Behind the Scenes as Administrative Supervisors: A Qualitative Exploration of Their Role and Impact on Nurse and Patient Safety

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#0662-000075
Objectives

**Objective 1:** Report a historical view of the Administrative Supervisor role.

**Objective 2:** Discuss the role responsibilities of the Administrative Supervisor in acute care hospitals.

**Objective 3:** Describe the Administrative Supervisor’s managerial practices and how these practices contribute to patient and nurse safety.
THANK YOU AONE Foundation

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When a hospital admits a patient, the hospital is charged with the responsibility of caring for the patient no less by night than by day. But does it?

Definition

The Administrative Supervisor is the nurse leader present on the evening, night, weekend and holiday shifts when the unit managers, directors, and hospital administrators are not in the hospital.
The administrative supervisor role has been around for more than 100 years.
The Literature: 1980 to present

1. Chronological account
2. Commentary
3. Case study
4. Descriptive off-shift nursing management
5. Pilot Study
The GAP

How the administrative supervisor makes a difference with nurse and patient safety.
Theoretical Framework – Nursing Organization and Outcomes Model

Qualitative Research Study – The Question

Focused Ethnography study

What are administrative supervisors’ descriptions of their
1) managerial practices; and
2) how do these practices contribute to nurse and patient safety.
Qualitative Research Study – The Method

1. **Focus Groups** with Staff Nurses at seven hospitals in New Jersey.

2. **Telephone Interviews** with 30 Administrative Supervisors from hospitals throughout the US.
## Demographics – Focus Group Hospitals

<table>
<thead>
<tr>
<th>Size of Hospital</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small (≤ 149 beds)</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td>Medium (150 - 499 beds)</td>
<td>3</td>
<td>43</td>
</tr>
<tr>
<td>Large (≥ 500 beds)</td>
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<td>43</td>
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### Teaching Status

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### Ownership

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### ANCC Designation

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<td>43</td>
</tr>
<tr>
<td>ANCC Pathway to Excellence</td>
<td>1</td>
<td>14</td>
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</table>
Interviews with Administrative Supervisors
Lake Mohawk, Sparta, New Jersey
### Demographics – Administrative Supervisor Hospitals

<table>
<thead>
<tr>
<th>Size of Hospital n=30</th>
<th>n</th>
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</thead>
<tbody>
<tr>
<td>Small (&lt; 149 beds)</td>
<td>7</td>
<td>23</td>
</tr>
<tr>
<td>Medium (150 - 499 beds)</td>
<td>12</td>
<td>40</td>
</tr>
<tr>
<td>Large (≥ 500 beds)</td>
<td>11</td>
<td>37</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teaching Status</th>
<th>n</th>
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<td>Non Teaching</td>
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<td>23</td>
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<table>
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<tr>
<th>Ownership</th>
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<tbody>
<tr>
<td>Non-profit</td>
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<th>%</th>
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<tbody>
<tr>
<td>ANCC Magnet</td>
<td>11</td>
<td>37</td>
</tr>
<tr>
<td>ANCC Pathway to Excellence</td>
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<td>10</td>
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</tbody>
</table>
## Demographics – Administrative Supervisors and Staff Nurses

<table>
<thead>
<tr>
<th></th>
<th>Supervisors Mean (SD)</th>
<th>Staff Nurses Mean (SD)</th>
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</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>49.6 (11)</td>
<td>41.9 (11.4)</td>
</tr>
<tr>
<td>Years as RN</td>
<td>23 (13)</td>
<td>13.97 (11.3)</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>3 (10)</td>
<td>4 (10)</td>
</tr>
<tr>
<td>Highest Nursing Degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diploma or Associate Degree</td>
<td>9 (30)</td>
<td>7 (19)</td>
</tr>
<tr>
<td>Baccalaureate</td>
<td>13 (43)</td>
<td>29 (76)</td>
</tr>
<tr>
<td>National Nursing Certification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>11 (37)</td>
<td>12 (31)</td>
</tr>
<tr>
<td>Job Titles of Administrative Supervisors</td>
<td>Number of Administrative Supervisors with the Job Title</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>House Supervisor</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Administrative Supervisor</td>
<td>3</td>
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</tr>
<tr>
<td>Administrative Coordinator</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>House Manager</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Nurse Administrator</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Nursing Supervisor</td>
<td>2</td>
<td></td>
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</tbody>
</table>
FINDINGS

OVERALL THEME: Shift Leader – With the goal - Do “Everything” to get patients, staff and hospital safely through the shift
OVERALL THEME: Shift Leader

You are the leader during the evening and off-shift. You represent the hospital. (Adm4).

She is higher up in the hierarchy. So people have more respect for her. You may tell a patient or a co-worker something and they don’t take it seriously. But when it comes from the supervisor it has different impact. (StaffA)
Different Management Structure

**DAY**
- CNO
- Directors
- Unit Managers
- Charge Nurses
- Nursing Staff

**NIGHT**
- Administrative Supervisor
- Charge Nurses
- Nursing Staff
DISCONNECT with the daytime nursing leadership team

- Mainly communicate by email
- Unable to attend management meetings
- Monday morning quarterbacking
Overview of FINDINGS

GOAL
Do “everything” to get patients, staff and hospital safely through the shift

Shift Leader

Role Responsibilities
- Staffing
- Patient Flow
- Crisis Management
- Hospital Representative

Make it Work
- Establishing trust
- Doing Rounds
- Educating
- Providing Support

Outcomes
- Nurse Safety
- Patient Safety
Role Responsibilities

1. Staffing
2. Patient Flow
3. Crisis Management
4. Hospital Representative
Role Responsibilities

1. Staffing

- Calling in on-call staff
- Adjusting staffing during the shift
- Staffing for next shift
- Obtaining staff “Cover sick calls”
- Following union rules
- Assigning float staff
Role Responsibilities

2. Patient Flow
   ✓ Admissions from emergency department
   ✓ Direct admissions
   ✓ Code emergencies
   ✓ Transfers
Role Responsibilities

3. Crisis Management
   ✓ Building emergencies
   ✓ Weather emergencies
   ✓ Patient Emergencies
Role Responsibilities

4. Hospital Representative

- Patient and family concerns
- Physician issues
- Legal issues
- Media questions
- Employee work related injuries
Overview of FINDINGS

- **Shift Leader**
  - Goal: Do “everything” to get patients, staff and hospital safely through the shift

- **Role Responsibilities**
  - Staffing
  - Patient Flow
  - Crisis Management
  - Hospital Representative

- **Make it Work**
  - Establishing trust
  - Doing Rounds
  - Educating
  - Providing Support

- **Outcomes**
  - Nurse Safety
  - Patient Safety
“Make it Work”

- Establishing Trust
- Doing Rounds
- Providing Support
- Educating
“Make it Work”- Establishing Trust

- Building Relationships
- Being Approachable

I spend a lot of time building trust. Not only just with the nurses, with all the ancillary staff too because they’re a very important asset to you and a lot of times your relationships with people like housekeeping become critical. If I can walk up to a housekeeper and tell her I need you to stat clean this room because I got a kid coming in five minutes and know that they’re gonna bust bones to get in there and do that, that’s very rewarding to have the reputation that you’re truly a team player. (Adm28)
"Make it Work" – Establishing Trust

- Demonstrate they have clinical expertise
- "Chit chat" with staff
- Show they care
“Make it Work” – Doing Rounds

- Presence
- Surveillance
“Make it Work” - Educating

- New equipment
- Answering policy and procedure questions
- Provide information
“Make it Work” – Providing Support

➢ Clinical Tasks – Procedures and Assessments

➢ Provide needed items – Equipment and Food
“Make it Work” – Providing Support

- Listening to staff
- Fostering Teamwork
Overview of FINDINGS

Shift Leader

GOAL
Do “everything” to get patients, staff and hospital safely through the shift

Role Responsibilities
- Staffing
- Patient Flow
- Crisis Management
- Hospital Representative

Make it Work
- Establishing trust
- Doing Rounds
- Educating
- Providing Support

Outcomes
- Nurse Safety
- Patient Safety
Outcomes – Safety Officer

➢ Nurse Safety
   Protecting the staff from Injury

➢ Patient Safety
Outcomes – Nurse Safety

Safety Advocates for ALL staff

- helping nurses with combative patients,
- reminding nurses to protect their backs and use the lift equipment,
- watching to make sure nurses are following standard precautions,
- ensuring the environment is hazard free
Outcomes – Patient Safety

For me a huge point to patient safety is recognizing having a patient in a bed isn’t always the best thing for that patient, if there’s not enough staff to really safely meet that patient’s needs...Again it’s just effective resources, appropriate placement of patients, stepping in when clinical situations deteriorate and help triage care. (Adm23)

- Staffing
- Patient Flow
- Crisis Management
Outcomes – Patient Safety

- Preventing Falls
- Doing Rounds
Conclusions

Disconnected from Nursing Leadership Team

Relationship-oriented leadership style

Off-shift Safety Officer

Role Responsibilities
- Staffing
- Patient Flow
- Crisis Management
- Hospital Representative

Make it Work
- Establishing trust
- Doing Rounds
- Educating
- Providing Support

Outcomes
- Nurse Safety
- Patient Safety

GOAL
Do “everything” to get patients, staff and hospital safely through the shift
Recommendations – Nurse Leaders

1. Team building
2. Shared decision making
3. Support real-time decisions of administrative supervisors
4. Leadership training
5. Drills/exercises for building and weather emergencies
Recommendations – Nurse Leader Organizations

1. Invite Administrative Supervisor membership
2. Workshops and webinars
3. Administrative supervisor competencies
Recommendations – Nurse Scientists

1. Where is Administrative Supervisor on Organizational chart?
2. Explore Managers, Directors and CNOs perspective of this role and the disconnect.
3. What is done during rounds?
4. Quantitative research
5. Instrument development
6. Relationship between trust and patient outcomes
Recommendations – Administrative Supervisors

1. Leadership Training
2. Education
3. Join professional organization
4. Attend Nursing Leadership meetings
THANK YOU - AONE

Dr. Teri Lindgren
Dr. Edna Cadmus
Dr. Linda Flynn
Dr. Charlotte Thomas-Hawkins

All Administrative Supervisors and Staff Nurses who participated in this research study

Colleagues at Saint Clare’s Health System
ADMINISTRATIVESUPERVISOR

Crisis Management
Role Responsibilities
Make It Work

Hospital Representative
Providing Support
Establishing Trust
Patient Flow
Educating
Shift Leader

Nightshift
Staffing
Doing Grounds
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