The Effective Health Care Supervisor

NINTH EDITION

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Preface

In preparing each edition of this book it has been the practice to seriously consider user comments and suggestions that have been received and to solicit additional direction from the publisher. This ninth edition was approached in like manner; every effort was made to make it more useful to students who employ it as a text and to working individuals who might use it for continuing education purposes or for guidance concerning supervisory practice.

Some of the topics presented in this book represent tried and true management fundamentals that have not changed in many years and are not likely to change significantly in the future, although important refinements are offered from time to time. However, while many of the fundamentals of supervisory practice remain unchanged, the *environment* in which these fundamentals are applied by the healthcare supervisor has been undergoing rapid and often complex change. Also, some of the circumstances under which the supervisor must work—more employees, less middle management, divided responsibilities, and such—continue to change. Thus much of what is different in this edition is due to the changes experienced in the environmental factors surrounding healthcare management.

In this edition considerably more is said about the Health Insurance Portability and Accountability Act (HIPAA), as HIPAA has been incorporated into aspects of healthcare organization management. Then there is the matter of the most volatile portion of the environment, healthcare "reform" and the Patient Protection and Affordable Care Act (PPACA) ("Obamacare") and whatever will follow from the efforts to repeal or replace this legislation.

Some choices concerning topic presentation were made based on user feedback. In this book's use as a text, for example, it is likely that no single course uses all the chapters, although each individual chapter is used in some courses. The most difficult choice faced with every chapter has always been the depth of topic coverage. Most chapter topics addressed in this volume could be, and in most instances are, the topics of entire books in their own right. But if every topic addressed herein were given in-depth treatment, the book would be impractically long and, more to the point, the book's intent—that of a comprehensive introduction and overview—would be defeated.

To a considerable extent, the book deals with the fundamentals of management as applied by those who supervise in healthcare organizations. Although management fundamentals remain essentially unchanged, matters of how, why, and when they are applied are affected by the changing circumstances of the healthcare environment. Changes affecting the delivery of health care make it necessary for managers at all levels to continually adapt to shifting circumstances as they apply the basic concepts of management.

In a manner similar to the previous edition, each chapter begins with a case study offered "For Consideration" while reading the chapter, to be addressed at a later point in the chapter after the information relevant to its assessment has been provided. As in the

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previous edition, "Questions for Review and Discussion" precede the single case or exercise that ends most chapters.

A number of changes have been made to clarify and, in some instances, expand on or update information presented in the previous edition. Every effort has been made to make the book more useful by making parts of its message clearer and easier to absorb and apply. Also, an effort has been made to maintain simplicity of language wherever possible, in the firm belief that information presented in a conversational tone is more readily absorbed.

A word about terminology is in order, specifically about the two terms used most frequently throughout this book. The terms in question are *supervisor* and *manager*. These terms have long generated widely varying perceptions among people who use them regularly, and even among people who simply encounter them in written material. The problems arise from the conflict of the essential generic meanings of these terms with their frequent uses as organizational titles.

Taken simply as words in the English language, *manager* and *supervisor* have essentially the same meaning. This can be verified in any dictionary, and every available thesaurus lists each as a synonym for the other. Both refer to overseeing the activities of others. Management may be simply but accurately described as "getting things done through people." Likewise, supervision may be described as "overseeing the activities of people in the performance of work." In both instances the process is the same: providing the people who are doing the work at the next lowest organizational level with the guidance, instruction, support, and assistance they need to get the job done. And in both instances, the higher-up—whether called manager or supervisor—bears responsibility for the output of the subordinates.

The greatest conflict in the varying perceptions of manager and supervisor is the tendency of many people, perhaps the majority, to believe that manager is a "higher" and thus better title than supervisor. This perception exists most likely because of the manner in which both terms are used as titles within work organizations, creating the basic conflict with their generic meanings. Much of the time this perception is accurate; manager, as an organizational title, is superior to supervisor in some hierarchies. On occasion, however, the situation is reversed. In some places, supervisor is used as superior to manager and various other position titles.

Because manager and supervisor have different meanings for different people and are subject to varying uses in different organizations, this volume attempts to establish consistency through the use of generic meanings. Therefore, throughout this book the terms supervisor and manager are used interchangeably, as are supervision and management. At times some qualifying terms may be used in denoting "top management" or perhaps "first-line management," "first-line supervision," or "middle management," but whether one says manager or supervisor, in all instances the reference is to the person who is responsible for the output of those at the next lowest organizational level.

A great deal of what appears in this book is applicable to all kinds of business organizations, but much of the material reflects the unique character of the healthcare organization. The book is intended to be read and used by first- and second-line supervisors and middle managers, those with or without formal training in management, and potential supervisors. It can also serve as a refresher text for managers at all levels of the healthcare organization. It is also pertinent to many upper-level managers—the people who supervise the supervisors of the supervisors—in terms of lending perspective to the top-down view of what happens at lower levels.

There is no absolute topic order for the material in this book. Although it is divided

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into a significant number of chapters by topic, it is really not possible to deal with any single topic to the total exclusion of all others. Each is implicitly or explicitly part of perhaps several other topics. Communication is a case in point; it is the primary topic of several chapters, yet the principles of effective communication make their presence felt in a dozen or more additional chapters.

Chapters can be read selectively, but it may be most helpful to begin with the first four chapters for the sake of obtaining an overall perspective. Then read those chapters on the topics that interest you, appeal to you, or touch on a problem you are experiencing. For instance, if the last meeting you attended was a disaster and you would like to learn about effective meetings, go straight to Chapter 20. Do not worry about skipping chapters that simply do not apply to your situation—just as long as you are certain they do not apply. For example, if you do not have budget responsibility at present, save Chapter 21 until later. Use your valuable reading time for the topics that will do you the most good on the job.

Supervision is often a tough task, and one of the conditions that make it so is the appalling lack of definite solutions to problems. If we were presenting technical task instructions, we could simply say, "Here's how to do it—how to make this, how to fix that, or whatever—period." However, the problems of supervision more often than not are problems of people, most of whom are unpredictably, but quite naturally, different from each other. When presented with a specific problem, your "correct" answer may be this, that, the other, or none of the above, depending on the people involved. The technical task worker may spend much time in a world of black and white, but the supervisor spends every day among varying shades of gray. Parts of this book are concerned with what are necessarily gray areas. The book can guide you in making many decisions; it cannot, however, prescribe solutions to "standard" problems, since few such problems exist in supervision.

Use this book for general enlightenment about healthcare supervision. Use it as a reference—seeking out specific topics through either the index or the Table of Contents. Use it as a textbook for management development classes.

Whatever value this book possesses lies largely in its potential as a working guide. Use it as your particular questions and needs suggest. If it helps you on the job in any substantial way, even only now and then, it will have served its intended purpose.

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About the Author

Charles R. McConnell is an independent healthcare management and human resources consultant and freelance writer specializing in business, management, and human resource topics. For 11 years, he was active as a management engineering consultant with the Management and Planning Services (MAPS) division of the Hospital Association of New York State (HANYS) and later spent 18 years as a hospital human resources manager. As an author, coauthor, and anthology editor, he has published a number of books and has contributed numerous articles to various publications. He is in his 37th year as editor of the quarterly academic and professional journal, *The Health Care Manager*.

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New in This Edition

All chapters have been provided with "Key Terms" following "Chapter Objectives" to highlight significant terms to be encountered in each chapter. Also, all chapters have been carefully screened for errors, and a number of language improvements have been made for the purpose of improving clarity of expression. A number of new "Cases" have been added so that there are now at least two end-of-chapter activities for the majority of chapters, and a few new "Questions for Review and Discussion" have been provided. Significant changes or additions include the following:

Chapter 2, "The Volatile Healthcare Environment." The increasing volatility of the environment has been addressed, and an update has been provided on the status of the Patient Protection and Affordable Care Act and the ever-shifting "healthcare reform" landscape.

Chapter 6, "Time Management: Expanding the Day Without Stretching the Clock," now has a section addressing various ways of keeping paperwork under control and a section concerned with the supervisors' responsibilities for respecting employees' time as well as efficiently using their own time.

Chapter 8, "Interviewing: Start Strong to Recruit Successfully." Information concerning bias against over-age-50 job seekers has been expanded. Also addressed are two current "hot-button" issues: the employment application "box" and attendant inquiries concerning criminal convictions, and the steadily expanding prohibition against requesting or demanding applicants' salary history (both of these issues arising from an increasing number of discrimination complaints).

Chapter 12, "Performance Appraisal: Cornerstone of Employee Development." Standards-based appraisal has been eliminated as not relevant for most rank-and-file employees; the information on performance standards and their sources has been expanded; and benchmarking has been added. The material on Constructive Appraisal has been revised, and there is a new passage that addresses the frequently encountered confusion arising with the definitions of "average" and "standard" performance.

Chapter 14, "The Problem Employee and Employee Problems," now includes a section about addressing the problems presented by cliques and other informal groups the supervisor may find it necessary to address.

Chapter 19, "Communication: Not by Spoken Words Alone," now includes a section addressing social media in the workplace, its effects on employee communication, and its various uses both legitimate and not-so-legitimate.

Chapter 21, "Budgeting and Cost Control," includes an expanded explanation of the implications of the "cash budget." The sizable "X-Ray Departmental Budget" example was replaced with a briefer discussion of the departmental budget. Information was provided concerning impending changes in the Fair Labor Standards Act that will affect the supervisor's control of overtime.

Chapter 25, "Reengineering and Reduction-in-Force" has been revised to include information on early retirement options, describing how a layoff can sometimes be minimized or avoided by offering an early retirement program.

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Chapter 27, "The Supervisor and the Law." The wage and hour law information was updated concerning possible changes presently under consideration; recurring problems in addressing employee status of "exempt" versus "nonexempt" were addressed; information about the recently amended Americans with Disabilities Act (ADA) and the Family and Medical Leave Act (FMLA) was updated; the recent expansion of the Employee Polygraph Protection Act (EPPA) was explained; a paragraph about the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) was added; and the material on sexual harassment was updated.

Chapter 28, "The Manager and HIPAA," was largely rewritten and significantly expanded (with the assistance of a working HIPAA expert) to reflect the status of HIPAA, now relatively settled following a lengthy period of implementation.

Chapter 30, "Unions: Avoiding Them When Possible and Living with Them When Necessary," was updated concerning the state of union activity nationwide and in health care, addressing the unions' increasing interest in service industries in general and healthcare organizations in particular.

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