Management and Leadership in Nursing and Health Care
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Management and Leadership in Nursing and Health Care
An Experiential Approach
THIRD EDITION

Elaine La Monica Rigolosi, EdD, JD, FAAN
My book is dedicated . . . today and always . . .

To my best friend
    My husband
        Robert S. Rigolosi . . .

Always together
    Traveling life’s journey
        Wherever
            Whenever
                In our own world . . .

And
    Loving our moments together . . .

Elaine La Monica Rigolosi
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Preface

The principle that never changes. . . . Nurses and health care professionals must become effective managers and leaders in order to fulfill their responsibilities—to themselves, to their clients, and to the professions. The goals of current health care delivery and health care reform mandate a nonpartisan and diverse approach to the education of nurses and all health care professionals and personnel. Professionals who practice in today’s health care environments and shape tomorrow’s reform must be collaborative interdisciplinarians, educated in an interdisciplinary environment and thinking within a diverse mind. These approaches are underscored by nursing and health care educational philosophies and practices—now and as projected into the future.

Trends in health care include (a) changing emphases imposed by federal and state cost-containment regulations, (b) changing and alternative methods for health care delivery, (c) increasing focus on health maintenance—primary care—in addition to the ever-present attention on secondary and tertiary care, and (d) greater quantities of data to support the mind/body relationship in health and disease, suggesting that not only is cure important, but altering behaviors is crucial so that the need to cure may become unnecessary or less frequent.

Wherever their placement in the health care arena, nurses and health care managers will be leaders of themselves; of colleagues and peers in interdisciplinary clinical teams of technicians and other health care providers; of colleagues in various management levels within formal health care organizations; of the public sector through media; of the individual clients in city, state, national, and international political entities, and so forth. In these positions, nurses and health care managers will be called upon for creative strategies, disciplines and cost-contained programs, and the abilities to research and analyze systems critically and chart growth—all on response to rapid and continuous health care changes. It is therefore mandatory that professionals perceive themselves in the roles of managers and leaders and increase their knowledge and application of theory and research in practice.
so that quality, comprehensive, and efficient care is provided to clients by the health care delivery team in any setting and throughout the world.

Leadership and management involve processes that are essential in making any health care role, in any environment, alive. Disciplines and professions such as organizational behavior, educational administration, and business administration and finance have developed theories that assist managers in increasing the probability of achieving specified goals. Managers and leaders must apply these theories into their specific roles and then extend applications into theory through research. Responsibility and authority granted by a state's Nurse Practice Act, an institution, an individual's unique experience and personality, and one's personal philosophy on the constituents of quality care and effective management, must be integrated with knowledge and an ability to apply existing theories of management into health care practice.

As a nurse's career develops, a nurse usually becomes the professional who embraces and interacts with every provider of health care services and every professional who works in direct and indirect health care services. These professionals include physicians, lawyers, nurses, social workers, physical therapists, occupational therapists, mental health professionals, psychologists, computer technologists, educational administrators, nurse practitioners, personnel managers, and so forth. Thus, the nurse must be a continually self-educating leader across professional domains, must understand organizational dynamics, and must be a leader and manager of organizational growth in the for-profit and nonprofit sectors.

This book covers the processes of management and leadership in health care practices. It evolves from my experience in teaching future managers of health care personnel. Content focuses on increasing organizational effectiveness in service and practice. Theories and concepts from the professions of business, organizational psychology, health care law, and educational administration are applied to topics in each chapter.

Sections of the book include simulations (e.g., case presentations and multimedia activities such as role plays, team assignments, and other creative learning activities) to provide experiences that illustrate the content of the chapters, as well as to expand the learner's range of experience. The simulations comprise the experiential approach; they provide learners with an opportunity to observe, experience, and carry out new behaviors in a safe, low-risk practice environment. Careful and detailed explanations are provided for each simulation. The textbook and exercises are designed for use both in self-learning and classroom environments, in both individual and group learning experiences. It is suggested that study be weighted between studying theory and working through simulations. More time should be devoted to the experiential elements, since enriched learning in management is derived more from actual and vicarious experiences rather than
from reading and studying the printed word. The goal is “knowing” rather than simply “knowing about.”

This book is written primarily for undergraduate students in nursing and health care management and leadership courses. It is also intended as a resource for graduate administration students, practitioners, learners in in-service and continuing education programs, and faculty. The intent is to present the basics of leadership and management for health care practice—what is essential in order to effectively motivate and educate people to achieve the set goals of a group, team, or organization. The web of managing and leading principles and applications expands thereafter . . . and as long as the awareness of learning stays in focus. . . .

Elaine La Monica Rigolosi
Acknowledgments

Even though the author first imagined and then created this book and what preceded it, the theory, exercises, and philosophy represented have been developed from many personal and professional resources. Some materials are original, and some are from established sources to whom credit is most gratefully given; others have evolved from an interchange with professionals and learners whose commitment has been to excellence.

I would like particularly to thank Professors Donald Carew, Kenneth Blanchard, and Paul Hersey, whose teachings and writings were the foundation of my doctoral education and remain the cornerstones of my current professional activities; Professor Frederic Finch for sharing his knowledge so freely; Professor Phil Graf for his reinforcement and assistance in my early years of public speaking—for believing that I had something to offer future managers; and my colleagues in education and practice for the constant interchange that has shaped my world as I know it . . . today.

Most importantly, I wish to express my love for my husband, Bob (also known as “HB”), for always understanding that when I get on the train to write, my mind is usually unavailable until I arrive at the station—wherever that stop may be planned, during any time of life’s day.

Also, there are people I perceive everywhere who speak in a voice that I hear, who have said and done things that caused their energy to enlighten my brain, and who teach me wherever I journey. . . . I may or may not know your names—I simply wish to express my appreciation for sharing.

To all who have sculpted my beliefs, to all from whom I have received, I give my sincere gratitude.

Elaine La Monica Rigolosi
Introduction

Leadership and management theory has maintained its firm foundation moving from classical approaches to managing teams to situational and individual perspectives. Research that has been done supported the new approaches during the past several decades, while expanding the horizons in which the importance of managerial behavior has been evidenced in non-profit and for-profit health care environments.

The web that flows out of the core of organizational behavior theory has increased, reflecting a global approach to practices as well as increasing diversity among the human resources. This has resulted in a need for leaders and managers who can work within and between cultures as well as employees. In nursing and in health care, this is extended to employees who must care for and educate a widespread array of people who come from different groups, both nationally and globally. These people in need of health care perceive different languages, both verbal and nonverbal, as well as open their hearing pathways through different channels of understanding.

Becoming more specific, management and leadership in health care involve an individual’s efforts to influence the behavior of others in providing direct, individualized, professional care. The basic premise of management is that managers set goals that represent some level of growth for a particular group in a particular environment. Managers then develop strategies for reaching these goals. Results are evaluated and altered or new directions or adjustments are set. There is no value of good or bad in the actual state of the group, the group’s goals, or the outcomes. Managers simply and constantly design strategies for moving groups of personnel to more efficient and higher qualitative levels of functioning—all to benefit the team and/or the organization. The most important point is the process of constantly developing strategies that result in identifiable, effective, and positive growth toward a previously set goal. In conducting these processes, managers plan, organize, motivate, and control the work of other allied health care personnel in the delivery of professional nursing care.

The processes of management and leadership are based on a scientific approach called the problem-solving method. The function of this scientific
method is to increase the probability of success for a manager’s actions, given the particulars of a unique environment. In a typical health care environment, there are staff members, clients, managers, situational variables such as policies and norms, and material resources; these are unique because it would be impossible to find this exact environment in another place and time. The goal of the manager is to identify the environment’s resources and to put them to work as a whole system in accomplishing goals and facilitating growth—the intent is to unify the team and to direct energy toward goal accomplishment. Use of the scientific method in management simply assists the manager in assessing many needs of the system and in choosing the priorities, identifying the people and situational elements that are important in carrying out specified goals, critically assessing the strengths of those people, and developing strategies that put those strengths to work.

A manager can be functional and occasionally effective in a role without using the problem-solving method. This alternative, called “seat-of-the-pants” management, evolves from following only impulses and personal beliefs about self and others. Such management comes from involuntary behaviors that do not involve thinking about what a group specifically needs from the manager in order to accomplish its goals. It is possible for the seat-of-the-pants manager to be successful. That is, by some stroke of luck, the impulses, beliefs, and behaviors of this manager are exactly what the system requires. Though possible, however, such success is unlikely.

Use of the scientific approach does not determine outcomes exactly; there is no way to predict the behavior of others with complete accuracy. An effective manager analyzes an environment and chooses the best strategy for achieving a specified goal, given the particular strengths and weaknesses of the employees who will be working to carry out that goal. There is always some unknown that cannot be controlled—the risk factor. Because all managers desire success, their goal in choosing the best strategy should be to identify the strategy that balances the lowest risk factor with the highest rate of return. This automatically increases the probability for success. A manager who uses seat-of-the-pants thinking will have a higher risk factor in every undertaking than will the manager who applies a scientific approach. The scientific management method forces the nurse manager to plan, organize, motivate, and control logically and analytically. Further, it allows the manager to build contingency plans for all possible outcomes rather than to face problems unprepared. In a simple sense, use of the scientific management method increases a manager’s batting average.

Why does use of the scientific method offer so much? It is derived from methodologically sound research within the disciplines and professions of business, educational administration, and psychology—the purists of management. Given the numerous investigations that allow the label theory to be attached to a process or belief, the results suggest that organizational
theory, applied in a particular way, produces consistent and probable outcomes at least 95% of the time. A person who simply or randomly guesses in all decisions has a 50% chance of being right or wrong. Managers, however, should not be satisfied with such a 50/50 ratio—this is mediocrity. The use of intuition is appropriate and necessary only after the application of theory. Application of theory comes first and intuition is second. Intuition is the à la mode on the homemade apple pie, and both generally convey the “best dessert.” In actuality, the previously stated process separates the sometimes acceptable manager from the superb manager. Remember, management requires a conscious, identifiable strategy that is built on theory, aimed toward an identifiable goal. This is all accomplished by working through people.

The book follows a human relations model, focusing on theory and experiential activities—knowing and obtaining knowledge, and then putting it all to work in a simulated setting. The intent is to know through experience rather than knowing through the printed words. There are ribbons that run throughout every part and chapter of this book. These ribbons include but are not limited to culture, diversity, and self-awareness. The goal of this book is to present the necessary beginnings of leadership and management theory and practice—what is absolutely necessary to make the scientific skeleton of management have life and what is absolutely essential to prepare a nurse or health care professional for a beginning role as a manager. Obviously, organization and leadership is vast and study can continue for a lifetime—both theoretically and experientially.

Five parts are presented in this book, each with pertinent chapters. Part I presents the process steps of health care management and leadership. This involves the science and philosophy of management and leadership. Part II is the core of how managers work. It involves knowing self, diagnosing others and the task, and applying the best leader behavior style given the beginning of a particular journey toward goal accomplishment. Revolving around the core of management and leadership, there are basic managerial skills that are perceived as the “how to” satellites. These make up Part III and include communication, power, assertiveness (also referred to as confident communication), conflict resolution, and time management. Part IV contains the “action” satellites—managerial roles such as change facilitator, teacher, team builder, interviewer, and performance appraiser. Part V reflects on the managerial mind, including philosophic essays on creativity, diversity, and ethics. The intent of Part V is to be both the end of this book . . . and the beginning . . . .

Again, the book is basic rather than expansive. The goal is to provide only enough theory to have a scientific foundation for actions. Chapters have their own conceptual and theoretical discussions with nursing and health care applications. Each chapter in Parts I through IV begins with a set of Expected Learning Outcomes. Also, at the conclusion of Parts I through IV,
there are Experiential Learning Activities that put theory, concepts, and examples into action. These exercises are designed to set the book into motion for the learner. The simulations that are included in the Experiential Learning Activities present specific ways to learn the chapter’s contents. These simulations are designed to provide experiences in applying theory in a low-risk setting. It is a known fact that as anxiety increases, perception decreases. When perception decreases, people most often do not think; they merely function intuitively. The higher the anxiety, the narrower is the intuitive field. These intuitive behaviors are derived from practices and experiences earlier in life—from behaviors that were previously learned and reinforced.

It is also known that in a real management environment, a person’s anxiety is generally greater than it is in a classroom or a laboratory. This is due to tensions increasing when others are really looking to a person for guidance or are expecting something from that person. Because it takes time for learners to incorporate theory into practice, to think while doing instead of doing and then thinking, the use of simulations provides added experience so that the likelihood of a manager effectively applying theory increases while in any state of anxiety. This usually results in increasing the probability for more effective outcomes. The experiential model, the group dynamics laboratory, and the human relations model—all one in similarity—have been used widely in management training, and this author has adapted them into the health care simulations.

The Experiential Learning Activities at the conclusion of Part I of this book are ice-breaking, getting-acquainted activities. They are designed to help in the formation of effective groups and are most appropriately used at the beginning of study in a management and leadership course or program. The intent is to help in the formation of microcosms of a real work environment so that learners can have vicarious practice applying theories studied in hypothetical situations before using new practices in an actual professional environment where the stakes are high and really count.

The ultimate goal of this book is identical to the ultimate goal of health care: to assist the client to reach full health potential. In achieving this goal, an intermediate goal of assisting the manager to achieve optimal effectiveness is emphasized. The educational process attends to the unique individual learner. A satisfied manager has a high probability of having staff members who are also satisfied; satisfied staff members have a high probability of having satisfied clients; a satisfied client has a high probability of reaching full health potential.
Managing your way through change and coming out a winner are the philosophic foundations and goals of this book. A nurse manager’s success in any situation is framed and grounded in expectations and goals, given a specific environment at a particular point in time. Part I provides a discussion of the theories and concepts on which the management processes for a realistic set of winning goals in a particular environment are based. These theories are derived from research in organizational psychology, business and finance administration, law, and educational leadership. The theories and concepts are applied to nursing and health care environments.

Chapter 1 defines leadership and management, differentiating the roles of managers and leaders from the processes of managing and leading. The management process and the scientific method are the foci of this chapter.

Chapter 2 involves a discussion of the conceptual roots on which contemporary management practices are built—nonclassical organization theory. General system theory forms the basis for leader behavior, and experiential learning is the mode used in this book for practicing leadership and management content as well as process. The theory of motivation is then explained as it relates to management and leadership responsibilities.
Management Processes

OUTLINE

MANAGEMENT AND LEADERSHIP
THE MANAGEMENT PROCESS
   Planning
   Organizing
   Motivating
   Controlling
MANAGERIAL SKILLS
THE MANAGERIAL METHOD
   Assess the Information
   Identify the Problem or Goal
   Analyze the Problem or Goal and Choose Leader Behavior
   Create Alternative Solutions
   Recommend an Action Plan
   Implement Action Plan and Evaluate Results
SUMMARY
REVIEW CONCEPTS AND QUESTIONS
SUGGESTED ASSIGNMENTS
REFERENCES

EXPECTED LEARNING OUTCOMES

- To define and discuss the theories and concepts of management and leadership
- To gain theoretical and practical knowledge of the management processes—roles and skills—in nursing and health care management
- To apply the managerial scientific method to nurse management practices
This chapter provides a definition of management and leadership and discusses the general processes of management. Management processes and roles basically frame all leadership activities. Broad areas of management skills are then presented. The chapter concludes with a discussion of the managerial scientific method. The content in this chapter forms the foundation for specific leadership and management responsibilities that are presented in Part II of this book.

**MANAGEMENT AND LEADERSHIP**

Many definitions of management and leadership can be identified when surveying the literature (Burns, 2003; Giuliani & Kurson, 2007; Koontz & Weirich, 2010; Marriner-Tomey, 2009; Northouse, 2012). Themes, however, are evident. Hersey, Blanchard, and Johnson (2008) provided a comprehensive definition of management as “... working with and through individuals and groups and other resources (such as equipment, capital, and technology) to accomplish organizational goals” (p. 5). Leadership also involves working through individuals and groups to accomplish goals, but these goals may be different from organizational goals or they may involve one segment of the organizational goals. Leadership may also be shared (Pearce & Conger, 2003).

In a sense, the key difference between the concepts of management and leadership is the phrase “organizational goals.” A manager works for an organization (e.g., a hospital administrator) and carries the responsibility of accomplishing the organization’s goals through specific professional services. A manager’s authority stems from an appointed or elected position in an organization.

Leadership is a much broader concept because all health care professionals are leaders. A person who is a recognized authority and has followers who count on this person’s expertise to carry out their objectives is a leader. Furthermore, anyone who is responsible for giving assistance to others is a leader. The staff nurse is a leader to clients, the student nurse also is a leader to clients, the head nurse is a leader to all team followers, and parents are leaders to children.

It is necessary to define management and leadership to understand the differences between the roles of managers and leaders. To reiterate, the key difference is that managers are responsible for organizational goals, whereas leaders may only be responsible for one segment of the overall goals. Managers influence others with position authority and, it is hoped, personal power. Leaders influence others personally or by being delegated responsibilities. When management and leadership theory are applied to leader activities, however, the theory serves roles of both managers and leaders. What changes is the system that the leader influences.
Obviously, the system that the primary care nurse manages is much smaller in actual size than that of the nursing administrator. Also, there are both leader and manager roles in health care. The theory that people in these roles apply, however, is called management and leadership theory and should be the foundation upon which all influencing activities are based.

THE MANAGEMENT PROCESS

The process of management is relevant to all people who seek to influence the behavior of others. Many authors who discuss management and leadership believe that understanding the process is necessary, even though they often differ semantically when identifying the process components (Kelly-Heidenthal, 2003; Longest, 1990; Marriner-Tomey, 2009). Hersey et al. (2008) cited four precise managerial functions: planning, organizing, motivating, and controlling. Their definitions of these components are expanded here and combined with applications in health care. Remember, the managerial functions are presented as action verbs—these processes exemplify what a nurse manager does, broadly speaking.

Planning

Planning involves identifying problems, setting and specifying both long-term and short-term goals, developing objectives, and then mapping how these goals and objectives will be accomplished (Hersey et al., 2008). Longest (1990) asserted that planning involves a means to blend the actions of all participants in a system so that the group’s members function together toward an identified goal. Planning greatly reduces the chance of being caught unprepared. Planning, according to Marriner-Tomey (2009), is the first and most important step of the management process.

Organizing

This part of the management process involves bringing all of the system’s resources—people, capital, and equipment—into action toward goal accomplishment. Hersey et al. (2008) further discussed it as integrating resources. A leader’s desire is to include all people and situational elements into the system that will be carrying out a particular goal and to organize them so that the group is working together toward goal accomplishment.
I. Understanding Management and Leadership

Motivating

Motivation is a large factor in determining the performance level of employees and the quality of goal accomplishment (Hersey et al., 2008). William James of Harvard (as cited in Hersey et al., 2008) conducted research on motivation and concluded that hourly employees could maintain their jobs by only working 20%–30% of their capacity. When properly motivated by their leader, however, they could work 80%–90% of their ability. James felt that approximately 60% of employee performance can be affected by motivation.

There is never a zero point or top level (100%) in employee performance because one should not say that people are at the maximum absolute level in their motivation to attain a goal. There are no limits on what human beings can accomplish, which is why Olympic records, for example, are exceeded. One must always strive to do a little bit better. Managers must always set goals that are higher than what employees had accomplished previously, based on the assessment that the set goals are within the stretched capabilities of the people trying to attain them. This process is a unidirectional and rewarding process of growth.

Controlling

This last component in the management process involves setting up mechanisms for ongoing evaluation. Hersey et al. (2008) stated that controlling is obtaining feedback of results and periodically following up to compare results with plans. Adjustments in plans can be made accordingly. Quality-control systems, client-care audits, and client census and acuity information are examples of this aspect of the process.

Controlling is one aspect of management that is subject to myths and misinterpretations. When students are asked to share the first adjective or emotion that comes to mind when the term controlling is presented, responses include “manipulating,” “rigid,” “tight,” “autocratic,” and “oppressed.” Controlling need not be any of these things. It is an essential aspect of managerial functions because a manager is ultimately responsible for followers’ actions, given that a manager energizes the resources of a group to accomplish a goal. An effective health care manager does not do everything. Rather, the manager leads the group to accomplish and keeps track of what is happening at given points in time. A manager, therefore, controls the situation to be sure that the camera stays in focus.

Misinterpretations of the concept controlling stem from the leader’s verbal and nonverbal communications during the management process. It is possible to say, for example, that you as a manager would like to meet every week with your group to discuss progress and problems on a particular goal. This is the active process of controlling. However, a leader’s
verbal and nonverbal communication of these directions should neither be perceived as rigid, abrasive, nor punitive. Rather, directions can be given with warmth and portrayal of the respect of another’s intelligence and self-esteem. This is an area that should be role played in a practice environment so that one’s intent is perceived accurately and in the most effective manner possible.

Even though the four aspects of the management process are distinct, they are all interrelated (Hersey et al., 2008). When a leader plans, the plan also contains strategies for organizing, controlling, and motivating resources. Hence, all parts of the management process are connected. The case example in Chapter 7 illustrates this point further.

**MANAGERIAL SKILLS**

There are three general categories of skills that managers and leaders must possess: technical skills, human skills, and conceptual skills. Katz (1955/2009) first classified these skills, and Hersey et al. (2008) adapted them to the field of behavioral science.

- **Technical skill:** Ability to use knowledge, methods, techniques, and equipment necessary for the performance of specific tasks; acquired from experience, education, and training.
- **Human skill:** Ability and judgment in working with and through people that includes an understanding of motivation and an application of effective leadership.
- **Conceptual skill:** Ability to understand the complexities of the overall organization and where one’s own operation fits in the organization. This knowledge permits one to act according to the objectives of the total organization rather than only on the basis of the goals and needs of one’s own immediate group (Hersey et al., 2008, p. 9).

For example, suppose a nurse leader has the goal of increasing the quality of nursing care. Technical skill is the leader’s ability to perform the comprehensive individualized nursing care that is expected from staff nurses and from nursing practice standards. Human skill involves ability to influence others by teaching, role modeling, and so forth to accomplish the goal. Conceptual skill involves seeing how the goal that is being accomplished fits into the overall organizational goals of client service in the agency—how it affects the entire health care facility.

Experience has shown that managers at different levels require varying amounts of technical and conceptual skills to carry out their responsibilities.
Effectively. Human skills are necessary and fairly constant in all levels and occupy the greatest portion of the manager’s activities, as Figure 1.1 illustrates. It must also be noted that as a manager moves up the organizational chart, the need for technical skill decreases as the need for conceptual abilities increases.

**THE MANAGERIAL METHOD***

Effective management and leadership are based on a conscious, identifiable strategy for accomplishing goals at a particular place and time and with identified individuals. It is not based on seat-of-the-pants thinking. Management

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*This section is built on the author’s learning during work on her doctorate in human relations and counseling at the University of Massachusetts, School of Education, Amherst, and particularly while taking classes from Professors Kenneth Blanchard, Paul Hersey, and Donald Carew.
roles mandate methodical problem solving that draws first from theory (what has been shown to be effective in a significant number of research investigations) and second from intuition (what has been shown to be effective in one’s own experience, given application of research principles).

The priority goal of a manager is to accomplish goals (commonly referred to as growing, developing, or learning) by activating the system. Everything that a manager or leader does toward goal accomplishment should be based on an explicit strategy that has the highest probability for success. Again, there are no absolute points because human behavior cannot be predicted with complete accuracy. Rather, the manager seeks awareness of all in a system to mobilize forces toward goal accomplishment. Fortunately, a scientific method for doing this is available, just as one is available for giving nursing care. The latter is called the nursing process, and the former is called the managerial scientific method. Both are adapted from the pure scientific method, as is evident in Table 1.1.

**TABLE 1.1 Comparison of the Management Method, the Scientific Method, and the Nursing Process**

<table>
<thead>
<tr>
<th>MANAGEMENT METHOD</th>
<th>SCIENTIFIC METHOD</th>
<th>NURSING PROCESS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Problem-Finding Steps</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assess the problem</td>
<td>Gather information</td>
<td>Collect data</td>
</tr>
<tr>
<td>Study the point of view</td>
<td>Examine information</td>
<td>Process data</td>
</tr>
<tr>
<td>Identify the problem or goal</td>
<td>Interpret information</td>
<td>Diagnose problems</td>
</tr>
<tr>
<td>Analyze the problem and choose leader behavior</td>
<td>Identify problem(s)</td>
<td>State the problem(s)</td>
</tr>
</tbody>
</table>

| **Problem-Solving Steps** | | |
| Create alternative solutions | Develop alternatives | Develop care plans |
| Recommend an action plan | Make a decision | |
| Implement action plan | Decide on plan of action | |
| Evaluate results | Execute the plan of action | Implement care plan |
| | | |
| | | |

Note. The nursing process is derived from this author’s previous publication: La Monica, E. L. (1985). The humanistic nursing process. Boston MA: Jones and Bartlett.
Assess the Information

Assessing the information is the first step in the management method. A problem or goal is identified by the difference between what is actually happening (the actual) in a situation and what one wishes to occur (the optimal). Figure 1.2 illustrates this point. To determine a problem area, it is necessary to gather, examine, and interpret information from all sources available—primary and secondary—and to decide whether the problem area warrants attention. Primary sources are your followers, and secondary sources are all other people from whom information can be collected—clients, doctors, associates, superiors, and others. Data can be gathered from these sources on one-to-one or group bases. The nurse manager’s own point of view should be studied by being conscious of individual self-perceptions and beliefs. These data may be shared with members of a team or colleagues to validate perceptions.

Identify the Problem or Goal

After a situation has been assessed to determine a priority need area, to identify where a group is in relation to this need (the actual), and to identify where one wishes to go relative to this need (the optimal), then a problem or goal can be stated as shown in Figure 1.2. The problem or goal represents the difference between real and optimal and should be specific.

Managers who identify problems may be comforted by the knowledge that problems are indicative of growth. A manager should always be identifying problems—specifying where a group is and delineating where it can go. This is the process of growth. Once the optimal is attained, it becomes
the actual or the real situation and the whole process of identifying problems and future goals should begin again.

Problems and goals should be explicit and tractable. For example, if performance is the focal point, it is necessary to determine the aspects of performance that one wishes to change. Is it that care plans are not routinely written? Or do employees spend too much time with administrative tasks? A clearly stated problem structures the whole management process because what has to be done to solve the problem or attain the goal, as well as to evaluate outcomes, becomes apparent only when the problem statement is clear and specific. Further, Goode and Fowler (1949) demonstrated early that a clear statement of problems contributed to follower support in solving the problem because followers were aware of the focus of their efforts. Locke, Shaw, Saari, and Latham (1981) asserted that designating problems and setting goals “affect performance by directing attention, mobilizing effort, increasing persistence, and motivating strategy development” (p. 125).

A goal is simply a restated problem. Hence, goals flow from the problem statement. If a problem is that nursing care plans are not written routinely, then the goal would be to have nursing care plans written for all clients. A problem statement can be thought of as a negative statement—that is, something one wishes to eradicate or get rid of, like a medical diagnosis. A goal is something one wishes to attain; it is a positive statement. Obviously, problems and goals comprise different ends of the same continuum. It is the individual choice whether a manager wishes to work with problems or goals, or both. This author’s preference always is to accentuate positive thinking by working with goals rather than with problems. Think about reaching goals as an opportunity. Would you rather have something that you want to get rid of, like a problem or a diagnosis, or would you rather have something that you have the opportunity to attain or to work toward accomplishing? Always use the most effective language to enhance your goals and to underscore the point that you wish to make.

The specification of the optimal can be a long-term or a short-term goal. Even though it is essential that a manager identify both types of goals, one should be aware that research in motivation suggests that people are more highly motivated at the beginning of task accomplishment and when the goal is almost attained (Atkinson, 1957).

Because increased employee motivation usually results in an increase in productivity, with follower job satisfaction as a by-product, the manager should set goals with followers that can be accomplished within a reasonable amount of time. The success and rewards that follow goal achievement serve as both reinforcement and stimulus in further endeavors. Shorter-term goals may also be viewed by followers as more realistic and achievable. They should, however, be challenging enough to spark interest and to unleash motivational energy.

Livingston (1969/2009) aptly stated that subordinates must consider goals as realistic to be motivated to reach high levels of productivity.
For example, if care plans are never written for clients following a staff conference (the actual) and a leader desires that a staff discussion always precedes what is written for all clients (the optimal), an intermediate short-term goal (also the optimal) might be to have conferences and to write care plans on clients who have chronic health problems. There are many rungs in the ladder toward accomplishment of a long-term goal. Each should be accomplished in stepwise progression toward the highest level of desired attainment. At the achievement of each step, success should be celebrated and reinforced. This acts as a stimulus for the next climb.

**Analyze the Problem or Goal and Choose Leader Behavior**

After the problem or goal is identified, it must be analyzed. Analysis entails four steps: (a) determine why the problem exists, (b) identify the unique group who will participate in solving the problem or achieving the goal, (c) analyze the ability of a group to accomplish the goal (level of readiness), and (d) specify an appropriate leader behavior style, indicated by the group’s level of readiness, that is required to meet the needs of a group as it accomplishes the goal. It is in this fourth phase that leader behavior theories are brought into focus. By applying theory in each of these four steps, one increases the probability that analysis will be comprehensive and that the decision on the appropriate leader behavior style will be based on what works according to research findings. When leader behavior is chosen, it becomes the way that a leader or manager begins the process of goal accomplishment. These steps will be discussed fully in Part II of this book.

The problem-generating process that was previously discussed can be compared with the health care and nursing process (La Monica, 1985), as portrayed in Figure 1.3. It is evident that vast information is boiled down in both methods to focus on a specific problem. Once the problem is specified, then analysis broadens to solve it. Assessing the problem and data collection and processing involve inductive thinking to make a conclusion about the problem or goal. All information in these processes is used to identify the problem or goal specifically. Problem analyses and care plans, however, are examples of deductive reasoning—a focal area exists and all that follows relates to solving the problem.

**Create Alternative Solutions**

Based on analysis, the next step is to brainstorm various alternative solutions or strategies that have the potential to solve the problem or to achieve the goal. Brainstorming, a step in the creative process (Henry, 2001), can be used to foster creativity and to develop alternatives that reflect the individuality
of a unique system—people, environment, and time. This process is a way to expand possibilities by answering the question, “If I could achieve this goal with this identified system, ideally doing anything I wished, reflecting on my knowledge and experience, what would I want done and how should I get it done?” All ideas are important and during the process of brainstorming, no value judgments of good or bad operate.

After ideas are listed, each solution should be studied for anticipated positive results and anticipated negative results. In other words, it is necessary to play out behaviors and attempt to predict reactions of followers and superiors. These reactions should include both the negative and the positive possible outcomes.

**Recommend an Action Plan**

Following analysis of alternative solutions, one strategy must be chosen. Unfortunately, it is rare when a strategy played out has no possible negative consequences. The recommended action plan, therefore, usually has the
highest probability for reducing the discrepancy between real and optimal and the lowest probability for resulting in negative consequences, given that there are most often some negative possibilities in all strategies. It should be noted that solution phases are too frequently hurried. A good analysis in these steps is important because strategic diligence most often results in the best recommended action plan becoming obvious—your best shot!

**Implement Action Plan and Evaluate Results**

Once the action plan has been decided, it must be implemented. Evaluation occurs on an ongoing basis and at goal accomplishment. Even though the management method seems to be linear, in fact, it is circular. Constant evaluation of daily outcomes or data begins the process again, and new information may result in a refocus of any step of the management method.

**SUMMARY**

Management and leadership are different concepts when they are defined in terms of roles—managers are responsible for organizational goals, whereas leaders are such because people look to them for guidance. In leader/manager activities, however, management and leadership theory is applied in both roles.

The management process contains four interrelated elements: planning, organizing, motivating, and controlling. Technical, human, and conceptual skills are required to carry out this process. Different levels of management require lesser or greater amounts of technical and conceptual skills; human skills are consistently important in all levels of management.

The problem-solving process is the manager’s scientific method. It is the foundation on which all manager activity should be based. A problem or goal must first be identified inductively, resulting in a specific problem or goal statement. Deductive processes are then employed to analyze the problem, choose beginning leader behavior, and create alternative solutions. A recommended action plan is the final outcome of the method prior to implementation and continuous evaluation.

** REVIEW CONCEPTS AND QUESTIONS**

1. Describe the differences between management and leadership.
2. What are the managerial functions and how do they relate with each other?
3. Explain the skills of management and justify your position of whether or not one is more important than the other. Delineate how the skills vary according to an organization chart.

4. What are the steps of the Management Method? Compare them to the steps for the Scientific Method as well as the Nursing Process.

**SUGGESTED ASSIGNMENTS**

1. Provide a clinical case. Ask learners to apply the steps of the Scientific Method or the Nursing Process to the case in working out a health care plan.

2. Provide a management case. Ask learners to apply the steps of the Management Method to the case in working out priority goals for the manager and a recommended action plan.

3. Learners can be requested to write their own individual or group clinical and/or management cases and follow the guidance in Suggested Assignments 1 and 2.

4. Ask learners to observe managers and executives in different roles in an organization and compare their position functions in the frames of management skills, that is, technical, human, and conceptual. Analyze what is actually found against what is theoretically recommended.

**REFERENCES**


