

Mentoring

An Essential Element for the Future of Nurse Middle Management

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*Originally published in DFW Nursing,
September 1992. ©DWF Nursing.*

In the present health care environment, the nurse middle manager position is a difficult place to be, as evidenced by the number of vacant positions. This is especially true in the areas of Surgical Services, Critical Care and Emergency Departments, three areas which are key to a community hospital's survival.

The absence of qualified candidates may be due to the lack of exposure to management theory and practice in traditional nursing education. Although nursing process embodies the process management model, most nurses do not see the correlation nor is it formally recognized through nursing education at the associate or bachelor's levels. Graduate nursing programs are beginning to include financial and management courses in the curriculum or as acceptable electives. However, a master's-prepared staff nurse is a rarity at the typical community hospital.

Nursing is both labor-intensive and census-dependent. These issues make balancing morale and productivity a real challenge for even the most competent professional manager and an almost impossible task for the novice. The ability to build and defend budgets while maintaining enough staff to ensure safe patient care for 30-40 patients requires more than education alone can provide.

Most staff nurses have the expectation that the nurse manager is a clinical as well as a managerial expert. This creates a situation that leads to decreased job satisfaction when these unrealistic expectations cannot be met.

Frequently the physicians with whom the nurse manager must interact also have expectations that display an antiquated view of both nursing and nursing management. At times this leads to complaints about the nurse manager to administration. At this point administration may or may not support the nurse manager, causing more difficulties.

Financial incentives and job security may adversely affect the number of nurses interested in middle management positions. With shift incentives, on-call pay, and overtime to enhance the staff nurse's weekly paycheck, a beginning nurse manager may experience a decrease in compensation when accepting a salaried position. The turnover at the middle management and nurse executive levels may also affect the decisions of potential nurse managers. If a staff nurse has "lived through" two nurse managers in five years and three nurse executives in eight years, there is a strong message that staff nursing is a more secure position. Consequently, there is little incentive to move into a pressure cooker position with minimal if any financial gain and decreased job security.

The failure of hospital administrators and the nursing professional to identify and institute

mentoring or management development through an "apprenticeship" may be the single most critical reason for the absence of qualified candidates for nurse middle manager positions. The graduate programs for hospital administration recognize the need for mentoring and "hands on" experience with the

benefit of close guidance by including a three-month to one-year residency period for each graduate. Rarely has a hospital administrator extended this type of mentoring to a fledgling nurse executive.

Master's programs in nursing are only recently beginning to include formal preceptor programs for those studying nursing administration. The difficulty is that nursing is a profession and tends to thrive on fostering dependence rather than developing independence. Those who are mentoring have not been mentored themselves and are ill-equipped to provide the service.

To mentor another is to provide them with an environment that allows for both success and failure while providing affirmation and support. Mentoring is a talent in and of itself. To be a successful mentor, an individual must possess a strong sense of self-esteem that is tempered with humility. Honest respect and affection for people must also be present. Great mentors are by nature altruistic and dedicated to the success of

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the protégée and the organization. The mentor is willing to be silent when it is necessary to allow the follower to be the leader. One of the reasons that nurses are not often good mentors is the innate desire to do rather than allow another the opportunity to fail.

To ensure a steady supply of competent nurse middle managers, administration within the

organization must make a commitment to management training and retention. The organization should begin with a strong nurse executive who has the respect and support of the CEO and administrative team. This person should also have the ability to identify innate management abilities and mentor these individuals.

Setting up an organizational system and structure that promotes opportunities for growth and leadership is essential. Also the development and support of a philosophy that celebrates success and allows failing without accepting failure will ensure a level of trust that encourages young motivated potential managers to rise to the occasion.

Most organizations do not recognize potential mentors in the environment. The selection process for aggressive managers and administrators does not include the ability to foster growth and development. However, the viability of the organization may depend upon it.

