

**Leadership Roles and Management Functions in Nursing 11th
Edition PDF**

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LEADERSHIP Roles and **MANAGEMENT** Functions in **NURSING**

Eleventh
Edition


Theory and Application

Carol J. Huston



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and **MANAGEMENT**
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We strive to better address the unique perspectives, complex challenges, and lived experiences of diverse populations traditionally underrepresented in health literature. When describing or referencing populations discussed in research studies, we will adhere to the identities presented in those studies to maintain fidelity to the evidence presented by the study investigators. We follow best practices of language set forth by the *Publication Manual of the American Psychological Association, Seventh edition*, but acknowledge that language evolves rapidly, and we will update the language used in future editions of this book as necessary.

I dedicate this book to my newest grandson, Mason.

You are such a wonderful addition to our lives,
and we love you so very much!

Carol J. Huston

Legacy of Leadership Roles and Management Functions in Nursing

This book's philosophy evolved over 40 years of teaching leadership and management. Bessie Marquis (co-author on earlier editions) and I entered academe from the acute care sector of the health care industry, where we held nursing management positions. In our first effort as authors, *Management Decision Making for Nurses: 101 Case Studies*, published in 1987, we used an experiential approach and emphasized management functions appropriate for first- and middle-level managers. The primary audience for this text was undergraduate nursing students.

Our second book, *Retention and Productivity Strategies for Nurse Managers*, focused on leadership skills necessary for managers to decrease attrition and increase productivity. This book was directed at nurse-managers rather than students. The experience of completing research for the second book, coupled with our clinical observations, compelled us to incorporate more leadership content in our teaching and to write this book.

Leadership Roles and Management Functions in Nursing was also influenced by national events in business and finance that led many to believe that a lack of leadership in management was widespread. It became apparent that if managers were to function effectively in the rapidly changing health care industry, enhanced leadership and management skills were needed.

What we attempted to do, then, was to combine these two very necessary elements: leadership and management. We did not see leadership as merely one role of management or management as only one role of leadership. We viewed the two as equally important and necessarily integrated. We attempted to show this interdependence by defining the leadership components and management functions inherent in all phases of the management process. Undoubtedly, a few readers have found fault with our divisions of management functions and leadership roles; however, we felt it necessary to first artificially separate the two components for readers and then to integrate the roles and functions. We do believe strongly that adoption of this integrated role is critical for success in management.

The second concept that shaped this book was our commitment to developing critical thinking skills with the use of experiential learning exercises. We proposed that integrating leadership and management could be accomplished using learning exercises. Far too much academic instruction continues to be conducted in a teacher-lecturer–student-listener format, which is one of the least effective teaching strategies. Few individuals learn best using this style. Instead, most people learn best by methods that utilize concrete, experiential, self-initiated, and real-world learning experiences.

In nursing, theoretical teaching is almost always accompanied by concurrent clinical practice that allows concrete and real-world learning experience. However, the exploration of leadership and management theory may have only limited practicum experience, so learners may have little first-hand opportunity to observe middle- and top-level managers in nursing practice. As a result, novice managers frequently have limited opportunities to practice their skills before assuming their first management position, and their decision making too often reflects trial-and-error methodologies. For us, there was little question that vicarious learning, or learning through mock experience, provided students the opportunity to make significant leadership and management decisions in a safe environment and to learn from the decisions they make.

As a result, we moved away from the lecturer–listener format in our classes, and began using a more Socratic approach, case study debate, and small and large group problem solving instead. Our students, once resistant to the experiential approach, became enthusiastic supporters. We also found this enthusiasm for experiential learning apparent in workshops and seminars for registered nurses. Experiential learning enables management and leadership theory to be fun and exciting, but most importantly, it facilitates retention of didactic material. The research we completed on this teaching approach supports these findings.

Although many leadership and management texts are available, this book meets the need for an emphasis on both leadership and management content and the use of an experiential approach for learning. Included are 279 learning exercises, representing various health care settings and a wide variety of learning modes, to give readers many opportunities to apply theory, resulting in internalized learning. In Chapter 1, guidelines are provided for using the experiential learning exercises and readers are encouraged to use them to supplement the text.

New to This Edition

The first edition of *Leadership Roles and Management Functions in Nursing* presented the symbiotic elements of leadership and management, with an emphasis on problem solving and critical thinking. This 11th edition maintains this precedent with a balanced presentation of a strong theory component along with a variety of real-world scenarios in the experiential learning exercises. This edition also maintains the dual focus of leadership and management.

Content, however, has been added, deleted, and updated in this edition. This edition replaces the American Association of Colleges of Nursing (AACN) *Essentials of Baccalaureate Education and Master's Education* in chapter crosswalks with the AACN *Essentials: Core Competencies for Professional Nursing Education* (2021). In addition, the American Nurses Association (ANA) *Scope and Standards of Practice* have been updated in the crosswalks to reflect the new *Standards of Practice* and *Standards of Professional Performance* released in 2021.

In addition, there is new content on appreciative leadership and appreciative inquiry, supply chain management, academic integrity as an ethical issue, health care reform, ransomware attacks on health care organizations, workplace violence, and drug diversion/reentry to work as part of substance use disorder in nursing. The impact of the COVID-19 pandemic also permeates this new edition including the need for transformative thinking and action, dynamic priority setting, and advocacy for patient and worker safety, as well as the unprecedented fiscal challenges leader-managers faced while determining how to most appropriately (and ethically) allocate physical and human resources in a time of significant human and physical resource shortages.

In addition, new learning exercises have been added that take place in outpatient/community settings and other new learning exercises reinforce the need for a permeation of social justice, diversity, inclusion, and equity in the workplace. Learning exercises have also been added to address some of the new leadership and management challenges experienced as part of the COVID-19 pandemic. Quality and safety, interprofessional collaboration/team building, technology in health care, the promotion of healthy workplaces and civility, and change management continue to be emphasized.

This edition then retains the strengths of earlier editions, reflecting content and application exercises appropriate to the issues faced by nurse leader-managers as they practice in an era increasingly characterized by limited resources and emerging technologies. The 11th edition also includes a continued focus to include current research and theory to ensure accuracy of the didactic material.

Finally, Bessie Marquis is no longer listed as a co-author of this textbook. Bessie retired from book authorship several editions ago; however, her contributions to the content in this

book and to me personally, as a mentor and colleague, will forever be appreciated. Thank you, Bessie.

The Text

Unit I provides a foundation for the decision-making, problem-solving, and critical-thinking skills as well as management and leadership skills needed to address the management–leadership problems presented in the text.

Unit II covers ethics, legal concepts, and advocacy, which we see as core components of leadership and management decision making.

Units III to VII are organized using the management processes of planning, organizing, staffing, directing, and controlling.

Features of the Text

The 11th edition contains many pedagogical features designed to benefit both the student and the instructor:

- **Examining the Evidence**, appearing in each chapter, depicts new research findings, evidence-based practice, and best practices in leadership and management.
- **Learning Exercises** interspersed throughout each chapter foster readers' critical-thinking skills and promote interactive discussions. Additional learning exercises are also presented at the end of each chapter for further study and discussion.
- **Breakout Comments** are highlighted throughout each chapter, visually reinforcing key ideas.
- **Tables, Displays, Figures, and Illustrations** are supplied liberally throughout the text to reinforce learning as well as to help clarify complex information.
- **Key Concepts** summarize important information within every chapter.

The Crosswalk

A crosswalk is a table that shows elements from different databases or criteria that interface. New to the eighth edition was a chapter crosswalk of content based on the AACN *Essentials of Baccalaureate Education for Professional Nursing Practice* (2008), the AACN *Essentials of Master's Education in Nursing* (2011), the American Organization for Nursing Leadership (AONL) (formerly American Organization of Nurse Executives [AONE]) *Nurse Executive Competencies* (updated September 2015), and the QSEN Institute *Competencies* (2020). For the ninth edition, the revised Standards for Professional Performance from the ANA *Nursing: Scope and Standards of Practice* (2015) were included. This edition replaces the AACN *Essentials of Baccalaureate Education and Master's Education* with the AACN *Essentials: Core Competencies for Professional Nursing Education* (2021) and updates the ANA *Nursing Scope and Standards of Practice* to reflect the fourth edition published in 2021.

Each chapter in the book notes how content in that chapter draws from or contributes to content identified as essential for baccalaureate and graduate education, for practice as a nurse administrator, and for safety and quality in clinical practice.

Without doubt, some readers will disagree with the author's determinations of which Essential, Competency, or Standard has been addressed in each chapter, and certainly, an argument could be made that most chapters address many, if not all, of the Essentials, Competencies, or Standards in some way. The crosswalks in this book then are intended to note the primary content focus in each chapter, although additional Essentials, Competencies, or Standards may well be a part of the learning experience.

The American Association of Colleges of Nursing: *The Essentials: Core Competencies for Professional Nursing Education*

The Essentials: Core Competencies for Professional Nursing Education was released in 2021 and identified 10 domains that represent the essence of professional nursing practice and the expected competencies for each domain. Domains are broad distinguishable areas of competence that, when considered in the aggregate, contribute to a descriptive framework for the practice of nursing (AACN, 2021). While the domains and competencies are identical for both entry and advanced levels of nursing education, the sub-competencies build from entry into professional nursing practice to advanced levels of knowledge and practice. The new Essentials also feature eight concepts that are central to professional nursing practice and are integrated within and across the domains and competencies. The 10 domains are noted in Table 1.

TABLE 1 AMERICAN ASSOCIATION OF COLLEGES OF NURSING—THE ESSENTIALS: CORE COMPETENCIES FOR PROFESSIONAL NURSING EDUCATION

<p>Domain 1: Knowledge for Nursing Practice</p> <ul style="list-style-type: none"> Integration, translation, and application of established and evolving disciplinary knowledge and ways of knowing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences.
<p>Domain 2: Person-Centered Care</p> <ul style="list-style-type: none"> Focuses on the individual within multiple complicated contexts, including family and/or important others. Directs care to be holistic, individualized, just, respectful, compassionate, coordinated, evidence based, and developmentally appropriate.
<p>Domain 3: Population Health</p> <ul style="list-style-type: none"> Spans the health care delivery continuum from public health prevention to disease management of populations and describes collaborative activities with both traditional and nontraditional partnerships for the improvement of equitable population health outcomes.
<p>Domain 4: Scholarship for Nursing Practice</p> <ul style="list-style-type: none"> The generation, synthesis, translation, application, and dissemination of nursing knowledge to improve health and transform nursing care.
<p>Domain 5: Quality and Safety</p> <ul style="list-style-type: none"> Employment of established and emerging principles of safety and improvement science. As core values of nursing practice, enhance quality and minimize risk of harm to patients and providers through both system effectiveness and individual performance.
<p>Domain 6: Interprofessional Partnerships</p> <ul style="list-style-type: none"> Intentional collaboration across professions and with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the health care experience, and strengthen outcomes.
<p>Domain 7: Systems-Based Practice</p> <ul style="list-style-type: none"> Responding to and leading within complex systems of health care. Coordinating resources to provide safe, quality, and equitable care to diverse populations.
<p>Domain 8: Information and Health Care Technologies</p> <ul style="list-style-type: none"> Information and communication technologies and informatics processes are used to provide care, gather data, form information to drive decision making, and support professionals as they expand knowledge and wisdom for practice. Informatics processes and technologies are used to manage and improve the delivery of safe, high-quality, and efficient health care services in accordance with best practice and professional and regulatory standards.
<p>Domain 9: Professionalism</p> <ul style="list-style-type: none"> Formation and cultivation of a sustainable professional nursing identity, accountability, perspective, collaborative disposition, and comportment that reflects nursing's characteristics and values.
<p>Domain 10: Personal, Professional, and Leadership Development</p> <ul style="list-style-type: none"> Participation in activities and self-reflection that foster personal health, resilience, well-being, lifelong learning, and support the acquisition of nursing expertise and assertion of leadership.

Source: American Association of Colleges of Nursing. (2021). *The essentials: Core competencies for professional nursing education*. <https://www.aacnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf>

TABLE 2 AMERICAN ORGANIZATION FOR NURSING LEADERSHIP NURSE EXECUTIVE COMPETENCIES

1. Communication and relationship building	<ul style="list-style-type: none"> Communication and relationship building includes effective communication, relationship management, influencing behaviors, diversity, community involvement, medical/staff relationships, and academic relationships.
2. Knowledge of the health care environment	<ul style="list-style-type: none"> Knowledge of the health care environment includes clinical practice knowledge, delivery models and work design, health care economics and policy, governance, evidence-based practice/outcome measurement and research, patient safety, performance improvement/metrics, and risk management.
3. Leadership	<ul style="list-style-type: none"> Leadership skills include foundational thinking skills, personal journey disciplines, systems thinking, succession planning, and change management.
4. Professionalism	<ul style="list-style-type: none"> Professionalism includes personal and professional accountability, career planning, ethics, and advocacy.
5. Business skills	<ul style="list-style-type: none"> Business skills include financial management, human resource management, strategic management, and information management and technology.

The American Organization for Nursing Leadership Nurse Executive Competencies

In 2004 (updated in 2015), the AONL (formerly AONE) published a paper describing skills common to nurses in executive practice regardless of their educational level or titles in different organizations. Although these *Nurse Executive Competencies* differ depending on the leader's specific position in the organization, the AONL suggested that managers at all levels must be competent in the five areas noted in Table 2 (AONL, AONE, 2015). These competencies suggest that nursing leadership/management is as much a specialty as any other clinical nursing specialty, and as such, it requires proficiency and competent practice specific to the executive role.

The American Nurses Association Standards of Professional Performance

In 2021, the fourth edition of *Nursing: Scope and Standards of Practice* was published. This edition included 6 standards of practice and 18 standards of professional performance. Collectively, they represented the *Standards of Professional Nursing Practice* that all registered nurses, regardless of role, population, specialty, and setting, are expected to perform competently. Because the *Standards of Practice* describe a competent level of nursing practice demonstrated by the nursing process and thus cross all aspects of nursing care, only the *Standards of Professional Performance* have been included in the crosswalk of this book (Table 3). The *Standards of Professional Performance* describe a competent level of behavior in the professional role, including activities related to ethics, advocacy, respectful and equitable practice, communication, collaboration, leadership, education, scholarly inquiry, quality of practice, professional practice evaluation, resource stewardship, and environmental health.

The Quality and Safety Education for Nurses Competencies

Using the Institute of Medicine (2003) competencies for nursing, the QSEN Institute (2020) defined six prelicensure and graduate quality and safety competencies for nursing (Table 4) and proposed targets for the knowledge, skills, and attitudes to be developed in nursing programs for each of these competencies. Led by a national advisory board and distinguished faculty, the QSEN Institute pursues strategies to develop effective teaching approaches to assure that future graduates develop competencies in patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics.

TABLE 3 AMERICAN NURSES ASSOCIATION NURSING ADMINISTRATION STANDARDS OF PROFESSIONAL PERFORMANCE

<p>Standard 7. Ethics</p> <ul style="list-style-type: none"> • The registered nurse integrates ethics in all aspects of practice.
<p>Standard 8. Advocacy</p> <ul style="list-style-type: none"> • The registered nurse demonstrates advocacy in all roles and settings.
<p>Standard 9. Respectful and Equitable Practice</p> <ul style="list-style-type: none"> • The registered nurse practices with cultural humility and inclusiveness.
<p>Standard 10. Communication</p> <ul style="list-style-type: none"> • The registered nurse communicates effectively in all areas of professional practice.
<p>Standard 11. Collaboration</p> <ul style="list-style-type: none"> • The registered nurse collaborates with the health care consumers and other key stakeholders.
<p>Standard 12. Leadership</p> <ul style="list-style-type: none"> • The registered nurse leads within the profession and practice settings.
<p>Standard 13. Education</p> <ul style="list-style-type: none"> • The registered nurse seeks knowledge and competence that reflects current nursing practice and promotes futuristic thinking.
<p>Standard 14. Scholarly Inquiry</p> <ul style="list-style-type: none"> • The registered nurse integrates scholarship, evidence, and research findings into practice.
<p>Standard 15. Quality of Practice</p> <ul style="list-style-type: none"> • The registered nurse contributes to quality nursing practice.
<p>Standard 16. Professional Practice Evaluation</p> <ul style="list-style-type: none"> • The registered nurse evaluates one's own and others' nursing practice.
<p>Standard 17. Resource Stewardship</p> <ul style="list-style-type: none"> • The registered nurse utilizes appropriate resources to plan, provide, and sustain evidence-based nursing services that are safe, effective, financially responsible, and use judiciously.
<p>Standard 18. Environmental Health</p> <ul style="list-style-type: none"> • The registered nurse practices in a manner that advances environmental safety and health.

Source: American Nurses Association (2021). *Nursing: Scope and standards of practice* (4th ed.).

TABLE 4 QUALITY AND SAFETY EDUCATION FOR NURSES COMPETENCIES

<p>Patient-centered care</p> <ul style="list-style-type: none"> • Definition: Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs.
<p>Teamwork and collaboration</p> <ul style="list-style-type: none"> • Definition: Function effectively within nursing and interprofessional teams, fostering open communication, mutual respect, and shared decision making to achieve quality patient care.
<p>Evidence-based practice</p> <ul style="list-style-type: none"> • Definition: Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.
<p>Quality improvement</p> <ul style="list-style-type: none"> • Definition: Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems.
<p>Safety</p> <ul style="list-style-type: none"> • Definition: Minimize the risk of harm to patients and providers through both system effectiveness and individual performance.
<p>Informatics</p> <ul style="list-style-type: none"> • Definition: Use information and technology to communicate, manage knowledge, mitigate error, and support decision making.

Source: QSEN Institute. (2020). *Competencies*. <http://qsen.org/competencies/>

Student and Faculty Resources Available

Leadership Roles and Management Functions in Nursing, 11th edition, has ancillary resources designed with both students and instructors in mind.

Student Resources Available

- **Glossary**—The glossary contains definitions of important terms in the text.
- **Journal Articles**—Twenty-five full articles from Wolters Kluwer journals are provided for additional learning opportunities.
- **Learning Objectives** from the textbook are available in Microsoft Word for your convenience.

Instructor's Resources Available

- **Competency Maps** pull together the mapping provided in the crosswalk feature for each chapter, showing how the book content integrates key competencies for practice.
- An **Image Bank** lets you use the photographs and illustrations from this textbook in your PowerPoint slides or as you see fit in your course.
- An **Instructor's Guide** includes information on experiential learning and guidelines on how to use the text for various types of learners and in different settings as well as information on how to use the various types of Learning Exercises included in the text.
- **PowerPoint Presentations** provide an easy way for you to integrate the textbook with your students' classroom experience, either via slide shows or handouts. Audience response questions are integrated into the presentations to promote class participation and allow you to use iClicker technology.
- **Sample Syllabi** provide guidance for structuring your leadership and management course and are provided for two different course lengths: 8 and 15 weeks.
- **Strategies for Effective Teaching** offer creative approaches for engaging students.
- A **Test Generator** lets you put together exclusive new tests from a bank containing 750 questions to help you in assessing your students' understanding of the material. Test questions link to chapter learning objectives.
- Access to all student resources.

Comprehensive, Integrated Digital Learning Solutions

We are delighted to offer an expanded suite of digital solutions to support instructors and students using *Leadership Roles and Management Functions in Nursing*, 11th edition. This textbook is embedded into Lippincott CoursePoint, an integrated digital learning solution that builds on the features of the text with proven instructional design strategies.

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CoursePoint

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 - **Video Cases** help students anticipate what to expect as a nurse, with detailed scenarios that capture their attention and integrate clinical knowledge with leadership and management concepts that are critical to real-world nursing practice. By watching the videos and completing related activities, students will flex their problem-solving, prioritizing, analyzing, and application skills to aid both in NCLEX preparation and in preparation for practice.



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- **Data to measure students' progress:** Student performance data provided in an intuitive display lets instructors quickly assess whether students have viewed interactive modules and video cases outside of class as well as see students' performance on related NCLEX-style quizzes, ensuring students are coming to the classroom ready and prepared to learn.

To learn more about Lippincott CoursePoint, please visit: <http://www.nursingeducation-success.com/coursepoint>

Closing Note

It is my hope and expectation that the content, style, and organization of this 11th edition of *Leadership Roles and Management Functions in Nursing* will be helpful to those students who want to become skillful, powerful, visionary leaders and managers.

Carol J. Huston, RN, MSN, DPA, FAAN

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UNIT I

**The Critical Triad:
Decision Making,
Management,
and Leadership**

Decision Making, Problem Solving, Critical Thinking, and Clinical Reasoning: Requisites for Successful Leadership and Management

... again and again, the impossible problem is solved when we see that the problem is only a tough decision waiting to be made.—Robert H. Schuller

... in any moment of decision, the best thing you can do is the right thing, the next best thing is the wrong thing, and the worst thing you can do is nothing.—Theodore Roosevelt

... If we start with the attitude that different viewpoints are additive rather than competitive, we become more effective because our ideas or decisions are honed and tempered by that discourse.—Edwin Catmull, President of Pixar and Walt Disney Animation Studios

CROSSWALK

This chapter addresses:

- **AACN Essentials Domain 1:** Knowledge for nursing practice
- **AACN Essentials Domain 4:** Scholarship for nursing practice
- **AACN Essentials Domain 5:** Quality and safety
- **AACN Essentials Domain 7:** Systems-based practice
- **AACN Essentials Domain 8:** Information and health care technologies
- **AACN Essentials Domain 10:** Personal, professional, and leadership development
- **AONL Nurse Executive Competency 1:** Communication and relationship building
- **AONL Nurse Executive Competency 3:** Leadership
- **ANA Standard of Professional Performance 13:** Education
- **ANA Standard of Professional Performance 14:** Scholarly inquiry
- **QSEN Competency:** Informatics
- **QSEN Competency:** Evidence-based practice

LEARNING OBJECTIVES

The learner will:

- differentiate between problem solving, decision making, critical thinking, clinical reasoning, and elastic thinking
- describe how case studies, simulation, and problem-based learning can be used to improve the quality of decision making
- explore strengths and limitations of using intuition and heuristics as adjuncts to problem solving and decision making
- identify characteristics of successful decision makers



- use a *PICO* (patient or population, intervention, comparison, and outcome) format to search for current best evidence or practices to address a problem
- identify strategies the new nurse might use to promote evidence-based practice
- select appropriate models for decision making in specific situations
- describe the importance of individual variations in the decision-making process
- identify critical elements of decision making
- identify strategies that help decrease individual subjectivity and increase objectivity in decision making
- explore personal propensity for risk taking in decision making
- discuss the effect of organizational power and values on individual decision making
- differentiate between the economic man and the administrative man in decision making
- select appropriate management decision-making tools that would be helpful in making specific decisions

Introduction

Decision making is often thought to be synonymous with management and is one of the criteria on which management expertise is judged. Much of any manager's time is spent critically examining issues, solving problems, and making decisions. The quality of the decisions they make is a factor that often weighs heavily in their success or failure.

Decision making, then, is both an innermost leadership activity and the core of management. This chapter explores the primary requisites for successful management and leadership: decision making, problem solving, and critical thinking. Also, because decision making, problem solving, and critical thinking are learned skills that improve with practice and consistency, an introduction to established tools, techniques, and strategies for effective decision making is included. This chapter also introduces the learning exercise as an approach for vicariously gaining skill in management and leadership decision making. Finally, evidence-based decision making is introduced as an imperative for both personal and professional problem solving.

Decision Making, Problem Solving, Critical Thinking, Clinical Reasoning, and Elastic Thinking

Decision making is a complex, cognitive process often defined as choosing a particular course of action. This implies that doubt exists about several courses of action and that a choice is made to eliminate uncertainty.

Problem solving is part of decision making and is a systematic process that focuses on analyzing difficult situations. Problem solving always includes a decision-making step. Many educators use the terms *problem solving* and *decision making* synonymously, but there is a small, yet important, difference. Although decision making is the last step in the problem-solving process, it is possible for decision making to occur without the full analysis required in problem solving. Problem solving attempts to identify the root problem in situations, so much time and energy are spent on identifying the real problem.

Decision making, on the other hand, is usually triggered by a problem but does not focus on eliminating the underlying problem. For example, if a person decided to handle a conflict when it occurred but did not attempt to identify what caused the conflict, only decision-making skills would be used. The decision maker might later choose to address the actual cause of the conflict or might decide to do nothing at all about the problem. The decision has been made *not* to problem solve.

This alternative may be selected because of a lack of energy, time, or resources. In some situations, this is an appropriate decision. For example, assume that a nursing supervisor has a staff nurse who has been frequently absent over the last 3 months. Normally, the supervisor would feel compelled to intervene. However, the supervisor has reliable information that the nurse will be resigning soon. Because the problem will soon no longer exist, the supervisor *decides* the time and energy needed to correct the problem are not warranted.

Critical thinking, sometimes referred to as *reflective thinking*, is related to evaluation and has a broader scope than decision making and problem solving. Dictionary.com (2022) defines critical thinking as “disciplined thinking that is clear, rational, open minded, and informed by evidence” (para. 1). Critical thinking also involves reflecting on the meaning of statements, examining the offered evidence and reasoning, and forming judgments about facts.

Insight, intuition, empathy, and the willingness to act are components of critical thinking.

Whatever definition of critical thinking is used, most agree that it is more complex than problem solving or decision making, involves higher-order reasoning and evaluation, and has both cognitive and affective components. Insight, intuition, empathy, and the willingness to act are additional components of critical thinking. These same skills are necessary to some degree in decision making and problem solving. See Display 1.1 for additional characteristics of a critical thinker.

Nurses today must have higher-order thinking skills to identify patient problems and to direct clinical judgments and actions that result in positive patient outcomes. When nurses integrate and apply different types of knowledge to weigh evidence, critically think about arguments, and reflect on the process used to arrive at a diagnosis, *clinical reasoning* has occurred. Thus, clinical reasoning uses both knowledge and experience to make decisions at the point of care.

Elastic thinking, a type of creative thinking, differs from step-by-step analytical or linear thinking models in that it arises from what scientists call “bottom-up” processes (Mlodinow, 2018). In this mode, individual neurons fire in complex fashion, with valuable input from the brain’s emotional centers rather than the brain’s high-level executive structures. Because this kind of processing is nonlinear, it can produce creative ideas that would not have arisen in the step-by-step progression of analytical thinking. This allows decision makers to solve novel problems and overcome the neural and psychological barriers that can impede us from considering new ways of solving problems.

Linear decision-making and problem-solving models as well as elastic thinking are needed by leader-managers, depending on how well defined or structured a problem is. Indeed, Mlodinow notes that the way an issue is framed has a profound influence on the way it is solved (Henni, 2021).

DISPLAY 1.1 CHARACTERISTICS OF A CRITICAL THINKER

Open to new ideas	Flexible	Creative
Intuitive	Empathetic	Insightful
Energetic	Caring	Willing to take action
Analytical	Observant	Outcome directed
Persistent	Risk taker	Willing to change
Assertive	Resourceful	Knowledgeable
Communicative	“Outside-the-box” thinker	Circular thinker

Vicarious Learning to Increase Problem-Solving and Decision-Making Skills

Decision making, one step in the problem-solving process, is an important task that relies heavily on critical thinking and clinical reasoning skills. How do people become successful problem solvers and decision makers? Although successful decision making can be learned through life experience, this trial-and-error method leaves much to chance. Some people are not successful in problem solving and decision making because they have not been taught how to reason insightfully from multiple perspectives.

Moreover, information and new learning may not be presented within the context of real-life situations, although this is changing. For example, nurse educators strive to see that the elements of clinical reasoning are embedded throughout the nursing curricula. In addition, time is included for meaningful reflection on decisions that are made and the outcomes that result. Such learning can occur in both real-world settings and through vicarious learning, where students problem solve and make decisions based on simulated situations that are made real to the learner.

Research by Ahmady and Shahbazi (2020) supports this assertion, noting that structured, social problem-solving training can improve cognitive problem-solving, critical-thinking, and decision-making skills. Nursing education then should consider the addition of new creative teaching strategies in addition to traditional education methods.

Case Studies, Simulation, and Problem-Based Learning

Case studies, simulation, and problem-based learning (PBL) are some of the strategies that have been developed to vicariously improve problem solving and decision making. *Case studies* may be thought of as stories that impart learning. They may be fictional or include real persons and events, be relatively short and self-contained for use in a limited amount of time or be longer with significant detail and complexity for use over extended periods of time.

Case studies, particularly those that unfold or progress over time, are becoming much more common in nursing education because they provide a more interactive learning experience for students than the traditional didactic approach. Indeed, an integrative review by Hammad and Khalaf (2020) suggests the use of case-based learning facilitated the development of clinical decision-making skills in nursing students more than lecture-based learning.

Similarly, *simulation* provides learners opportunities for problem solving that have little or no risk to patients or to organizational performance. For example, some organizations are now using computer simulation (known as *discrete event simulation*) to imitate the operation of a real-life system such as a hospital. The learner's actions in the simulation provide insight to the quality of the learner's decision making based on priority setting, timeliness of action, and patient outcomes.

PBL also provides opportunities for individuals to address and learn from authentic problems vicariously. Typically, in PBL, learners meet in small groups to discuss and analyze real-life problems. Thus, they learn by problem solving. The learning itself is collaborative as the teacher guides the students to be self-directed in their learning, and many experts suggest that this type of active learning helps to develop critical-thinking skills.

The Marquis–Huston Critical-Thinking Teaching Model

The desired outcome for teaching and learning decision making and critical thinking in management is an interaction between learners and others that results in the ability to critically examine management and leadership issues. This is a learning of appropriate social/professional behaviors rather than a mere acquisition of knowledge. This type of learning occurs best in groups, using a PBL approach.



In addition, learners retain didactic material more readily when it is personalized or when they can relate to the material being presented. The use of case studies that learners can identify with assists in retention of didactic materials.

Although formal instruction in critical thinking is important, using a formal decision-making process improves both the quality and consistency of decision making. Many new leaders and managers struggle to make quality decisions because their opportunity to practice making management and leadership decisions is very limited until they are appointed to a management position. These limitations can be overcome by creating opportunities for vicariously experiencing the problems that individuals would encounter in the real world of leadership and management.

The *Marquis–Huston Model for Teaching Critical Thinking* assists in achieving desired learner outcomes (Fig. 1.1). This model comprises four overlapping spheres, each being an essential component for teaching leadership and management. The first is a didactic theory component, such as the material that is presented in each chapter; the second consists of a formalized approach to problem solving and decision making. The third involves some form of a group process, which can be accomplished through large and small groups and classroom discussion. The last sphere entails the material being made real for the learner so that the learning is internalized. This can be accomplished through writing exercises, personal exploration, and values clarification, along with risk taking, as case studies are examined.

This book was developed with the perspective that experiential learning provides valuable mock experiences to apply leadership and management theory. The text includes numerous opportunities for readers to experience the real world of leadership and management through *learning exercises*, including case studies, writing exercises, specific management or leadership problems, staffing and budgeting calculations, group discussion or problem-solving situations, and assessment of personal attitudes and values. Some learning exercises include

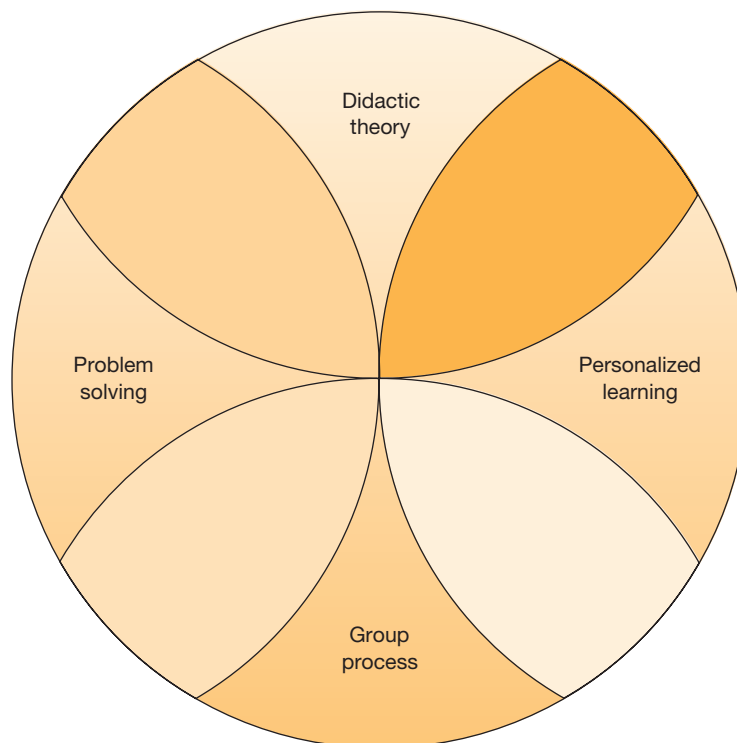


FIGURE 1.1 The Marquis–Huston critical thinking teaching model.

opinions, speculations, and value judgments. All, however, require some degree of critical thinking, problem solving, decision making, or clinical reasoning.

Experiential learning provides mock experiences that have tremendous value in applying leadership and management theory.

Some of the case studies have been solved (solutions are found at the back of the book) so that readers can observe how a systematic problem-solving or decision-making model can be applied. The author feels strongly, however, that the problem solving suggested in the solved cases should not be considered the only plausible solution or “the right solution” to that learning exercise. Most of the learning exercises in the book have multiple solutions that could be implemented successfully.

Theoretical Approaches to Problem Solving and Decision Making

Farnam Street Media Inc. (2022) suggests that most people don’t actually stop to think. They just take their first thought and run with it. That’s because many individuals rely on discrete, often unconscious, processes known as *heuristics* to make decisions. Heuristics use trial-and-error methods or a rule-of-thumb approach to problem solving rather than set rules. As such, they are practical mental shortcuts and are not expected to provide perfect or optimal problem solving. They do, however, provide a more immediate solution to the decision at hand. This is particularly true for uncertain or emergent situations where knowledge, time, and resources are limited.

Indeed, clinicians often turn to heuristics to look for general guiding principles to alleviate the ambiguity of clinical diagnostics and decision making related to a lack of high-quality data. For example, Rehana and Huda (2021) suggest that many clinicians use “*anchoring bias*,” a type of heuristic that uses an initial source of information as an “anchor” for the basis of decision making. The use of an anchoring bias, however, to reduce ambiguity can lead to medical errors, inappropriate use of resources, and patient harm.

Typically, formal process and structure can benefit the decision-making process, as they force decision makers to be specific about options and to separate probabilities from values. A structured approach to problem solving and decision making increases clinical reasoning and is the best way to learn how to make quality decisions because it eliminates trial and error and focuses the learning on a proven process. A structured or professional approach involves applying a theoretical model in problem solving and decision making. Many acceptable problem-solving models exist, and most include a decision-making step; only four are reviewed here.

A structured approach to problem solving and decision making increases clinical reasoning.

Traditional Problem-Solving Process

One of the most well-known and widely used problem-solving models is the *traditional problem-solving model*. The seven steps are shown in Display 1.2. (Decision making occurs at step 5.)

Although the traditional problem-solving process is an effective model, its weakness lies in the amount of time needed for proper implementation. This process, therefore, is less effective when time constraints are a consideration. Another weakness is lack of an initial objective-setting step. Setting a decision goal helps to prevent the decision maker from becoming sidetracked.



DISPLAY 1.2 TRADITIONAL PROBLEM-SOLVING PROCESS

1. Identify the problem.
2. Gather data to analyze the causes and consequences of the problem.
3. Explore alternative solutions.
4. Evaluate the alternatives.
5. Select the appropriate solution.
6. Implement the solution.
7. Evaluate the results.

Managerial Decision-Making Models

To address the weaknesses of the traditional problem-solving process, many contemporary models for management decision making have added an objective-setting step. These models are known as *managerial decision-making models* or *rational decision-making models*. One such model suggested by Decision-making-confidence.com (2006–2022) includes the six steps shown in Display 1.3.

In the first step, problem solvers must identify the decision to be made, who needs to be involved in the decision process, the timeline for the decision, and the goals or outcomes that should be achieved. Identifying objectives to guide the decision making helps the problem solver determine which criteria should be weighted most heavily in making the decision. Most important decisions require this careful consideration of context.

In Step 2, problem solvers must attempt to identify as many alternatives as possible. Alternatives are then analyzed in Step 3, often using some type of *SWOT* (strengths, weaknesses, opportunities, and threats) analysis. Decision makers may choose to apply quantitative decision-making tools, such as decision-making grids and payoff tables (discussed further later in this chapter), to objectively review the desirability of alternatives.

In Step 4, alternatives are rank ordered based on the analysis done in Step 3 so that problem solvers can make a choice. In Step 5, a plan is created to implement desirable alternatives or combinations of alternatives. In the final step, challenges to successful implementation of chosen alternatives are identified and strategies are developed to manage those risks. An evaluation is then conducted of both process and outcome criteria, with outcome criteria typically reflecting the objectives that were set in Step 1.

The Nursing Process

The *nursing process* provides another theoretical system for solving problems and making decisions. Originally a four-step model (assess, plan, implement, and evaluate), diagnosis was delineated as a separate step, and most contemporary depictions of this model now include at least five steps (Display 1.4).

As a decision-making model, the nursing process's greatest strength may be its multiple venues for feedback. The arrows in Figure 1.2 show constant input into the process. When the

DISPLAY 1.3 MANAGERIAL DECISION-MAKING MODEL

1. Determine the decision and the desired outcome (set objectives).
2. Research and identify options.
3. Compare and contrast these options and their consequences.
4. Make a decision.
5. Implement an action plan.
6. Evaluate results.

DISPLAY 1.4 NURSING PROCESS

1. Assess
2. Diagnose
3. Plan
4. Implement
5. Evaluate

decision point has been identified, initial decision making occurs and continues throughout the process via a feedback mechanism.

Although the process was designed for nursing care and accountability, it can easily be adapted as a theoretical model for solving leadership and management problems. Table 1.1 shows how closely the nursing process parallels the decision-making process.

The weakness of the nursing process, like the traditional problem-solving model, is in not requiring clearly stated objectives. Goals should be clearly stated in the planning phase of the process, but this step is frequently omitted or obscured. However, because nurses are familiar with this process and its proven effectiveness, it continues to be recommended as an adapted theoretical process for leadership and managerial decision making.

Integrated Ethical Problem-Solving Model

Another model for effective thinking and problem solving was developed by the National Association of Social Workers (2020, Display 1.5). Although developed primarily for use in solving ethical problems, the model also works well as a general problem-solving model. Like the three models already discussed, this model provides a structured approach to problem solving that includes an assessment of the problem, problem identification, the analysis and selection of the best alternative, and reflection as a means for evaluation.

Many other excellent problem analysis and decision models exist. The model selected should be one with which the decision maker is familiar and one appropriate for the problem to be solved. Using models or processes consistently will increase the likelihood that

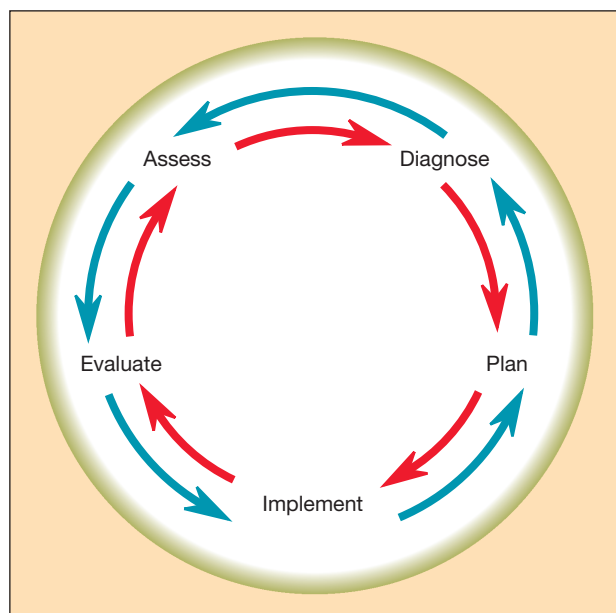


FIGURE 1.2 Feedback mechanism of the nursing process.

TABLE 1.1 COMPARING THE DECISION-MAKING PROCESS WITH THE NURSING PROCESS

Decision-Making Process	Simplified Nursing Process
Identify the decision	Assess
Collect data	
Identify criteria for decision	Plan
Identify alternatives	
Choose alternative	Implement
Implement alternative	
Evaluate steps in decision	Evaluate

critical analysis will occur. Moreover, the quality of problem solving and decision making will improve tremendously via a scientific approach.

Intuitive Decision-Making Models

Some theorists suggest that intuition should always be used as an adjunct to empirical or rational decision-making models. Experienced (expert) nurses often report that gut-level feelings (intuition) encourage them to take appropriate strategic action that impacts patient outcomes, although intuition generally serves as an adjunct to decision making founded on a nurse's scientific knowledge base. Intuition then can and should be used in conjunction with evidence-based practice.

This recognition of familiar problems and the use of intuition to identify solutions is a focus of contemporary research on intuitive decision-making research. Klein (2008) developed the *recognition-primed decision (RPD) model* for intuitive decision making in the mid-1980s to explain how people can make effective decisions under time pressure and uncertainty. Considered a part of *naturalistic decision making*, the RPD model attempts to understand how humans make relatively quick decisions in complex, real-world settings such as firefighting and critical care nursing without having to compare options.

Klein's (2008) work suggests that instead of using classical rational or systematic decision-making processes, many individuals act on their first impulse if the "imagined future" looks acceptable. If this turns out not to be the case, another idea or concept can emerge from their subconscious and is examined for probable successful implementation. Thus, the RPD model blends intuition and analysis, but pattern recognition and experience guide decision makers when time is limited, or systematic rational decision making is not possible.

DISPLAY 1.5 INTEGRATED ETHICAL PROBLEM-SOLVING MODEL

1. DETERMINE whether there is an ethical issue or/and dilemma.
2. IDENTIFY the key values and principles involved.
3. RANK the values or ethical principles which—in your professional judgment—are most relevant to the issue or dilemma.
4. DEVELOP an action plan that is consistent with the ethical priorities that have been determined as central to the dilemma.
5. IMPLEMENT your plan, utilizing the most appropriate practice skills and competencies.
6. REFLECT on the outcome of this ethical decision-making process.

Source: Adapted from National Association of Social Workers. (2020). *Essential steps for ethical problem-solving*. <https://www.naswma.org/page/100/Essential-Steps-for-Ethical-Problem-Solving.htm>

LEARNING EXERCISE 1.1**Applying Scientific Models to Decision Making**

You are a registered nurse. Since your graduation 3 years ago, you have worked as a full-time industrial health nurse for a large manufacturing plant. Although you love your family (spouse and one preschool-aged child), you love your job as well because career is very important to you. Recently, you and your spouse decided to have another baby and jointly decided that if you did so, you would reduce your work time and spend more time at home with the children.

Last week, however, the director of human resources told you that the full-time director of health care services for the plant is leaving and that the organization wants to appoint you to the position. You were initially thrilled and excited; however, you found out several days later that you and your spouse are expecting a baby.

Last night, you spoke with your spouse about your career future. Your spouse is an attorney whose practice has suddenly gained momentum. Although the two of you have shared child rearing equally until this point, your spouse is not sure how much longer this can be done if the law practice continues to expand. If you take the position, which you would like to do, it would mean full-time work and more management responsibilities. You want the decision you and your spouse reach to be well-thought-out, as it has far-reaching consequences and concerns many people.

**ASSIGNMENT:**

Determine what you should do. Examine both the individual aspects of decision making and the critical elements in making decisions. Make a plan including a goal, a list of information, and data that you need to gather and areas where you may be vulnerable to poor decision making. Examine the consequences of each alternative available to you.

After you have made your decision, get together in a group (four to six people) and share your decisions. Were they the same? How did you approach the problem solving differently from others in your group? Was a rational systematic problem-solving process used, or was the chosen solution based more on intuition? How many alternatives were generated? Did some of the group members identify alternatives that you had not considered? Was a goal or objective identified? How did your personal values influence your decision?

DISPLAY 1.6 CRITICAL ELEMENTS IN DECISION MAKING

1. Define objectives clearly.
2. Gather data carefully.
3. Take the time necessary.
4. Use an evidence-based approach.
5. Generate numerous alternatives.
6. Think logically.
7. Choose and act decisively.

Critical Elements in Problem Solving and Decision Making

Because decisions may have far-reaching consequences, some problem solving and decision making must be of high quality. Using a scientific approach alone for problem solving and decision making does not, however, ensure a quality decision. Special attention must be paid to other critical elements. The elements in Display 1.6, considered crucial in problem solving, must occur if a high-quality decision is to be made.

Define Objectives Clearly

Decision makers often forge ahead in their problem-solving process without first determining their goals or objectives. However, it is especially important to determine goals and objectives when problems are complex. Even when decisions must be made quickly, there is time to pause and reflect on the purpose of the decision. A decision that is made without a clear objective in mind or a decision that is inconsistent with one's philosophy is likely to be a poor-quality decision. Sometimes, the problem has been identified, but the wrong objectives are set.

If a decision lacks a clear objective or if an objective is not consistent with the individual's or organization's stated philosophy, a poor-quality decision is likely.

For example, it would be important for the decision maker in Learning Exercise 1.1 to determine whether the most important objective is career advancement, having more time with family, or meeting the needs of their spouse. None of these goals is more "right" than the others, but not having clarity about which objective is paramount makes decision making very difficult.

Gather Data Carefully

Because decisions are based on knowledge and information available to the problem solver at the time the decision must be made, one must learn how to process and obtain accurate information. The acquisition of information begins with identifying the problem or the occasion for the decision and continues throughout the problem-solving process. Often, the information is unsolicited, but most information is sought actively.

Clear (n.d.) warns, however, that many people experience confirmation bias in their data gathering. *Confirmation bias* refers to our tendency to search for and favor information that confirms our beliefs while simultaneously ignoring or devaluing information that contradicts our beliefs (Clear, n.d.). The more someone believes they know something, the more they filter and ignore information to the contrary. Thus, people negate new information if it does not validate their perceptions or ideas.

DISPLAY 1.7 QUESTIONS TO EXAMINE IN DATA GATHERING

1. What is the setting?
2. What is the problem?
3. Where is it a problem?
4. When is it a problem?
5. Who is affected by the problem?
6. What is happening?
7. Why is it happening? What are the causes of the problem? Can the causes be prioritized?
8. What are the basic underlying issues? What are the areas of conflict?
9. What are the consequences of the problem? Which is the most serious?

In addition, acquiring information always involves people, and no tool or mechanism is infallible to human error. Questions that should be asked in data gathering are shown in Display 1.7.

In addition, human values tremendously influence our perceptions. Therefore, as problem solvers gather information, they must be vigilant that their own preferences and those of others are not mistaken for facts. Managers who become experts at acquiring adequate, appropriate, and accurate information will have a head start in becoming expert decision makers and problem solvers.

Facts can be misleading if they are presented in a seductive manner, if they are taken out of context, or if they are past-oriented.

Take the Time Necessary

Most current problem-solving and decision-making theories argue that human decision making is largely based on quick, automatic, and intuitive processes. Although trivial decisions can be made fairly quickly, slower, more controlled deliberation is needed when outcomes may have significant consequences.

In fact, most people need to actually schedule time to think. Although some people might think more than a few minutes is a waste of time, this viewpoint is shortsighted and flawed. Although it might take 30 minutes to come to the same conclusion that you might come to in 5 minutes, you'll have a better idea of the nuances of the situation, including which variables matter the most, and you'll make fewer mistakes if you take the time to really think about it (Farnam Street Media Inc., 2022).

Use an Evidence-Based Approach

To gain knowledge and insight into managerial and leadership decision making, individuals must reach outside their current knowledge in solving the problems presented in this text. Some data-gathering sources include textbooks, periodicals, experts in the field, colleagues, and current research. Indeed, most experts agree that the best practices in nursing care and decision making are also *evidence-based practices* (Ford & Graves, 2023).

Although there is no one universally accepted definition for an *evidence-based* approach, most definitions suggest the term can be used synonymously with *research based* or *science based*. Others suggest that *evidence based* means that the approach has been reviewed by experts in the field using accepted standards of empirical research and that reliable evidence exists that the approach or practice works to achieve the desired outcomes. Typically, a *PICO* (patient or population, intervention, comparison, and outcome) format is used in evidence-based practice to guide the search for the current best evidence to address a problem.

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