Nurse Manager

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Abstract

This paper is an analysis of a personal interview with P. Ritola, manager of the Family Birth Center at Munson Medical Center (MMC). It includes the introduction of Ms. Ritola and describes her journey to the role she plays now. The analysis offers insight on Ms Ritola's ability to deal with cultural diversity, legal and ethical issues and use of power and influence. Also described is her use of decision-making and problem solving, conflict resolution, and her use of research in directing the care of maternal-child care at MMC.

Introduction

Pat Ritola began her career as a registered nurse (RN) approximately 40 years ago as an Associate Degree Nurse (ADN) from Northwestern Michigan College. She worked briefly as a new graduate for Munson Hospital in Traverse City on a medical/surgical unit before taking a position with the State of Michigan at Traverse City State Hospital (Wikipedia, 2011). There she worked as the manager of a children's psychiatric unit where she was the only RN with an all male staff for five years. Changes in psychiatric care, resulting in less institutionalization and state budget cuts (Wikipedia, 2011), made her reconsider her career choice. After taking some time off to have a baby, she developed an interest in maternity nursing and returned to Munson Hospital as a staff nurse in their maternity unit. She received a promotion to assistant manager, where she was responsible for developing both the childbirth education program and the maternity orientation program. She functioned as an ADN for 18 years before returning to Ferris State University for her Bachelors of Science in Nursing, which lead to her promotion as the manager of the Maternity department. She went on to receive her Masters in Nursing Administration in 1995 from Grand Valley State University (P. Ritola, personal communication, June 20, 2011).

Ms. Ritola continues to oversee the Family Birth Center (the Maternity Department), the Lactation Support Department, the Munson Maternity Regional Outreach Department, the Childbirth Education Department, the Perinatal Clinic and the Healthy Futures Program. She is a board certified Nurse Executive through the American Organization of Nurse Executives (AONE) and functions as a facilitator for the Relationship Based Care Program at Munson Medical Center (MMC). Relationship Based Care (RBC) is a program designed by Creative Health Care Management (CHCM), a healthcare consulting firm, dedicated to "transforming

health care and strengthening results through relationship based care," (CHCM, 2011). She works with new managers at the hospital as a formal mentor. Ms. Ritola has completed the first phase of Jean Watson's program to become a certified caritas coach and will continue her training in the fall of 2011. In the future, she hopes to become a therapeutic workshop coach with the Creative Health Care Management program where she will be able to offer workshops on caring to healthcare institutions after her retirement from Munson Medical Center (MMC) (P.Ritola, personal communication, June 20, 2011).

Cultural Diversity

Munson Medical Center is located in Traverse City, MI. This homogeneous northern MI city is 94.2% Caucasian (Onboard Informatics, 2011), so it is no surprise that there is very little cultural diversity among the RN's at Munson Medical Center and even less among the nurses in Maternity. Ms. Ritola describes her staff as an ethnocentric group of Caucasian women. She recognizes that there is a growing generational diversity within her staff. The differences she sees are a dissimilar work ethic among the younger generation of nurses and, of course, their proficiency with computers (P. Ritola, personal communication, June 20, 2011). "Efforts to understand and bridge these differences can be the difference between a dysfunctional and an effective team," (Yoder-Wise, 2011, p. 349). Ms. Ritola acknowledges that the younger generation is less likely to serve in shared governance positions, as they are involved with raising their families and other activities outside of work. This means a more mature workforce is engaged in the decision making of the unit and effectually making decisions for the younger nurses that may not always be in their best interest. These differences are something she encourages the shared governance committees to take into consideration when determining policy for the unit (P. Ritola, personal communication, June 20, 2011). McNamara (2005) and

Stewart (2006), as referenced by LeDuc and Kotzer, suggests a successful leader will utilize the strengths of each generation and find "a means of accommodating all individuals in the workplace, as one way of maintaining the viability of the profession and ensuring that an organization has sufficient employees to prosper," (2009, p.283). In a literature review of generational differences by Wolff, Ratner, Robinson, Oliffe, and Hall, these authors found the tension caused by these differences may be minimized by focusing on the common goal (2010, p. 967). In addition to creating a climate of support for diversity, effective leaders need to collaborate with staff to "highlight shared goals and outcomes," (Wolff, Ratner, Robinson, Oliffe, & Hall, 2010, p. 967). This is exemplified within the Maternity Department as nurses share a passion for maternal-child nursing and strive to deliver the best care possible.

Poverty is the most important factor associated with health status (Mauer & Smith, 2009, p.534). Based on the poverty statistics for minorities in Traverse City, a disproportionate number of people needing health care are minorities. "The percentage of residents living (in Traverse City) in poverty in 2009: 14.7% (13.6% for White Non-Hispanic residents, 38.1% for Black residents, 48.8% for Hispanic or Latino residents, 43.7% for American Indian residents, 60.0% for other race residents, 32.4% for two or more races residents)," (Onboard Informatics, 2011). Ms. Ritola must ensure her staff is sensitive to the families we serve. She expects her staff to be open and caring to what is important to the cultures we treat. Nurses are in the best position to ensure the rights of patients to their own values, beliefs and cultural ways (Yoder-Wise, 2011, p. 448). In addition, it is necessary to be compliant with federal regulations by offering interpreters and the resources minorities need to make their birth experience as safe and comfortable as possible (P. Ritola, personal communication, June 20, 2011). A systematic

review of research by Karliner, Jacobs, Chen, and Mutha (2007), as referenced by Yoder –Wise, supports the use of professional interpreters in raising the quality of clinical care (2011, p. 453).

Legal and Ethical Issues

A manager has the liability to see that their staff is competent. There is a duty to orient, educate, and evaluate the staff (Yoder-Wise, 2011, p.76). Managers and their delegates are responsible for evaluating whether staff is providing safe and competent care. During litigation, this matter is decided by the legal system on a case-by-case basis (Yoder-Wise, 2011, p. 76). Ms. Ritola says she has seen a recent change in the legal system. Previous practice was to sue the physician and the hospital for suspected malpractice. Now, staff nurses are sued directly and are being notified before the hospital is even informed. This makes the staff training even more important because with the increase in lawsuits there is an increase in the scrutiny of competencies. This is happening all over Michigan. In general, MMC has less litigation than the rest of the hospitals in Michigan, but families expect a healthy baby every time. This creates an ethical and moral dilemma for Ms. Ritola when she sees a nurse doing their best and still being charged. It makes maintaining documentation of competencies vital for both staff and department safety (P. Ritola., personal communication, June 20, 2011).

It is difficult to staff a maternity department due to fluctuations in census. The challenge is to staff for the best productivity. Ms. Ritola's goal is to maintain adequate staffing 50% of the time. This means she can expect in her budgeting that 25% of the time there is overtime and 25% of the time the department is overstaffed and asking nurses to stay home. She allows the shared governance Operations Committee to drive how this is handled (P. Ritola, personal communication, June 20, 2011). Staffing is based on the Association of Women's Health, Obstetric, and Neonatal Nurses (AHWONN) guidelines (2011). The Operations committee sets

policies for on-call, mandatory overtime, and hospital request days off to ensure every RN is treated fairly. Staffing must meet AWHONN guidelines to ensure safe patient care and the Operations Committee has ensured that nurses rotate mandatory overtime so no one works more than four hours beyond their regular shift. This helps to ensure patient safety will not be compromised by nurses' fatigue (Yoder-Wise, 2011, p. 280).

Yoder-Wise states that a manager may be liable if they fail to warn potential employers of staff incompetency's or impairment (Yoder-Wise, 2011, p.76). This poses a dilemma as a poor reference maybe considered a legal defamation of character. The way MMC circumvents this issue is to only give out dates of employment and whether the employee would be eligible for rehire to future employers (P. Ritola, personal communication, June 20, 2011).

Even before the HIPPA law, the Maternity Department had a policy that we do not release any information about our patients. We expect our patients to inform their families. After enactment of the HIPPA law, the only issues Ms. Ritola had to deal with were nurses looking up family information on the computer. Staff members were reminded that this was not acceptable and as a HIPPA violation would be grounds for dismissal. It is no longer a problem (P. Ritola, personal communication, June 20, 2011). The hospital has an annual update on the MMC's computer educational website that acts as an additional reminder.

The most unique legal and ethical issue identified by Ms. Ritola in Maternity is the matter of surrogacy. This issue is immediately referred to the hospital legal department and an attempt to make a decision regarding custody is made prior to birth. In this way, there is no question of how the situation should be handled during the hospital stay (P. Ritola, personal communication, June 20, 2011). In addition, the hospital has an ethics committee to assist in situations seen as an ethical dilemma such as the decision to terminate a late term pregnancy. "Ethics committees can

provide structure and guidelines for potential problems, serve as open forums for discussion, and function as true patient advocates by placing the patient at the core of the committee discussions," (Yoder-Wise, 2011, p. 93). There is a Maternity staff nurse serving on this interdisciplinary team and she acts as an advocate for the nursing staff as well as the patient.

Power and Influence

Ms. Ritola sees herself as a voice for improvement of nurses as a profession. She has high expectations of her staff and expects them to act accordingly. Her vision for the Maternity department was to make it a benchmark obstetrical unit (P. Ritola, personal communication, June 20, 2011). Benchmarking is the recognition of the best performance in healthcare to which all others are compared (Yoder-Wise, 2011, p.400). When the new Family Birth Center was built, she was influential in educating the designer to see that the structure and practice of obstetrics in Traverse City was based on strong family-centered care. This resulted in the concept of all nineteen of the Birth Center rooms being built as labor, delivery, recovery, and postpartum (LDRP) rooms with two surgical suites within the department. It required reeducation of nurses to care for the family instead of having separate delivery, nursery and post-partum nurses (P. Ritola, personal communication, June 20, 2011).

Pat Ritola's most recent challenge was the change to a computer physician order entry system (CPOE) at MMC. It was mandated by the hospital that CPOE would be used by all physician to improve patient safety. CPOE helps eliminate errors by avoiding illegible handwriting, decreasing the amount of nursing time interpreting and placing orders, directly communicating to the department involved and interacting with built in safety mechanisms such as dosing, interactions and allergy information (Yoder-Wise, 2001, p. 214). It became apparent that our obstetricians as a group practiced differently than the rest of the hospital physicians by

directly admitting patients to the hospital without the benefit of an emergency room doctor, hospitalist or pre-admission for surgery. The CPOE system would have caused duress for both physicians and nurses in the Maternity department as staff waited for orders to be written while obstetricians were busy elsewhere. Ms. Ritola used her power and influences to create a process where nurses would enter CPOE and were provided with the education to do so. She then budgeted for support staffing to assist with the implementation of the new system (personal communication, June 20, 2011).

In 2009, Ms. Ritola advocated for a new electronic medical record (EMR) for charting in the Maternity department. When the family birth center opened in 1995, we adopted a form of EMR. The product was one of few available at the time and its scope is limited. When the hospital adopted its EMR, "Powerchart", the software for obstetrics was not yet designed. This means the maternity computer does not communicate with the hospital computer and there is still part of nurse's notes that must be handwritten. Ms. Ritola prepared a proposition citing the need to improve patient safety to purchase the now available software. She garnered physician backing and they wrote a letter of support. She demonstrated effectively how important to patient safety it is becoming for the charting to be accessible in one place and the purchase of the new software was approved. Plans were in place for installation and education for fall 2011. Recent budget cuts and more information regarding the immaturity of the new software have caused the administration to rescind its original decision. Ms. Ritola says, "I accept what I cannot control," (personal communication, June 21, 2011). While she is not the decision maker in this instance, she realizes how important this matter is to patient safety and nurse efficiency and will continue to advocate for the new system (P. Ritola, personal communication, June 20, 2011).

Problem-Solving and Decision-Making

Eight years ago, Ms. Ritola saw a need to have leadership that was more available on a daily basis among staff nurses. She decided to implement a system of shift coordinators instead of having rotating charge nurses. The maternity department has three coordinators (one for each shift), whom she has mentored and whose roles have evolved to include more problem solving and staff counseling. She has come to rely on these coordinators and the other managers of the departments she oversees to help in decision-making and problem solving. In addition to having personal access to her, she holds monthly "brown-bag" lunch meetings to discuss issues (P. Ritola, personal communication, June 20, 2011). The shift coordinators give staff access to immediately available leadership and ensures smoother day-to-day operations.

Ms. Ritola absolutely believes in the shared governance process. Decision making within the department comes from the shared governance committees (personal communication, June 20, 2011). MMC is a Magnet designated hospital through the American Nurses Credentialing Center. The attributes of Magnet hospitals that attract nurses are "high autonomy, decentralized organizational structure, supportive management, and self governance," (Trinkoff, Johantgen, Storr, & Han, 2010, p.310). Shared governance empowers nurses and allows them to make decisions that are best for themselves. "Better decisions are made in groups," (P. Ritola, personal communication, June 21, 2011).

Conflict Resolution

Ms. Ritola hopes she has created a culture of respect in the Maternity Department where she expects adults to talk out their differences. In addition, the expanded role of the clinical coordinator has allowed them to step in to resolve issues that cannot be dealt with personally between staff. She has assisted the clinical coordinators in role-playing and other techniques to

deal with conflicts. If this is inadequate, she is available to help staff communicate and work out any problems (P. Ritola, personal communication, June 20, 2011).

A problem came up that no one was comfortable dealing with a few years ago. An obstetrician was identified as offering unequal treatment to women of lower socio-economic status. In addition, he was treating some nurses poorly while preferring to work with others. Because of his aggressive nature, approaching him did not provide a resolution and many nurses were uncomfortable with the situation. After several meetings with him offering no resolution, Ms. Ritola felt he needed to be dealt with by a peer and Dr. D. MacGreaham, Vice President of Medical Affairs, counseled him (P. Ritola, personal communication, June 20, 2011). His behavior has improved, and while it is doubtful he will ever develop the collegial relationship with the nurses that the other physicians have, the nurses work respectfully with him to care for our patients. This is an example of unethical behavior and the use of power and conflict resolution. More frequently, Ms. Ritola has spoken with the physicians if there is a problem and it does not have to go further. If the problem continues, Dr. McGreaham is available as a mediator (P. Ritola, personal communication, June 20, 2011). There is a process in place at MMC, termed PEERS Reports, that has replaced the formerly called incident reports. They are meant to identify potential problems or mistakes and help discover solutions rather than be punitive. In this forum, nurses are able to report any conflicts without fear of reprisal thus giving nurses more of an opportunity to speak up. Often the problems are a result of a process that needs to be changed (P. Ritola, personal communication, June 20, 2011) but Dr. McGreaham is seeing a trend in "increasing reports made by nursing staff regarding alleged physician misconduct… 'That's a violation of policy'… 'Rudeness is never a solution'," (MMC, June 24, 2011). Dr. McGreaham feels that often the problem is a result of breakdown in communication.

He uses a variety of communication tools to "help improve physician-nurse communications," (MMC, June 24, 2011).

"Conflict and breakdowns in teamwork and communication have a profound impact on health professionals and their ability to provide high-quality care," (Scott & Gerardi, 2011, p.60). There is an expectation by the Joint Commission for hospital leaders to promote the quality and safety of patient care by developing "approaches to manage conflict and ensure collaboration among health professionals," (Scott & Gerardi, 2011, p.60). The culture of acting like adults and improving communication has had a positive effect on the entire interdisciplinary team. It makes us more of a team in providing the best care we can offer.

Research

Through our shared governance committee, Education, we interpret the most recent evidence based practice for peri-natal care. Within her budget, Ms. Ritola also employs a fulltime clinical resource nurse. Her job is to ensure nursing is up to date on their practice, maintain documentation of our competencies, assist in developing a plan of care for high-risk patients and assist the education committee in developing educational opportunities. Ms. Ritola states we place a "real value on the unit" (personal communication, June 20, 2011) of research driving our care in the Maternity Department.

The most recent change in practice was guided by evidence-based changes in the late preterm infant defined as greater than 34 weeks and less than 38 weeks. These infants do not meet the neonatal intensive care unit (NICU) levels of care but need more supervision than term infants need. "Despite the increased weight and more mature appearance of late preterm infants, they are described as a vulnerable population who are at greater risk for complications when compared with full-term infants," (Souto, Pudel, & Hallas, 2011, p.45). In addition, data

retrieved on readmission of these infants directed changes in practice and documentation to impose more supervision of these infants (P. Ritola, Personal communication, June 20, 2011). This change has improved the safety of these infants and is welcomed by the nurses as it was identified by the staff, through shared governance, as a necessary change in practice.

The Family Birth Center budgets an annual skills day, in addition to other educational opportunities, per year. This year, the Education committee wanted to work on recent patient safety initiatives of improving communication between members of the interdisciplinary team and held a mock intra-partum hemorrhage drill. "Research demonstrates that teamwork and collaboration lead to lower mortality and fewer errors," (Yoder-Wise, 2011, p. 411). The team took a survey prior to the drill and then completed a post survey. Results of the post surveys are currently being reviewed but many feel there is an increased feeling of collaboration and it is easier to communicate as a team following the drill. Yoder-Wise states that collaboration is a critical organizational attribute necessary to ensure that evidence based practice is incorporated into nursing care and should include the interdisciplinary team (2011, pp. 428-29). In the future we hope we will expand the multidisciplinary drills to continue to improve collaboration between team members to provide the best care possible (P. Ritola, personal communication, June 20, 2011).

Conclusion

Nurse managers can influence the quality of care delivered by their staff by setting the tone for the unit's vision and mission (Yoder-Wise, 2011, p. 455). They are important in ensuring the care is focused on patient outcomes, standards of care, evidenced based practice and is consumer driven (Yoder-Wise, 2011, p. 455).

References

Association of Women's Health, Obstetric, and Neonatal Nurses. (2011). *Guidelines for professional registered nurse staffing.* Retrieved from: http://www.awhonn.org/awhonn/store/productDetail.do?productCode=SG-910

Creative Health Care Management. (2011). Retrieved from: http://www.chcm.com/about/about.asp

LeDuc, K., & Kotzer, A. M. (2009). Bridging the gap: A comparison of the professional nursing values of students, new graduates, and seasoned professionals. *Nursing Education Perspectives, 30*(5), 279-284.

Maurer, F. A., & Smith, C. M. (2009). *Community/Public health nursing practice.* St Louis, Missouri: Saunders Elsevier.

Munson Medical Center/Nursing (retrieved June 24, 2011) Communicating effectively: peers reporting reveals opportunity to improve physician-nurse relations. Retrieved from: http://mmc-websrv.mhc.net/Home/MMC/Nursing/Communicating+Effectively.htm

Onboard Informatics. (2011). Traverse City, MI. Advameg**,** Inc. Retrieved from: http://www.city-data.com/city/Traverse-City-Michigan.html

Scott, C., & Gerardi, D. (2011). A strategic approach for managing conflict in hospitals: Responding to the joint commission leadership standard, part 1. *The Joint Commission Journal on Quality and Patient Safety, 37*(2), 59-69.

Souto, A., Pudel, M., & Hallas, D. (2011). Evidence-based care management of the late preterm infant. *Journal of Pediatric Health Care, 25*(1) 44-49. doi: 10.1016/j.pednc.2010.04.002

Trinkoff, A.M., Johantgen, M., Storr, C.L., & Han, K. (2010). A comparison of working conditions among nurses in Magnet and non-Magnet hospitals. *Journal of Nursing Administration,40*(7/8) 309-315. doi: 10.1097/NNA.0b013e3181e93719

Wikipedia. (June 11, 2011). Traverse City State Hospital, Wikimedia Foundation, Inc. Retrieved from: http://en.wikipedia.org/wiki/Traverse_City_State_Hospital

Wolff, A.C., Ratner, P.A., Robinson, S.L., Oliffe, J.L., & Hall, L.M. (2010) Beyond generational differences: a literature review of the impact of relational diversity on nurses' attitudes and work. *Journal of Nursing Management, 18*, 948-969

Yoder-Wise, P. S. (2011). *Leading and managing in nursing.* St. Louis, Missouri: Mosby, Inc.