

Staff Nurses VS Nurse Managers

- No Winners Here

by Jane Schweitzer

The Nurse Manager: Devil with the Blue Dress On

Nurse managers are an interesting breed. Since they usually come up through the ranks, they are not strangers to the plight of staff nurses. They've been there before, right? They've suffered the consequences of understaffing. They know the desperate feeling of being overworked, of caring for 20 patients at a crack, of doing case after case with no coffee break or lunch in sight. When they take over the reins of our department or unit, there is a sense of satisfaction that one of us has made into the hallowed halls of management. We smile. We know things will get done, long-awaited goals will be accomplished, and grievances will be corrected. The preceding ogre is gone and hope is our ally again. We know our leader is worthy of us and any fleeting doubts are ushered to the back of our minds as we launch into a mythical probationary period. We don't expect failure.

The initial period is one of great activity. Very often, there are overt signs of positive change. Files are reorganized, ancient equipment is deployed to the Smithsonian, problem employees are gently counseled, and innovative ideas are tested and explored. During this time, morale is high and even the most jaded among us grunt reluctant approval.

Then it happens. There is a shift. It's so subtle, it's almost elusive. You can't put your finger on it, but it happens. Was it when the nurse manager stopped wearing a uniform or scrub clothes? Did it occur with the donning of the crisp, starched lab coat emblazoned with the manager's name? Our advocate is slowly slipping away to the other side, to become one of "them." Somewhere along the line, our manager stopped being a nurse and became a member of the administration. Phrases like "in the black," "cost cutting," and that great favorite "the bottom line" creep into inservice meetings and discussions. Our cries

about understaffing fall on deaf ears. The budget, which was put on the back burner at the outset of the new era is, again, our master, one that must be honored and obeyed. Financial figures and statistics are hurled at us with typhoon intensity. We dodge and weave, but the barrage is constant and unrelenting. We are slaves to terms that increase our misery and confusion, but definitely not our salaries. "If we're going to get this, I'll have to check my budget for capital equipment. If I'm already over, I'll put it in for next year." "According to corporate, we need to seek opportunities to reduce staffing by 2.5 full-time employees by the end of the fiscal year." It still sounds like layoffs to me.

Then the nurse manager disappears. In an effort to insure position and stature, the manager joins committees, lots of them. And goes to meetings. Lots of those, too. There are meetings to form new committees and committees that establish the where and when of the next meeting. Days go by and the manager is never seen. At the store, you search for her face on milk cartons. You wait for her story to appear on "Unsolved Mysteries."

When a disappearance act is so pronounced, it can also be regarded as a means of escape. Perhaps, the manager took on too much and doesn't know how to handle the problems plaguing the department. In committees, the nurse manager may be a star. Administration may see her as super, someone who definitely bears watching for advancement. In the meantime, her department is a disaster, the period of heroism has long since given way to one of dissatisfaction and disillusionment. Backstabbing is number one on the hit parade and morale has completely dropped of the chart. What happened?



Forgetting Our Roots

What happened was that the nurse manager forgot her roots. Courted and successfully wooed by the higher-ups, the manager conveniently forgot her past. What is more important is she forgot what it was like to be a nurse. At first, she was willing to remember. She might have even seen herself as a savior of sorts, someone who was well versed in the problems of her profession. She was going to right those wrongs, make the workplace a smooth running department. Issues would be confronted and resolved. She would wrestle with the devil and win.

However, in face-to-face combat with administration, she was made to see the error of her ways. Her superiors worked on her steadily to win her to their way of thinking. They worked their way around her with the idea that since she's a nurse, she'll be easy to manipulate. Their strategy is flawless, tried and well proven. Look around.

There is, on occasion, an exception: the maverick. This nurse manager is the answer to our prayer. This is the person who doesn't care about administration's philosophy. This is the manager who believes in the lessons and experiences of her past. She wants to run her department and be left alone. In turn-about, she uses the administration to meet her department's needs and achieve her goals. She doesn't own a silk suit and has no use for lab coats. She assesses the committees and the meetings and attends those that will allow her to do her job. At times, she will ignore administration and do things her way (watch out, big boys!). The staff in the department loves her. She is truly their advocate. She fights for them and takes on the problems as they come. There is little friction because matters that create dissension are disposed of efficiently. The doctors love her because she get things done and is straightforward.

She makes no excuses and she accepts none. As expected, she doesn't last. Once administration realizes there is a maverick in their midst, the plotting begins for the inevitable ouster. The maverick is replaced by a robot, a Stepford nurse manager.

The Iron Hand of Control

For some nurse managers, control is everything. Already closet control freaks; in their new position of authority, control not only comes out of the closet, but is also runs rampant in the halls. It's not enough to dominate the department, but their jurisdiction must extend to its every aspect. I know of one nurse manager so adamant that the radio filtering tunes throughout the building remain on the station she chose, that she fixed the receiver to prevent any channel adjustment.

The need to control evokes a great deal of game playing. Managers keep tabs on time spent on breaks and at lunch and use this as leverage to gain "cooperation" from staff. Managers displeased with staff members may deny vacation requests or harass employees about sick time. They threaten rather than cajole and are heavy-handed at any opportunity. Such nurse manager reward the meek and the martyrs. They squelch independent thought and suggestions and brand as troublemakers anyone who might disagree with them or with hospital/corporate policy.

Failure to relinquish any control produces workaholics. Administration smiles on these "dedicated" individuals, happy to have them on their team, in their corner. For these are the "company" people who are doggedly devoted to the institution and

feel it cannot err. They believe the pabulum they are fed and are shocked when their staff does not. One health care corporation sent out a memo advising employees of forthcoming labor and non-labor "cost reduction opportunities." Employees were neither fooled nor charmed by this term. Morale decreased considerably as people discussed the possibility of layoffs. The manager regarded all this with a jaundiced eye and warned the employees not to spread rumors, for this alone could result in termination. The staff capitulated, muttering their discontent when the manager was out of sight.

Denial is another means of maintaining control. Should a facility be closing down, it is not unusual for management to deny this until the last minute. The rationale is that it averts panic. It also prevents employees from looking for other jobs. Recently, a rumor circulated in a facility that was constantly crying "Wolf!" about money that managers had been given a bonus. This followed a period of layoffs and cutbacks. When confronted with this rumor, a nurse manager denied it emphatically. However, the rumor persisted. Finally, another nurse manager met with her staff and verified that the rumor was true. Eventually, a memo was released by those sainted souls in plush, carpeted offices, acknowledging that bonuses had been distributed. Of course, the explanation was given in that special language of administrators: doubletalk.

Keep 'Em Down, Keep 'Em Humble

There are nurse managers who think the world of their nurses and let them know they're appreciated. Then there are those who think they do this, but actually do the opposite. In a continuing effort to control nurses, it is not extraordinary for managers to take a negative approach. That is, rather than tell employees how well they perform, they make it a point to tell the nurses what a lousy job they're doing. Sometimes this is a prelude to a compliment, but the ensuing compliment is lost when self-worth is already trashed. When confronted with the negative charge, the employees may want specifics and are further frustrated when they are not given. One group of nurse, when told they didn't work together as a team, wanted examples. The senior staff nurse was unable to comply. The nurses' response was, "How can we correct a problem if we don't know the specifics? We think we do work as a team." Vague murmurings and vacant looks from the senior staff nurse were the only reply. The nurses were left angry and confused. Morale plummeted.

Nebulous accusations can be taken to an individual level as well. One nurse was taken aside by both the nurse manager and the senior staff nurse, who informed the unsuspecting person that several complaints had been brought to their attention by other members of the staff. Again, when specific incidents were requested, there were none that could be recalled. The nurse wanted to meet with her accusers. This opportunity was denied. The nurse was left to wonder not only about her own performance, but also whether to trust those with whom she worked. After years together, she wondered, why couldn't her co-worker speak directly to her about any problems they were

noticing? These hide and seek tactics serve to keep the staff off guard and off balance. It keeps them looking over their shoulders and wondering what's next.

Trying to regulate a department in such a devious manner is extremely self-defeating. The control that is garnered is offset by a whopping and constant morale problem. Also employees are astute and wise to such tactics. Yet, unhappily, duplicity will still be mildly effective. Although nurses might be savvy to what's going on and tend to disregard it, a negative or accusatory comment will unwittingly strike discord, creating the desired effect of keeping the staff off balance and under control.

Divide and Conquer: Dazed and Confused

For some nurse managers, nothing is more threatening than a department where everyone gets along. Therefore, another managerial ruse is to pit one employee against another, for a divided department has neither strength nor clout. This can be achieved by sending out mixed messages to different members of the staff. It also relies on poor communication and the fact that most women are nonconfrontational. This encourages backbiting and unrest. The more disruption, the better. You keep them down when you keep them guessing. It may not make for an efficient department, but it does create a controlled department or unit. The right hand not only doesn't know what the left hand is doing, but it doesn't care.

One means of dividing and conquering in particular departments is to have individuals who specialize in one job or procedure to the exclusion of all others. This method spawns little domains. While some nurses are willing to share their knowledge, there are others who aren't. They guard their areas of expertise with a vigilance worthy of the CIA, often to the extent that an intruder will be sabotaged. This might be achieved in the OR by hiding needed instruments, doctors' preference cards, or being unavailable as a resource person. The unwitting victim (who may have been reluctant to invade this sacred territory in the first place) is left to founder in the angry sea of orthopedics, neurosurgery or whatever and deal with the unchecked wrath of a doctor who stirs up the already tumultuous waters by saying, "These problems never occur when I work with —." This sentiment will doubtless be taken to the department manager who will smile agreeably and see to it that — is back at his/her post immediately. Nurse V ("V" is for victim), who may have wanted to try something new, now retreats to a corner to patch her broken wings. Such is life in the land of the conquered.

[JANE SCHWEITZER R.N., M.P.A. has worked as an operating room nurse for more than fifteen years. She received a masters degree in Public Administration from the University of San Francisco and is the author of Tears and Rage - The Nursing Crisis in America.]

SUMMER 1997

ART 5 text

Staff Nurses vs Nurses Managers: No Winners Here

By Jane Schweitzer

Synopsis - Exploration into management - when your nurse manager stops being a nurse and becomes a member of administration