The Overcommitted Nurse Executive

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Unreasonable demands on the nurse executive's time mount daily. Extricating self from teams and special projects can be difficult due to self- and/or supervisor-imposed expectations. Refining delegation skills and adopting an essentialist approach can provide the nurse executive with time to consider participating in those initiatives that yield the highest organizational rewards.

The technological era has unleashed constant connectedness to family, friends, retail deals, fund raising requests and professional communications.[1] The nurse executive is not immune from information mania, frequently checking personal and professional devices to remain updated. It is not uncommon to see nurse executives at seminar ignoring cutting edge presentations to handle urgent request from their directors or C-suite colleagues.

The pressure to stay ahead of information mounts second by second. Health care info-bytes swirl related to the latest figures from the Congressional Budget Office, the volatility of the Dow Jones Industrial Average (DOW) relative to personal or for-profit company stocks, and the facilities most recent negative patient experience on YELP! Constant information from news feeds and push notifications to smart devices may be impossible to ignore. The nurse executive is required to monitor, and address regulatory requirements, corporate, facility, and personal goals.[2] There are also community, employee, and personal family expectations to respond to.

Responses may require meetings or committee work to determine the best course of action. Nurse executive attendance further diminishes time to plan or contemplate priorities. Decisions made in haste may yield unsustainable or erroneous compromise. Often requests are made of the nurse executive's time away from the work setting. Lending expertise to community boards, speaking engagements, and university partnerships are often too important to neglect. The nurse executive's desire to contribute meaningfully, engage with staff, lead diplomatically, create a culture of safety and caring, and maintain work-life balance becomes an illusion.

Extracting self from this continuous unsettled pattern of overcommitment is difficult for some nurse executives. This challenge may be more than just a time constraint/management issue. It may be due to needed refinement of delegation skills, unrealistic expectations of supervisor, the belief that as leader you alone are capable, and self-expectations of immersion for fear of "not knowing."[3] Collectively, this presents itself as nondelegation, causing the phenomenon of overcommitment.

NONDELEGATION

Articles specific to nurse executive delegation were not found in a review of the literature. The literature is replete with research related to registered nurse (RN) delegation skills with nursing assistants or unlicensed personnel to accomplish clinical tasks.[4-7] Leadership delegation does not seem to be a trendy topic.

There is a 34-year-old article with interesting relevant information as to why nurse leaders do not delegate. This information is astoundingly applicable to this day. The author describes 1984 as a year of tremendous stress for nurse leaders.[8] She identifies a resistance to delegation for very similar reasons to the ones mentioned above: limited knowledge of how to delegate, a lack of faith in teamwork, and the rate with which internal and external pressures create fear and the belief that leader knows best. The author's advice is as impactful then as it is now, "The first role of a manager is to gain control of the world in which she must operate by delegating work to her subordinates."[8(p.55)] Further discussion is needed to truly understand the reasons for this phenomenon.

REFINING DELEGATION SKILLS

Consider the introduction of the American Nurses Association and the National Council of State Boards of Nursing (NCSBN-ANA) Joint Statement on delegation:

> There is more nursing to do than there are nurses to do it. Many nurses are stretched to the limit in the current chaotic healthcare environment. Increasing numbers of people needing healthcare combined with increasing complexity of therapies create a tremendous demand for nursing care. More than ever, nurses need to work effectively with assistive personnel. The abilities to delegate, assign, and supervise are critical competencies for the 21-century nurse.[4]

Revision of the above introduction assists in its applicability to nurse executive delegation: There are more projects to do than there are committees to do them. Many nurse executives are stretched to the limit in the current chaotic health care environment. Increasing numbers of customers needing assistance with increasingly complex

Table 1. Delegation Methodology: A Comparison

The 5 Rights of Delegation	The Process of Delegation
Right task	Assess/plan the task to be accomplished
Right circumstances	Communicate the directions
Right person	Provide surveillance/supervision
Right direction/communication	Evaluate
Right supervision/evaluation	Give feedback
Health & Human Services[7]	NCSBN-ANA[4]

challenges create a tremendous demand for the nurse executive's time. More than ever nurse executives need to work effectively with their direct reports. The abilities to delegate assign, and supervise are critical competencies for the 21st century nurse executive.

The information in the literature related to registered nurse to assistive personnel is actually helpful and can be used to frame a process for nurse executive delegation (*Table 1*). The 5 key elements of any delegated task are: right task, right circumstances, right person, right direction/communication, and right supervision/evaluation.[7] Another way to state this is; assess and plan the task to be accomplished, communicate the directions, provide surveillance and supervision, evaluate and give feedback.[4]

Despite the nurse executives' comfort with delegation, unrealistic expectations of a superior may contribute to the reality of over-commitment.

UNREALISTIC EXPECTATIONS OF SUPERVISOR
Nurse executives may find themselves immersed in a culture where supervisors demand intimate familiarity with project details. This level of detailed knowledge may be unrealistic; however, due to previous consequences—blame, guilt, or a negative review—the nurse leader tries to comply. It is a difficult situation to be in, but one that is not impossible to manage. It is suggested that making the business case for why the nurse executive's time is better utilized elsewhere is key.[9] This must be done with great tact and political savvy. Assist the supervisor to recognize the nurse executives' greatest contribution is providing direction and not being swallowed up in the minutia. This allows those at the grassroots level to tackle the issue, unencumbered by the leaders' unfamiliarity with certain processes. Project milestones may be hindered by a nurse executive's insertion when none is required. Further delays occur when the nurse executive assumes that the project cannot continue without their contribution.

THE LEADER KNOWS BEST, OR SUPER-LEADER
There is no doubt that nurse executives have superpow-

ers. The most critical one, however, is being emotionally intelligent and knowing personal strengths and weaknesses. Even the DC comic book hero Superman was weakened when exposed to Kryptonite.[10] Evaluating each demand against the leaders' personal skill set will help narrow project involvement and combat depletion. One suggested technique when faced with increasing demands is to say, "Yes-if."[11] If the nurse leader's superpowers do not align with the request at hand, saying "yes-if," and identifying the person with the matching skills often meets with success. This should not be considered as deflecting an assignment. Instead, consider the benefits of trusting a direct report to lead a team, or project.[12] It will afford them an opportunity to participate, problem solve, be involved, and to grow in leadership skills. The benefits of inclusion far outweigh reliance on one individual. Multiple successes will reveal themselves.

A LACK OF FAITH IN TEAMWORK
The nurse executive may have a "comfort gradient" in accepting that a team can produce excellent results without the constant supervision of a senior director. There are lessons to be learned from an article dedicated to protecting the valuable resource of time and talent in "over-committed organizations." Mortensen and Gardner[13] interviewed over 50 midlevel managers from 8 global companies over a 15-year period to understand the attributes and consequences of overcommitted teams. Their findings are applicable and pragmatic advice is offered.

Research results revealed that it is not uncommon for senior-level managers to be responsible for leading 7 or more projects on a daily basis.[13] Due to the leaders' ever-expanding schedule, meetings are cancelled, stymying forward motion and delaying decisions at critical points in the team process. This results of which caused employee disillusioned workforce as evidenced by; a decrease in employee satisfaction, an increase in employee stress and feelings of unimportance.

Suggested remedies for avoiding these negative consequences include the leaders' ability to self-

limit involvement, becoming more of a "sponsor" than leader. The nurse executive as sponsor becomes involved only at key points, i.e., team member selection, project launch, and tracking progress at key intervals.

Selecting Specific Team Members

Prior to the beginning of a team project, the nurse executive sponsor carefully selects both the team leader and team members. The nurse sponsor will impress upon the team leader when it is imperative to communicate. The team members will be selected based on their capabilities and the skills they possess relative to the task at hand. The value of diverse, intradisciplinary teams cannot be underestimated. In fact, current wisdom dictates that unprecedented challenges cannot be solved solely by 1 person.[9]

Project Launch

This is a critical project point for direct nurse leader involvement. Team "kick-offs" can improve team performance by 30%.[13] This is an opportunity for the nurse leader to clarify roles, identify milestones, and articulate expected outcomes.

Tracking Progress

The nurse leader allows the team to meet and progress. Periodic meetings are scheduled with the team leader to provide updates, receive feedback, and refine any directions necessary. This information can then in turn be communicated to the administrative team.

Providing Direction

One of the goals of delegation is to minimize the time constraints of the already burdened nurse executive. Technological advances can assist in this endeavor. Synoptic e-mails, the use of Facetime, or 30-second video updates provide a welcome dynamic and save the nurse executive precious time. A new business tool offered by Facebook entitled Workplace provides an electronic platform connecting employees across desktops.[14] The application keeps teams in the information loop, through content integration. The Workplace Live application offers the leader an opportunity to broadcast information to select workgroups or everyone in the company. There are other video conferencing applications that can save busy executives as well. Zoom provides online meetings, chat, and mobile collaborations using the cloud.[15] Technology of this nature can assist leaders to stay connected, save time, and showcase their personality.

THE FEAR OF "NOT KNOWING"

Overcoming any fear requires adopting a new perspective. The fear of harming relationships or disappointing a respected leader are real.[16] Replace fear with the assurance that as sponsor you have wisely spent energies establishing excellent teams of talented individuals committed to the success of the organization. This will allow the nurse executive to focus on the essentials.

THE ESSENTIALIST APPROACH

The concept of essentialism encourages leaders to think as consultants when approaching responsibilities.[16] McKeown, in his book *Essentialism: The Disciplined Pursuit of Less*,[16] encourages the overcommitted leader to focus on the meaningful work that they were hired to do. He directs executives to keep clarity of professional purpose uppermost in mind before agreeing to lead or participate on teams and projects.

McKeown is not glib but extremely cognizant of the executives' fears when saying no to one's superiors, or colleagues. He explores feelings of guilt, pot-stirring, missing out, and burning bridges. Recognizing that some projects may even assist the executive to master an additional skill, the message remains clear; additional responsibilities for an already overcommitted nurse executive may cause achievement failures.

On many occasions saying, "No," or "not now," requires a tradeoff, but it also inspires "our highest level of contribution."[16(p.31)] The nurse executive will consider projects where personal participation yields higher organizational rewards. Logic dictates that this is much better use of the executive's limited time. Tactfully and gracefully declining additional responsibility requires courage. However, remaining true to the purpose of the nurse executive's role is paramount to personal success and the sustainability of the goals established for the organization.

PRACTICE MAKES PERFECT

Recognizing the need to decline or delegate projects on a more regular basis and asserting oneself to do so is not easy. It requires practice. Shifting the paradigm, McKeown first suggests reframing the question from "What do I have to give up," to "what can make the biggest impact." Once this becomes the new normal, apply the 5 practices of an essentialist to unravel overcommitment. The 5 practices are thinking, exploring, listening, debating, and questioning.

Overcommitted nurse executives need time to think. Back-to-back meetings with little time for consideration will not assist in taking the organization to the next level. Creating time to think, the nurse executive can actively explore conflicting vectors impeding organizational performance. In fact, time to think and time for reflection were identified as a theme, critical to nurse executive sustainment.[17]

Sustaining the professional self also requires listening to the subtle clues that present themselves at times of rest. At these times, the mind is clear and ideas proliferate. Decisions become enthusiastically made with little debate as to which direction to take.

McKeown identifies the use of questions when considering involving self in projects.[16] Essentialists and delegators alike ask, "What is the best use of my talents, time, and attention? What is significant, vital,

Table 2. Executive Toolkit: Avoiding Overcommitment

Remind yourself	Clarity of purpose
Think	Do I have the time to do a great job?
Ask yourself	Is my executive involvement truly necessary?
Think	Who do I trust to delegate this to?
Convince your superior	My talents are better utilized elsewhere
Think	I will provide direction at critical intervals
Implement	"Yes-if"—matching talent to challenge
Think	Value-driven employee satisfaction
Create intradisciplinary teams	Diversity can help innovate solutions
Think	Technology can keep us connected
Shift the paradigm	Avoid thinking "what do I have to give up?"
Think	How can I make the biggest impact?

and valuable?" The answers can absolve you from overcommitment (*Table 2*).

Despite best intentions, nurse executives cannot do it all. Learn to delegate. Practice saying, "yes-if" as graciously and emphatically as possible. Compose gifted teams, uniting skills and talents. Save precious energy for the passions that nourish. Watch for personal and professional growth: both theirs and yours.

References
1. Curtiss SL, Hughes R, Bowers JR. The Information Age. In: Coleman MJ, Ganong LH, eds. *The Social History of the American Family: An Encyclopedia.* Thousand Oaks, CA: Sage Reference; 2014:733-736.
2. American Organization of Nurse Executives. Nurse Executive Competencies. 2015. Available at: www.aone.org/resources/nec.pdf. Accessed February 14, 2018.
3. Adams C. Leadership behavior of the CNE. *Nurs Manage.* 1990;2(8):36-39.
4. American Nurses Association and the National Council of State Boards of Nursing. Joint Statement on Delegation: American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN). Available at: www.ncsbn.org/Delegation_joint_statement_NCSBN-ANA.pdf. Accessed February 13, 2018.
5. Hansten RI. Why nurses still must learn to delegate. *Nurse Leader.* 2008;6(5):19-25.
6. Josephsen J. Teaching nursing delegation: an on-line case study. *Teach Learn Nurs.* 2013;8:83-87.
7. Massachusetts Board of Registration in Nursing. Five Rights of Delegation. Available at: www.mass.gov/eohhs/gov/departments/dph/program/licensed-assistive-personnel/five-rights-of-delegation.html. Accessed February 14, 2018.
8. Murphy EC. Delegation: from denial to acceptance. *Nurs Manage.* 1984;15(1):54-56.
9. Prestia AS. The art of leadership diplomacy. *Nurs Manage.* 2017;48(4):52-55.
10. Yustis DYG. What Is Superman's Kryptonite? October 26, 2017. Available at: www.quora.com/What-is-Supermans-kryptonite. Accessed March 2018.
11. Sostrin J. To be a great leader, you have to learn how to delegate well. October 10, 2017. *Harv Bus Rev.* Available at: www.hbr.org/2017/10/to-be-a-great-leader-you-have-to-learn-how-to-delegate-well. Accessed February 2018.
12. Knight R. How to deal with a chronically indecisive boss. March 24, 2017. *Harv Bus Rev.* Available at: www.hbr.org/2017/03/how-to-deal-with-a-chronically-indecisive-boss. Accessed February 2018.
13. Mortensen M, Gardener HK. The Overcommitted Organization. 2017. *Harv Bus Rev.* Available at: https://hbr.org/2017/09/the-overcommitted-organization. Accessed August 2018.
14. Workplace by Facebook. Available at: www.facebook.com/workplace. Accessed August 2018.
15. Zoom Video Communications. Available at: http://zoom.us/. Accessed September, 2018.
16. McKeown G. *Essentialism: The Disciplined Pursuit of Less.* London, UK: Ebury Publishing; 2014.
17. Prestia AS. Chief nursing officer sustainment: a phenomenological inquiry. *J Nurs Adm.* 2015;45:575-581.

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