

Put out an A.P.B. (All Points Bulletin) on your D.O.N. (Director of Nursing)

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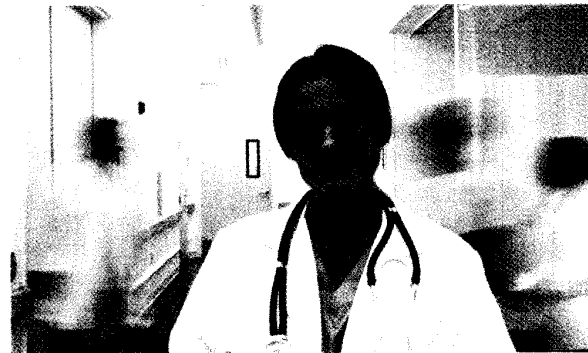
OKAY, THINK QUICK, AND NO fair asking the nurse next to you—who is your Director of Nursing (DON)? Do you know what he/she looks like? Do you even know if your DON is a woman or a man? When was the last time you saw your DON out on the floor, making rounds, or listening to report? If you answered, “I don’t know” to any of these questions, then it’s time to put an All Points Bulletin out on your DON.

When I consult for a hospital, I sometimes use these questions as a litmus test.

The response from the nursing staff provides me with a quick and dirty assessment of just how involved the nursing administration is with the day-to-day work and concerns of the nursing staff.

An involved and visible DON is often a sign of a hospital that is in-tune with its nurses. It shows management support for the nursing staff and sends a message that they are open and listening.

Are hospitals like this just a dream of nurses country-wide? Unfortunately, they tend to be the exception rather than the rule. However, I am pleased to report that a recent healthcare industry trade magazine (you know the kind I am talking about—the one that all the hospital bigwigs like to read and quote) devoted a substan-



tial portion of their May issue to the subject of nominating the Chief Nursing Officer (CNO)/Director of Nursing (DON) to a seat at the board room table. The article provided lots of statistics showing how hospitals that have begun integrating this model of nursing leadership are beginning to reap rewards in better nurse retention, satisfaction, and, ultimately, improved patient care. As my children are fond of saying, “Well that’s a no brainer.”

So, how do we nurses get our DONs to be more like this “new” model that is just now being discovered? Well it’s not easy, but it is doable

if the spirit is willing. In this article, I will strive to provide some tips, tools, and ideas that can help you formulate and then implement the plan to get your DON down from his/her ivory tower.

For the past several decades, hospital management has purposefully sought out DONs that may have their eye on the financial bottom-line. Problem is that these DONs are not always in touch with the nursing staff’s needs and problems. This leaves the staff feeling that, more often than not, the DON is more of an ally of hospital management than an advocate for nursing management.

It’s also not surprising that DONs are so low profile. Many are far removed from their days as a bedside nurse (if they ever were) and many have become accustomed to

a 9-to-5-work routine.

Nonetheless, to defend your DON in this behavior, most of the hospital's management heads for the door when five o'clock rolls around. And forget seeing management on the weekends. The exception to this is when the "officer of the day" is your DON and gets called in to handle an emergency. Once they take care of business, it is hasta la vista.

No wonder nurses, including head nurses and charge nurses, often feel as though management doesn't support them. Their actions speak loudly of that fact.

If you haven't already done so, get a copy of your hospital's organizational chart. This should be available through the Nursing Administration or Human Resources Office. Study it carefully and see where nursing falls in the organizational structure. Take note of how many intermediaries there are between you, the bedside nurse, and the DON.

The most common practice today is to have lots of layers. On the upside, this organizational structure was most likely put in place with the intention of providing command support to the nurses. But, it can also serve to isolate the DON from the frontline nurses – and that is, of course, a bad thing.

A managerially strong DON can use this type of chain of command very effectively to keep him/her in tune with the pulse of nursing in the hospital. Unfortunately, more often than not, the DON fails to use this structure optimally. Rather, as we have indicated, the DON becomes insulated from the day-to-day struggles of her/his bedside nurses.

When you've found

where nursing fits on the organizational chart, and once you assess that your DON is the detached-type—then you can try some of the following solutions to find, to engage, and mobilize your DON.

Using your chain of command, make a request for monthly, "state of nursing" meetings. These meetings should not be confused with the regularly scheduled staff meetings that are held at the unit level. The "state of nursing" meetings are organized by the DON, held hospital-wide, and usually spread out over the day to allow all three shifts the opportunity

to participate.

Once upon a time, when I was Director of Nursing, I used to hold such meetings at least once a month. They were structured to provide a forum where I could disperse key critical information to the entire nursing body. But more importantly, the meetings allowed me to hear from the nursing staff and keep my finger on the pulse of their concerns. I always made sure these meetings contained useful information so nurses could enhance their skills (often offering continuing education units). Another benefit was the opportunity for nurses to mingle across unit and specialty lines.

Be involved in as many hospital-based meetings where your DON is present as you can. I know this can be a challenge, because we

all have (or want to have) a life outside nursing. But, there is no better way to engage your DON than to chat her up prior to the meeting or at the end of the meeting.

When you do this be sure not to be confrontational. Be relaxed and introduce yourself. Tell her your name, unit, and specialty. Thank her for coming. Encourage all your nursing peers attending these meetings to do the same. Better yet, encourage your peers to attend all the meetings that they can squeeze into their busy schedules. Then, after you've "run into" your DON

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at a few of these hospital gatherings, take the next step and invite her to come down and visit your unit when you are on shift. The DON may not take you up on this offer, but then again, who knows? When the DON does show up, be sure to acknowledge and thank him/her for coming.

I know what many of you are thinking. Isn't it the DON's job to do this? Yes it is, and if it isn't, it should be! However, most DON's today have been taught to be somewhat hands-off. What you are going to do through a technique called intermittent reinforcement is "retrain" that DON.

In 100 words or less, intermittent reinforcement is precisely what it sounds like: to reinforce a behavior or action intermittently. By doing the reinforcement

only at intervals, you are more likely to achieve success without having to drive yourself crazy by putting in a steady Herculean effort. Also, the person being "reinforced" does not grow immune to the reinforcement.

Realistically, you won't be able to change the organizational structure. However, by nurses being more "visible" to the DON, you'll be on her radar. The DON is more likely to hear your voices and seek you out when she needs input from the floor nurses on policies that will have an impact on nursing at the hospital.

Remember, if you already have an absentee DON, then the steps recommended in this article may have a very small impact. However with each small step you can rack up larger, cumulative changes over time.

If you already have an involved DON, then these steps will serve to reinforce her involvement with the floor nurses so she can be an even more effective nurse advocate. **WN**

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