

# Long-term Interim Management- MAKING IT WORK

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**D**eciding to engage an interim manager is much like deciding to get married. In the beginning, there is the jubilation of finding your "perfect match." Hospitals administrators and staff members may have expectations of a wonderful future and smooth sailing as the "experts" come to make positive changes. Once the realities of the new relationship come to light, however, the "honeymoon" can be short lived. There are ways to dispel or at least decrease the apprehension often associated with the engagement of interim managers.

One of the first issues to be addressed in this relationship is that bringing in an interim manager does not always occur under the best of circumstances. A consultant is generally contracted to serve as an interim manager when a hospital department is experiencing transition and upheaval-conditions attributable to circumstances such as termination, restructuring, and recruitment. The hospital may also decide to enlist an interim manager as a result of recommendations made during an operational review. These transitional issues can create stress, which may be intensified by the engagement of an outside person to fix the problem.

As an objective outsider with experience at various facilities, the interim manager has the ability to assess the department and to recommend and implement managerial/departmental systems changes. The interim manager is usually supported by a project manager, another consultant who makes on-site visits once or twice a month to ensure the engagement is proceeding to everyone's satisfaction, making them manageable for a future permanent department manager.

The length of this temporary arrangement varies. Usually, the interim management contract covers a minimum of six months and can be expanded to cover up to two years. The hospital may continue looking for someone to fill the

position permanently during the contractual period. In the meantime, however hospital staff members must adjust to an interim manager.

## Stages

Because this new contractual relationship is usually unfamiliar to most personnel, understanding the stages of the temporary "marriage" is crucial for the engagement to be mutually rewarding.

**THE WEDDING.** With the arrival of an interim manager, many administrative staff members, and physician are optimistic that "things are finally going to change." Many feel relief that someone is directing actions and addressing problems. The usual response to the interim manager's arrival is either to eagerly provide information or to remain passively quiet.

To ensure that the progress is made throughout the entire interim management engagement and to create a rewarding relationship that also promotes excellence in patient care delivery, the interim manager should bring with certain attitudes and activities.

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- ◆ From the first day on-site, admit to all staff members, "I am an invited guest."
- ◆ Keep all members of the health care team informed.
- ◆ Always involve staff members in the decision making process and solicit their input regarding changes.
- ◆ Meet regularly with physicians
- ◆ Be an excellent listener

Keep the health care facility's mission, statement in mind when reorganizing, redesigning, and restructuring the facility or department.

Following these suggestions can reduce and/or eliminate potential problems while working with staff members and physicians.

**THE HONEYMOON.** The interim manager usually spends several weeks evaluating operations and formulating action plans that outline the following information:

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- ◆ Critical issues for development,
- ◆ Required action steps,
- ◆ Responsible parties, and
- ◆ Expected dates of completion.

This process is shortened considerably if the consulting firm has already completed an operational review. While the interim manager works to assess and plan during this phase, staff members usually develop a “wait and see” attitude. If the assessment and planning take too long, employees and physicians may grow discouraged-lamenting that nothing is happening and that the hospital is wasting money. On the other hand, if changes occur too quickly, staff members may complain that they have had an inadequate adjustment period and that the interim manager has ignored their input. Sometimes staff members test and question the interim manager’s judgment.

- ◆ “How much can this outsider really know?”
- ◆ “What makes the interim manager’s ideas better than ours?”

The interim manager must constantly assess the emotional environment and adjust the process’ speed and style to meet client needs and gain staff member support.

**THE FIRST FIGHT.** The “honeymoon” can end when the interim manager begins to implement action plans and attempts to change practices, behaviors, and personnel. Fear become staff members’ most common response to change and is displayed in many ways.

If downsizing is part of the reorganization, staff members may feel that their jobs are in jeopardy. Even staff members who do not feel in jeopardy of losing their jobs may grieve the dismissal of a person whom they have complained about in the past. Staff members may take sides, resulting in an “us versus them: mentality. Passive-aggressive behavior and sabotaging of the action plans may take place.

The interim manager must deal openly and assertively with these situations. Direct confrontation leading to open communication and trust must be exercised. Ultimately, the interim manager wants what is best for the hospital and for patient care delivery, and he or she must consistently communicate that mission to staff members. This is a crucial stage in the growth process of their relationship and is not as negative as it may sound. It is a part of group dynamics, it is a necessary developmental stage, and it often leads to stronger cohesiveness.

**LIFE AS A COUPLE.** As goals are reached and the project moves forward, progress and unified teamwork becomes a reality. The interim manager continues to work on maintaining open communication and handling situations as they arise. This is no time to be complacent; however-“marriage” is hard work. The interim manager

must design on-going, quality improvement strategies. Despite the length of the contract, staff members usually continue to view the interim manager as temporary. In some cases, however, the department may propose permanent employment. Most consultants have contracts with their employers that preclude this option.

**DIVORCE.** As the contract reaches completion, either by the arrival of the permanent manager or by expiration, the “marriage” analogy takes another step- “divorce” and the subsequent arrival of the “new spouse.”

The interim manager must lay the appropriate groundwork so the new manager does not have to face the demands of unnecessary comparison. This might require a concerted effort for the sake of a smooth transition if the two managers’ styles are noticeably different. The interim manager must maintain a positive and supportive position to guarantee the new manager’s success. If a new manager has not been named by the time the contract expires, however, the interim manager must assure the client that there is adequate acting leadership within the department-through strong administrative skills and mentoring –to allay fears that progress might halt or even recede.

Following these suggestions creates interim management engagements that run smoothly. Understanding the complexities of interim management and responding appropriately to staff members’ concerns should transform a “marriage of convenience” into a rewarding relationship that produces a lasting, quality outcome.