The Practices of Nurse Unit Managers in Hospitals

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Abstract

This article provides some information about the practices of nurse unit managers using Pierre Bourdieu's concepts of field, habitus, and capital. It also presents the practices of power and collaboration as means that nurse unit managers use to get things done. Furthermore, this article provides knowledge to understand the usefulness of power and collaboration. Power is something nurse unit managers and hospital executives use and need in their practices in order to move the organization forward and toward its goals. In the practice of power, subordinates' resistance or views are not important or valuable. The practice of collaboration requires professional commitment and respect for one another's roles, experience, and expertise. Collaboration is a powerful tool and keystone of leadership success. The practice of collaboration enhances professional learning, development, and idea sharing to achieve the best possible outcome in a unit. The practice of collaboration helps us understand each other's practice, skills, and expertise.

Keywords: nurse unit managers; Bourdieu; field; agents; habitus; capital; power; collaboration.

1. Introduction

A hospital unit is a field of care with its own unique corporate culture. The hospital unit's internal work environment characterizes its corporate culture. Its beliefs, core values, activities, traditions, practices, and operating style shape its climate and personality. In this field, nurse unit managers have great responsibilities to get things done. Nurse unit managers in such units occupy important positions, compared to subordinates.

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To understand how managers work toward realizing their visions, a description of their daily activities is important. Bourdieu's "logic of practice" concept can describe, explain, and elucidate the practices of managers in a hospital unit. Questions aimed at understanding managers' practices include, "What are the practices of nurse unit managers? What do they use in the management of their responsibilities?" Observations and descriptions of their daily practices in a hospital unit address these questions.

2. Aim

The aim of this paper is to describe, explain, and understand in-depth health care manager practices. Nurse unit managers are agents with assigned responsibilities to lead a hospital unit. In addition, this paper seeks to shed light on how nurse unit managers manage hospital units. This article also aims to help nurse unit managers develop the skills necessary to inform them on the effects of their positions. Treating subordinates with consideration, fairness, and respect is the highest achievement to which nurse unit managers can strive, since they know that subordinates are in direct contact with them. Managers do not gain respect easily, but can obtain it by judging subordinates fairly in evaluations. The reading of this article may contribute to understanding the conditions of commitment, employee retention, and improvement of work environments.

3. Literature review

Practice is what people do. Practice is the action in which agents engage to perform their work. Bourdieu's logic of practice [1] emphasizes the importance of practices within the social world. It also focuses on the theorization of how agents do what they do, and how we are to understand the world they construct in so doing [2]. According to Bourdieu [1], the interaction of habitus, cultural capital, and field generates the logic of practice. The logic of practice is a toolkit for providing explanations to the practices of nurse unit managers. Bourdieu's judgment of taste relates to social position, or more precisely, is itself an act of social positioning. Social positioning originates from social, cultural, and prestige capital. Capital is a way to maintain and control power in the status hierarchy of society or the hospital unit.

Power often takes the form of controlling one person or group over others. According to Martin Luther King, Jr., power is the ability to achieve a purpose or goal [3]. For King, whether power is good or bad depends on the purpose. Power can also be the degree of control that different sections of society exercise over different types of capital. These include social capital, economic capital (such as material and financial resources), cultural capital (academic, intellectual, formal and informal competencies, and education), and symbolic capital (title and profession). Power can have an unequal distribution within a field, depending on agents' positions. Some agents may have greater control and domination over the sources of power, and others may have little or no control. The extent of power of an agent correlates to how many different kinds of capital agents can access, control, and possess.

Power is the product of cultural and symbolical creation. According to Bourdieu, the interplay of agency and structure in the field constantly legitimizes power. Bourdieu and Wacquant [4] state that the field of power is similar to the field of forces:

The field of power is a field of forces defined by the structure of the existing balance of forces between forms of power, or between different species of capital. It is also simultaneously a field of struggles for power among the holders of different forms of power. It is a space of play and competition in which social agents and institutions which all possess the determinate quantity of specific capital (economic and cultural capital in particular) sufficient to occupy the dominant positions within their respective fields [the economic field, the field of higher civil service or the state, the university field, and the intellectual field] confront one another in strategies aimed at preserving or transforming this balance of forces… This struggle for the imposition of the dominant principle leads, at every moment, to a balance in the sharing of power, that is, to what I call a division of the work of domination. It is also a struggle over the legitimate principle of legitimation and the legitimate mode of reproduction.

Bourdieu uses the term "habitus" to justify the origin of power. This concept refers to the creation of power through socialized norms or tendencies that guide behavior, thinking, and practices. Furthermore, habitus is "the way society becomes deposited in persons in the form of lasting dispositions, or trained capacities and structured propensities to think, feel and act in determinant ways, which then guide them" [5]. Another important concept in Bourdieu's understanding of power is that of the "doxa." This is the combination of both orthodox and heterodox norms and beliefs: the unstated, taken-for-granted assumptions, or "common sense" behind the distinctions agents make. Doxa denotes a particular society's "collective rhythm," or what it takes for granted without necessarily being conscious of it. This happens when agents "forget the limits" that have given rise to unequal divisions in society. Doxa is "an adherence to relations of order which, because they structure inseparably both the real world and the thought world, are accepted as self-evident" [6]. People tend to believe the truth of what society tells them about the use of power or collaboration.

4. Research methods

This paper developed from observing and describing nurse unit managers' activities and physical appearance. One method was to take note of anything that might indicate their membership in groups or in subpopulations of interest to the study, such as profession. The observations also included their verbal behavior and interactions by noting the gender, age, and profession of the speakers. These factors constituted the nurse unit managers' dynamics of interaction. Interaction details included nurse unit managers speaking to subordinates and vice versa, for how long, who initiates daily interaction, languages spoken, and tone of voice. This paper also drew from observing the physical environment, behavior, and gestures. These details included what nurse unit managers do, with whom they interact, and how they used their bodies and voices to communicate different emotions. This paper helps understand the strategies nurses use to communicate their plan and vision.

5. Discussion

5.1. Nurse unit managers' practices in general

Nurse unit managers' doxic practices include supervisory, administrative, and clinical activities. The hierarchy, the place, and attitude of nurse unit managers all become visible during meetings with subordinates in a unit.

Their habitus reveals their position and actions in a unit (Figure A). The practices of nurse unit managers relates to doxa and habitus. The doxa informs nurse unit manger's actions and thoughts within the field. Habitus generates and regulates the practices that make up social life.
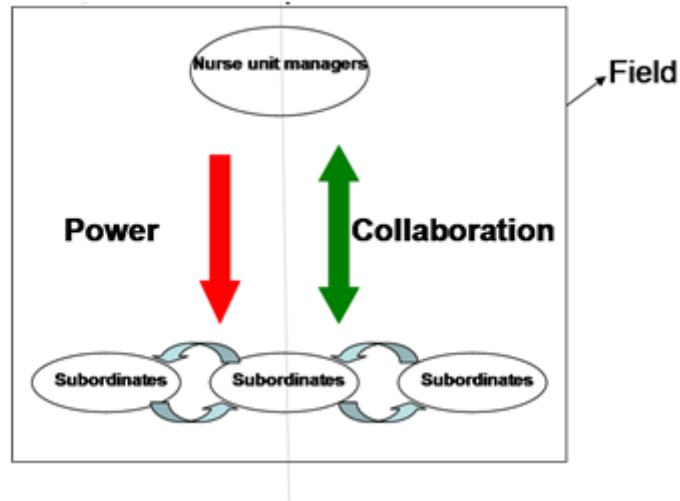

Figure A: The habitus and doxa of the nurse unit managers within the field of power or collaboration or both

5.2. Supervisory practices of nurse unit managers

The managerial habitus of nurse unit managers consists of handling all supervisory practices for the unit. Managers oversee registered and licensed practical nurses, nursing aides, support staff, and medical clerks. They set work schedules, delegate assignments, and evaluate employee job performance. In addition, they discipline employees who do not fulfill their job requirements or provide inadequate patient care. They also establish employee policies and procedures. They oversee unit planning [7] and efficient health care. Nurse unit managers mentor less experienced nurses, offering clinical and career advice. They set goals and standards for the unit and hold regular staff meetings in which they give directions or discuss areas for improvement.

5.3. Administrative practices

The administrative practices (administrative habitus) of nurse unit managers involve creating and overseeing budgets for the unit, including personnel, supplies, and other expenses. They ensure their department is well stocked with medical supplies, including medications and equipment. At some facilities, they interview and hire employees and create training and staff development programs. They represent the hospital unit's interests, and consult with senior management if the staff has questions or concerns. They recommend changes and improvements and offer the unit's opinion regarding proposed changes or decisions under consideration by the facility's leadership staff [8].

5.4. Clinical practices

Nurse unit managers' clinical practices (clinical habitus) include the establishment of nursing care standards for

the unit, the application of evidence-based standards, and health care research. They monitor patient care to ensure it meets the facility's standards. They review patient records to analyze the effectiveness and efficiency of the care that the unit provides. If a nurse has a question or concern about a patient's care, the unit manager may consult the patient's physician or recommend treatment options [9]. Nurse unit managers not only monitor overall care, they review an individual patient's case, especially if it is complicated or if the patient is not responding to treatment. They also address questions or complaints that patients or their families raise.

The description of these practices clearly illustrates that nurse unit managers address emerging trends, adopt innovative ideas, and work toward the shared goals of quality, efficiency, and excellence in practice. They guide and lead frontline nurses while contributing to the organization's success. The nurse unit managers deal with nursing practice and quality of care among frontline nurses or nurses in a single unit or department. In addition, they oversee all personnel and budget matters, and create an environment that supports professional practice and employee engagement [10]. They provide expectations and direction so staff members know their roles and accountabilities. Nurse unit managers oversee all aspects of operating a unit within a health care facility, from supervising nursing staff to monitoring patient care [11]. They use their extensive clinical experience, prior administrative experience, and training in both nursing and management. They also practice strong communication skills and diplomacy, and they have the ability to take the lead in any situation. Nurse unit managers create a work environment in which nurse–physician collaboration is the expected norm. They clarify visions of collaboration, practice as role models for collaboration, and inspire subordinates to achieve difficult goals. In addition, nurse unit managers practice manipulation of environmental resources and support self-confidence in staff. Overall, they facilitate collaborative practice [12], and they support staff nurses as an essential component of a productive, healthy work environment [13].

5.5. Nurse unit managers' tools to control activities and get work done in a unit

The supervisory, administrative, and clinical activities involve using power, collaboration, or both. To get things done and to achieve goals through the actions of others, nurse unit managers' capital constitutes the principal assets (skills, competencies, and qualifications) an symbolic (attention, prestige, and honor) of subordination. Capital is the central principle of domination in the organization, as it helps to play the cultural and social game (forms of struggles, interactions between specific rules of the field, agent's habitus and capital, and maneuvers in pursuit of desirable resources) in a hospital unit. A hospital unit is a social space, the field where the game takes place; it is a field of power. There is an existing balance of forces with different species of intellectual capital. This structure defines the field. The field comprises nurses, nurse assistants, cleaners, and nurse unit managers. The latter have power to manage and control activities daily because their positions give them more power than others. Nurse unit managers' dispositions mean seeing themselves as personally responsible for the performance of the nurses in the unit. This is part of their habitus as head of a unit. Their work involves planning, scheduling, organizing, directing, staffing, and controlling. The system of relation where power or collaboration take place, made up of a system of power, affects the work of nurse unit managers. Managers have a particular position in their unit, also called the intellectual field [14]. Nurse unit managers have to strive for patient safety, efficiency, cost control, and increased productivity.

Nurse unit managers might use power to dominate and to serve their own specific interests. In the intellectual field, formal hierarchical organizational structures distribute power [15] from nurse unit managers, to nurses, to assistant nurses, then to cleaners (Figure A). Power in health care organizations concerns the hierarchical structure of offices and their relation to each other. Oftentimes, nurse unit managers use power to overcome the opposition of subordinates.

5.6. The practice of power: "The use of stick approach to get things done"

Daily practices impose the choice between power, collaboration, or both. Due to their position in the unit, nurse unit managers manage daily activities in their units through the exercise of power or collaboration with subordinates or colleagues.

For nurse unit managers, their renowned institutionalized capital gives them power to assume administrative, clinical, and supervisory responsibilities. Subordinates follow nurse unit managers because they must. Nurse unit managers play a central role in performance and management. They have responsibilities to understand what they must do and how to do it. They understand the character of the unit's culture as the product of its core values and activities. They deal with subordinates by practicing collaboration and power. Power can mean efficacy and capacity, which managers and executives need in the practice of their activities in order to move the organization toward its goals [16]. Managers thus use power as the ability to influence the behavior of subordinates with or without resistance by using a variety of tactics to push or prompt action. Extreme use of power can lead to hospital unit silence. Power is the ability to get things done, sometimes over the resistance of others [17]. Power can influence others in a positive way if wielded appropriately. Power might even be the primary way things get done despite resistance; it is the ability to mobilize human and material resources [16]. With power, nurse unit managers may see to everything themselves, be suspicious, and remember that others can use words against them.

Misuse of power can deprive nurse unit managers of their most important information sources and team member initiatives. In such powerful positions, nurse unit managers' attitudes to team members can extend to other subordinates around them.

There is one key skill relevant to nurse unit managers and leaders at all levels in the practice of their roles. This is the ability to influence subordinates positively in such a way that they follow and act willingly, as opposed to complying because of the authority factor. Nurses assigned to the position must manage in a professional way in order to contribute to patient safety in their respective units. Health care is a field of power with dominants (unit managers) and dominated agents (subordinates) [18]. Nurse unit managers in the position of domination tend to use dominant language. They are dominant in the hierarchy of the principles of hierarchization [19]. As dominants, nurse unit managers seek to impose the legitimacy of their domination practice, either through their own symbolic production or through, for example, conversation, communicative events, or writings.

Managers may see to everything themselves and can be suspicious. Based on the result of observation in my study, some dominant nurse unit managers do not waste time being supportive and often use mottos such as, "If

employees don't want to do the work, get rid of them, and find somebody else who does." For anyone observed wasting time or making mistakes, the dominants reprimand subordinates right on the spot to set an example. Some nurse unit managers use rude communication styles, blaming subordinates at times.

There are three kinds of power [15] that nurse unit managers exercise. Legitimate power comes from the position they hold. This refers also to agents' titles and job responsibilities, education, competence, popularity, and friendship. This power is also called positional power or position power. Too much position power entails risks and temptations to rely on it and neglect commitment. Coercive power refers to the ability of nurse unit managers in power positions to punish others and to make subordinates unsafe. When making a decision, an unsafe agent might say, "I have to hear from my chief before taking any action." Managers use aggressive and provocative communication styles, and subordinate nurses may fear the consequences of not doing what managers have asked of them. In such a position, the head leads to a dictatorial style of leadership, in other words, "I am the chief here; who told you to do this?". To control the power relationship, some nurse unit managers demand and expect subordinates to be loyal and honest. They use any forms of warning for conduct that threatens their power or position. They document everything.

Dominance is a victory of one side over another. Nurse unit managers tend to practice dominance over subordinates. However, dominance is not successful in the long term for building commitment, because the defeated side will wait for a chance to dominate. It is an automatic response to the use of dominant power when conflict surfaces. Often this behavior lies outside one's awareness. Dominant power is incompatible with the integration of multiple perspectives so critical to solving complex problems like those in health care today. It creates a win–lose environment and leads to the persistent creation of unacknowledged, uneven discussions where one side dominates the other and silences differences. This kind of power use is also called "the misuse of power" [20]. If misused, power manifests as dictatorial and bullying behavior. In a health care work environment, the chain of command typically includes subordinates who report to nurse unit managers. Some nurse unit managers misuse power as a means to promote their own interests rather than do what is best for the team. Managers can misuse power in different ways. Misuse includes public humiliation, physical attacks, frequent undermining of another's effort, disrespectful language, discriminatory comments, yelling or name calling, excluding or ignoring fellow employees, spreading insidious and untrue rumors, withholding or purposely giving wrong information, and intimidation. The misuse of power can hurt employee morale, lead to lower productivity, cause high employee turnover and frequent absenteeism, cause stress-related illnesses, unsafe work environments, threaten patient safety, and harm the hospital unit's reputation.

Intimidation and flattery are also domination practices that nurse unit managers use. Cooperation and trust can be confused with the practice of flattery and intimidation. Intimidating communication and ineffective teamwork with nurse unit managers can compromise patient and subordinate safety. Intimidation is the style some nurse unit managers use to keep subordinates or potential competitors at bay, by reminding them who holds the power [21]. Intimidation is a verbal and nonverbal technique; an act of using threats to make someone timid or fearful of deterring. It is an act of inflicting physical and psychological harm on the person threatened. In such cases, subordinates cannot speak freely. A nurse unit manager might say, "I ask you to be loyal if you want to work here with us." Many decisions are autocratic, made without asking for subordinates' opinions or

suggestions. Subordinates do not have direct influence on decisions concerning them. Intimidation is the power to evoke extreme fear and horror in others. Some nurse unit managers use words as instruments of intimidation [1] to control the environment. Intimidation creates fear within an organization and arouses a need for self-protection among its employees.

5.7. The practice of collaboration and teamwork: "the use of carrot approach to get things done"

This is a win–win method wherein several associates perform nurse unit managers' practices. Each does a part, but all subordinate personnel contribute to the efficiency of the whole. Agents need each other for sake of the unit. Agents act in a friendly and supportive manner, showing concern for the needs and feelings of each other. They consult each other. Every single effort is valuable and important. The practice of collaboration involves relationships between stakeholders. This occurs when those parties interact with each other in relation to a common issue or problem domain. Each health care agent controls resources such as knowledge, expertise, constituency, and capital. On their own, they are unlikely to possess all the resources necessary to achieve their objectives and to plan effectively. Agents work together if they consider that the chances of realizing their goals and creating new opportunities in a problem domain are greater by performing jointly rather than acting alone. The questions often used include, "What can we do? Do you have any suggestions? Is it okay if we do this or that?" Agents listen to dissenting views without getting defensive, try to deal with concerns, and show mutual respect and appreciation for suggestions. There are synergistic gains from sharing resources that include risks and rewards. The practice of collaboration leads to the exchange of information, goals, and resources [22]. It is a dynamic process [23] that involves two or more health care professionals with complementary backgrounds and skills. They share common health goals and exercise concerted physical and mental efforts in assessing, planning, and evaluating patient care.

In a collaboration, nurse unit managers and their employees are more connected in their roles. They work closely together in operating health care activities. Managers encourage employees to contribute their viewpoints, and thus inspire them to action. Nurse unit managers cannot achieve practices for optimal patient safety outcomes and subordinate satisfaction in isolation or by misusing power. However, they can achieve such goals in collaboration [24]. Members perform the practice of collaboration more effectively when they are strongly committed to task objectives, when they have high levels of mutual trust, and when they develop cooperative relationships with people who can provide essential information and assistance [25, 26]. Employees and employers become loyal to each other and to the organization when the practice of collaboration relies on mutual trust and respect. This increases productivity, effectiveness, and quality care in the unit. To collaborate, nurse unit managers must demonstrate their openness, practice active listening, and be ready to change their own views and attitudes. Working in collaboration implies assertiveness. Collaboration depends on assistance, trust, and having strong listening skills that help team members perform better. They show trust in support of others when they speak, along with understanding better the ideas they share. Collaboration improves team chemistry and makes people feel safe. The practice of collaboration involves giving time and attention, recognition, motivation, and the ability to share ideas. While listening to the ideas of other team members, knowledgeable team members will often use their skills of persuasion to convince others to go along with their suggestions. Collaborators often use different approaches to come to agreements. However, in certain situations,

the team member with the best experience in a given situation needs to step up and sell that experience and point of view to bring about the best solution.

Accountability is an important factor in the practice of collaboration between nurse unit managers and subordinates. It helps teams complete duties in a timely fashion. Agents on the team understand each other, and this is the way to understand the health care business. Along with being accountable for task completion, the skill of accountability means that nurse unit managers acknowledge and take responsibility for mistakes. Effective collaboration includes positive communication practices, planning, scheduling, and the pursuit of common goals and objectives [27, 28].

6. Conclusion

The practices of nurse unit managers derive from using power or collaboration or both. Both are important when those responsible understand what they must do and how to do it for the success of the unit. Nurse unit managers are agents in dominant positions, holding power and exercising control over others. The nurse unit managers in positions of responsibility must use influence, not authority. Partnership and cooperation help build intrinsic motivation. Nurse unit managers should manage employees as if they were volunteers. It is important for all managers to stop demotivating colleagues. The practice of manipulation destroys relationships with employees who are willing to be loyal, to be creative, and to learn. The practice of collaboration contributes positively to put people first and to help people feel safe. By working in a fair, collaborative, and productive work environment, nurse unit managers can reduce the misuse of power and feelings of insecurity in the workplace. They can also contribute to employee satisfaction. In this evolving world, it is important to practice collaboration over power. Good use of power energizes the team. The use of goodwill power when task conflicts arise can lead to better resolutions than the use of formal power. Nurse unit managers who rely too much on their positions and practice domination often devalue people; they place rights over responsibilities. Power helps to get things done, but collaboration contributes much more to the success of the team. Collaboration is the essence of human existence.

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