



Management of everyday work in Emergency Departments – An exploratory study with Swedish Managers



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ABSTRACT

Introduction: Through their formal mandate, position and authority, managers are responsible for managing everyday work in Emergency Departments (EDs) as well as striving for excellence and dealing with the individual needs of practitioners and patients. The aim of the present study is to explore managers' experiences of managing everyday work in Swedish EDs.

Method: A qualitative and exploratory design has been used in this study. Seven managers were interviewed at two EDs. Data was analysed using qualitative content analysis with focus on latent content.

Results: Managers experience everyday work in the ED as lifesaving work. One of the characteristics of their approach to everyday work is their capability for rapidly identifying patients with life-threatening conditions and for treating them accordingly. The practitioners are on stand-by in order to deal with unexpected situations. This implies having to spend time waiting for the physicians' decisions. Management is characterised by a command and control approach. The managers experience difficulties in meeting the expectations of their staff. They strive to be proactive but instead they become reactive since the prevailing medical, bureaucratic and production-orientated systems constrain them.

Conclusion: The managers demonstrate full compliance with the organisational systems. This threatens to reduce their freedom of action and influences the way they perform their managerial duties within and outside the EDs.

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Introduction

The assignment of Emergency Departments (EDs) is to provide safe emergency healthcare with a caring, cost-effective approach. This includes making assessments, diagnosing and providing treatment and caring, all within an acceptable timeframe in relation to the patients' needs (The Swedish Code of Statutes, 1982; Institute of Medicine, 2006). The managers in EDs, i.e. clinical managers (CMs), head nurses (HNs), deputy head nurses (DHNs) and healthcare developers (HDs) are responsible for leading and managing everyday work. In this study, everyday work means situations that occur regularly, without being outstanding or dramatic, and that are often related to non-urgent conditions of the patients. Through their formal mandate, position and authority, managers have varying

degrees of responsibility for planning, budgeting, staffing, organising and controlling everyday work (Yukl, 2013).

To fulfil the assignment of the ED successfully, managers are required to influence the practitioners' understanding of the work of the ED and to motivate them to act in an agreed way (Yukl, 2013). In this study, practitioners are assistant nurses (ANs), registered nurses (RNs) and medical doctors (MDs). Swedish healthcare organisations seem to continue to be hierarchical and bureaucratic (Axelsson, 2000; Petterson, 2000; Carlström, 2012). The culture of hierarchy in the organisation is also visible in the distribution of work and power between professionals (Axelsson, 2000). Everyday work in EDs is dominated by medical work (Nyström, 2003; Chu and Hsu, 2011; Andersson et al., 2012), i.e. the MDs' main field.

Ways of influencing and motivating practitioners can differ depending on the individual manager's leadership approach. Among several styles 'transactional' and 'transformational' leadership (Burns, 1978; Bass, 1985) are used to describe leadership approaches in different organisations. Transactional leadership focuses on job requirements and structures that clarify the

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requirements and what the practitioner's functions should be, based on communication between managers and practitioners. Practitioners are motivated by rewards and penalties. Transformational leadership focuses on inspiring practitioners to do more than is expected. The managers also mobilise commitment to goals and visions, encouraging creativity and innovation to find solutions to problems that arise, while at the same time providing intellectual stimulation and showing individual consideration (Bass et al., 2003). The managers' capability to influence practitioners depends on what form of leadership approach they use (Cummings et al., 2008). According to Bass, managers commute between transactional and transformational leadership, depending on the situation and circumstances (Bass et al., 2003). Practitioners prefer managers who have a clear leadership style (Sellgren et al., 2006) and managers who have it experienced fewer problems in their management than managers with a composite leadership style (Lindholm et al., 2000). Managers who varied their leadership approach must also be understood in terms of a complex whole and the environment in which their leadership is practised. Everyday work at EDs consists of a variety of interactions between managers and practitioners. This leadership could therefore be understood as relational and thereby more transformational (Brower et al., 2000; Van Vactor, 2011).

There are few studies relating to managers' leadership performed in the context of the ED, especially when it comes to everyday work. Managers must have the capability of identifying how practitioners perform their work and how they are progressing, and be able to evaluate their work effort (Spivak et al., 2011). Managers' behaviours have been found to have impact on work; both task- and employee-orientated leadership behaviours in the ED have a positive impact on RNs' work satisfaction (Lin et al., 2011). Managers' leadership style also influences the work. RNs' turnover in EDs was found to be lower when managers used a transformational leadership style compared with use of non-transformational leadership (Raup, 2008). However, the learning of leadership skills in the ED is unplanned and therefore not comprehensive, resulting in a narrow perspective on what leadership means (Goldman et al., 2011). Managers' responsibility for creating prerequisites for competence development in emergency nursing is an area that has been investigated and it has been shown that only a minority of managers consider that they have full responsibility for this (Andersson and Nilsson, 2009).

In conclusion, the management of everyday work is challenging since managers need to strive for excellence and to deal with the individual needs of practitioners and patients. Knowledge about leadership in ED contexts remains limited and no studies concerning how managers lead and manage everyday work were found presenting the managers' point of view. The aim of this study is to explore managers' experiences of managing everyday work in Swedish EDs.

Method

Design

As little is known about managers' experiences of managing everyday work in EDs, a qualitative and exploratory design was selected. Qualitative design was undertaken to achieve better understanding of managers' experiences related to the context and content in which everyday work is performed (Polit and Beck, 2012). Exploratory design was chosen because it is a way to discover new areas for research (Patton, 2002). To gain an understanding of managers' experiences, data was collected through individual interviews.

Setting

This study was conducted in two EDs in Western Sweden. To enable there to be variation in managers' descriptions concerning

their experience of managing everyday work, the selection criteria for these EDs were: (1) 24-h emergency healthcare provision, (2) access to internal medicine as well as surgical and orthopaedic specialities, (3) differences in the number of patients' visits per year. Consequently, certain differences between the EDs gave rise to possible contextual nuances in this study. During the daytime, the first ED had MDs who were specialised in emergency medicine, while the second ED was staffed with medical doctors employed at other clinics who were not specialised in emergency medicine. Another difference was that the first ED had no DHNs or HDs. There were also differences in the number of patient visits per year (43,000 vs. 29,000) and the number of beds in the hospital (360 vs. 200).

Participants

The participants comprised seven managers: four female and three male and the age span was 40–52 years old. Six of the managers were nurses and one was a physician. The managers had spent more than 15 years in their professions. Six of them had worked as managers in EDs for less than five years. All managers except one were working full-time as managers, HDs were working part-time as RNs. HDs were included in the group of managers, although they did not belong formally to the linear hierarchical administrative order. HDs were included because they influence and provide support for managers leading everyday work in the ED. See Table 1 for further information about the managers. The inclusion criterion was a willingness to share their experiences of managing everyday work in EDs. The first author (HA) sent out a request for volunteers by e-mail and study information was included in the request. All managers agreed to participate in the study via e-mail reply.

Data collection

To achieve understanding, seven interviews were carried out. Before the interview commenced, the interviewer (HA) started with small talk to make the managers feel comfortable with the interview situation (Polit and Beck, 2012). The interviews were conducted in the form of a dialogue, i.e. a conversation based on a joint interest in the search for understanding and knowledge (Kvale, 2007), in this case managers' experience of handling everyday work in EDs. The research question was: How do managers experience managing everyday work in EDs? The interview guide was based on the aim of the study (Kvale, 2007; Polit and Beck, 2012) and contained two main questions: What characterises everyday work and co-operation in the ED? What characterises your management and leadership in the ED? To ensure that the managers' responses were perceived correctly, on-going clarifications were made. The interviews ended with the question: Is there anything else you'd like to mention? The clarification and closure question aimed at encouraging individual reflection to increase the richness and quality of the data. The interviews lasted 8.5 h in total, with an individual range of 47–93 min.

Data analysis

The first author transcribed the digitally-recorded interviews verbatim. The data was analysed using qualitative content analysis with focus on latent content, i.e. an analysis of what the text talks about involving an interpretation (Graneheim and Lundman, 2004). In the first step of the analysis, all the transcripts were read several times to gain a sense of the text as a whole. The focus was on determining what the text was about and interpreting the underlying meaning of the text. The second step, based on the aim of the study, was to identify units of meaning, such as words,

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