsibility of the health care team to uphold the patient’s autonomy and their rights to self-determination (AORN, 2010, p.740).

When Cathy found out that the code status was needed, she started her research, implemented and carried out the plan, then placed the policy for the organization to follow. As a result of her persistent belief in this patient’s rights, communication of patients’ code status is now a standard part of care delivery for all anesthesiologist doctors.

**Describe and analyze use of power and influence:**
Evidence

The use of power by managers is evidenced by shared governance, and using their clinical expertise to create an effective outcome in terms of safe and quality care for patients. Cathy had to make a clinical judgment call if the patient’s outcome has an impact on the care of the patient. For example, the thermia heating pad is automatically set at forty-two degrees Celsius on the operative table in all the surgical suits. A patient had a surgical procedure that lasted five to six hours. At the end of procedure the staff caring for the patient noted a second-third degree burn on the back of the patient. In a situation like this Cathy used her power, and made a decision to turn the heating pad off if the case was to be longer than two hours. In this circumstance, she used her authority to provide the best clinical outcome for the patient and for future patients. Therefore in this sentinel event Cathy did not take the situation to the clinical specialist panel, she used her clinical expertise to analyze than make the decision based on her experience.

Support

Power is an essential element in nursing practice to achieve an effective outcome for patients. Power is defined in different aspects, but in nursing it is the ability to influence others in an effort to accomplish goals. Nurses can use their influence to improve their patients’ health by promoting healthy lifestyle choices (Yoder-Wise, 2011, p. 179). Nurse managers who have a high-status position in their department have the ability to use their power to carry out tasks that need to be done. In the situation where the patient received a second to third degree burn from the thermia pad, Cathy exercised her power and clinical expertise by researching and determining the best practice for that situation. Therefore, instead of using this situation for open discussion with the clinical specialist, she finalized the decision that will be the best
practice. She clearly used her leadership skills to make the essential clinical decision to provide the greatest outcome.

**Analyze**

Employees that are skilled leaders derive satisfaction from influencing and leading others to achieve optimal results. This personality type likes to lead, to persuade, and have an impact on situations. These people are often motivated by positions of power, leadership and authority (Fink-Fink, 1952, p. 168). In the intra-operative there are individuals that strive for the power to write policy, or become team leaders or charge nurses. Besides having the power to make decisions on clinical practice, Cathy has the power to select the nurses who become team leaders/charge nurses and to terminate an employment. Being placed in a position to select team members and to lead the surgical services reflects on her knowledge and experience.

**Describe any analyze use of decision-making and problem-solving process:**

**Evidence**

Problem solving and decision making are essential skills for effective nursing practices, as evidenced by having the ability to use critical thinking skills. The difference between decision making and problem solving, is that decision making is a purposeful and goal directed effort that uses systematic processes, such as defining objectives, generating options, identifying the advantages, and disadvantages of each option, ranking the options, selecting the option most likely to achieve the predefined objectives, implementing the option, and evaluating the results. Decision making is the identification and selection of options or alternatives. Problem solving includes a decision making step which involves an ability to think critically (Yoder-Wise, 2011, p. 99-100).
As a manager, Cathy uses her experience and skills in leadership as well as her critical thinking skills when problem solving. Her proficiency in problem solving skills improves the function of the organization.

When the anesthesiologist doctors and the magnetic resonance imagery department were having scheduling overlaps with the surgical procedures, the time conflict between the two departments was leaving the surgical unit short of anesthesiologist providers. Cathy needed to resolve the issue. Previously, the MRI department did not have a set time for their procedures. They would call the surgery department when they would schedule an MRI, and inform if the procedure required the services of an anesthesiologist. This recurring event resulted in a lot of scheduling issues. Cathy used her professional judgment, and critical thinking and problem solving skills to set up a meeting between key players from each department involved, and set goals to solve the problem. She had an objective, goals and strategies to succeed, which lead to a win-win outcome for the two departments.

**Analyze**

Decision making and problem solving are the two skills that are crucial for a nursing manager to possess in order to achieve goals. A key strategy involved in problem solving is to involve the right stakeholders.

In the example of the time conflict between the MRI and surgical departments, it took some institutional knowledge on Cathy’s part to find the correct people to attend the meeting such as, the head scheduler, hospitalist, radiology manager, radiology nurse, and head of the MRI department. The meeting lasted less than one hour, and the problem was resolved.

The MRI department will be doing the procedure in the morning from 0700-1030; this will allow anesthesia providers to be available for the MRI procedures. By establishing the time
for the procedures to be done, the patients do not have to wait for the anesthesia provider to be available for sedation. This example shows that the nurse manager knows how to use the problem solving tools and techniques that are essential to team success.

**Describe and analyze management and resolution:**

**Evidence**

A nurse manager must approach the resolution of conflict by first determining its nature. Conflict resolution is evidenced by reviewing the outcome of issues in order to assess how well the conflict has been resolved. Cathy allows the staff to collaborate among themselves to resolve their conflicts. If collaboration does not resolve a conflict she analyzes the situation and manages the conflict to find an appropriate outcome.

**Support**

When looking for resolution to a conflict, Cathy allows the staff to collaborate among themselves. Collaboration is the most creative, and effective means to find a solution to a conflict. For example, the pre-operative unit was having staffing issues, so Cathy posted the available hours for the nurses to sign up at their convenience. The open shift schedule was posted for one month, but no volunteers picked up any shifts. Therefore, she decided to assign the open shifts to staff equally. If the assigned shift does not work, the nurse may trade it, give it away, or find a way to accommodate their lifestyle. This resolution was solved fairly and she communicated with each nurse with a positive approach.

**Analysis**

In order to maintain a positive work environment, the management and resolution of conflicts is extremely important. As manager for four departments, Cathy handles herself well. She accomplishes the task by prioritizing the most significant issues to address. Her core values,
and the way she projects herself as a positive person allow her to deal effectively with staff and patients. She promotes a positive working environment, and she seeks a ‘win-win’ resolution to problems whenever possible.

**Describe and analyze the manager as an interpreter and participant in research:**

**Evidence**

A significant part of a nurse manager’s job is that of participating in, and interpreting the results of research. Evidence provided by research is very important to the nursing professional. Nurses should apply research findings, and implement the best evidence into their practice (Yoder-Wise, 2011, p. 411). For instance, Cathy has made the changes in the code status for all patients having surgery.

**Support**

Evidence of research applied into practice by nurse managers is supported by the high quality care that the organization provides to patients. Cathy initiated the research on the best practice for the organization when addressing the code status of patients. This, of course, takes the guess work out of how to deal with a patient if their heart stops at any given time. She also had to, with evidence based research, prove to the anesthesiologists that communicating information regarding the code status of a patient before surgical procedures was the best practice.

**Analysis**

When analyzing research, Cathy incorporated her findings into hospital policy. She assessed the need for a change in practice, and then located the best evidence through research using an anesthesiologist organization website. Next, she analyzed the evidence and made a decision to change the practice, implementing the change into the practice and evaluating the
results. Lastly, the research findings were presented to anesthesiologist doctors during daily interviews in order to gain their perspective prior to changing hospital procedures (Larrabee, 2009, p.22-24). Research is the thorough, systematic investigation to further develop existing knowledge and generate new knowledge to improve practices. Cathy has been involved in researching multiple practices that were then revised in the Surgical Services Department.
References