

The Survival of Staff Development

*Measure Outcomes and
Demonstrate Value to Establish
an Indispensable Department*

Adrienne E. Avillion, DEd, RN

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She is a frequent presenter at conferences and conventions devoted to the specialty of continuing education and staff development.



Introduction

Survival in today's healthcare environment means that you must do more with less and do it efficiently. But it also means that you must produce quantifiable evidence to show that staff development is essential to your organization's continued existence.

The purpose of this book is to offer a survival guide for strengthening your staff development department despite the threat of downsizing and cutbacks.

It is your responsibility, no one else's, to prove your worth. It is my hope that this book will help you and your staff development colleagues develop a survivor mentality that enables you to:

- Demonstrate the value of what you do in a way that makes sense to colleagues from other departments and to administrators
- Evaluate your products and services
- Implement change based on evidence
- Offer cost-efficient, effective products and services that have a measurable impact on your organization

This material is designed to stimulate critical thinking about the process of staff development and to help readers thrive in a healthcare environment that demands objective evidence of how staff development contributes to an organization's success. No one person or department is guaranteed longevity in any healthcare organization. This book offers guidelines for strengthening your staff development department with evidence-based practices, aligning the staff development department's goals with organizational goals, and increasing your chances (and the chances of staff development) for survival.

Continuing Education Credits Available

Continuing education credits are available for this book for two years from date of purchase.

For more information about credits available, and to take the continuing education exam, please see the Nursing Education Instructional Guide found at the end of the book.

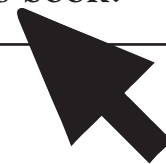


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Chapter 1

The Realities of Staff Development: Survival



LEARNING OBJECTIVES

After reading this chapter, you will be able to:

- Identify the characteristics of a survivor mentality
- Explain how to focus on evidence when analyzing staff development products and services
- Design a staff development departmental structure that facilitates the design and implementation of products and services

What Is a Survivor?

The definition of a survivor is one who remains alive or in existence. Additionally, to survive means (TheFreeDictionary.com, 2011):

- To outlive
- To persist
- To cope
- To remain
- To persevere (despite hardships)

All of these definitions are quite applicable to the survival of staff development, particularly “to persist” and “to persevere (despite hardships).” Persistence and perseverance characterize the nurses who helped make the specialty what it is today.

Staff development has evolved from what was once a 9-to-5, Monday-through-Friday job bestowed as a reward for nurses nearing retirement to a full-fledged

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nursing specialty essential not only to nursing, but to the entire healthcare organization (Avillion, 2008). Such an evolution would not have been possible without the efforts of nurses dedicated to the concept of lifelong learning that would ultimately have a positive impact on job performance and patient care outcomes.

Initial staff development efforts began with Florence Nightingale's work to establish training schools for nurses. Nightingale was a fierce advocate of lifelong learning. She was also one of the first to promote gathering data to determine best practices. Schools of nursing had strict disciplinary and performance requirements, and students, in large part, provided the nursing care delivered in hospitals. Much of the training was provided by charge nurses and physicians in the work setting. There was no true "staff development" department.

The majority of new nurses practiced independently, working as private duty nurses, often in patients' homes. However, the Great Depression of the 1920s and 1930s changed the focus of practice. Most patients could no longer afford the luxury of private nurses, and large numbers of nurses sought employment within the hospital setting. This shift in practice triggered the need for various types of education such as orientation, in-service programs, and continuing education. These endeavors were usually conducted by charge nurses, often as on-the-job training (Avillion, 2008).

Just as hospitals began to be the primary sources of employment for registered nurses, World War II changed the scope of practice yet again. Many nurses joined the armed forces, causing a significant shortage of active nurses on the home front. As a result, the number and types of nonprofessional staff increased, and nurses who had been inactive returned to work to help ease the shortage and support their families as spouses went to war. These changes further increased the need for orientation, in-service training, and continuing education, which in turn required more time and resources. The need for staff development nurses was becoming apparent (Avillion, 2008).

At some organizations, the provision of staff development services was not recognized as particularly important or arduous. Hence came the concept of "rewarding" long-time employees with what was viewed as an easy Monday-through-Friday job. However, those nurses (the original "survivors" of staff development) who recognized the link between education and job performance—and who were

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convinced of staff development's future as an important nursing specialty—began to evaluate the responsibilities and necessary qualifications for staff development specialists (Avillion, 2008).

This process of self-evaluation began in the 1940s and steadily progressed. In 1953, The Joint Commission for the Improvement of the Care of the Patient recommended that a department for the training and continuing education of nurses be established in hospitals. In 1969, the Medical College of Virginia's Health Sciences Division of Virginia Commonwealth University sponsored the first national conference in continuing education for nurses (Avillion, 2008; Tobin, Yoder, Hull, & Scott, 1974).

Today we reap the benefits afforded by those nurses who persevered in their quest to establish the specialty of staff development. Nurses can now earn specialty certification in nursing professional development (NPD), and resources specific to staff development are readily available, including journals, texts, and continuing education. We have our own professional association, the National Nursing Staff Development Organization (NNSDO), and, according to established criteria, we are expected to be prepared at a master's level of education (American Nurses Association [ANA]/NNSDO, 2010). And yet, with all of the progress we have made, why is it that when budget cuts loom and downsizing becomes necessary, staff development is often the first department targeted for budget reductions and position eliminations? There is no simple answer to this question. However, it seems that we have failed, over time, to quantitatively demonstrate the impact our products and services have on job performance and patient outcomes.

We spend a great deal of time helping not only the nursing department, but, in many instances, the entire organization to enhance professional growth and development. We have helped implement evidence-based clinical practice, developed preceptor and orientation programs, facilitated research, and established career advancement programs for our clinical colleagues. We are critical to the success of achieving accreditation status such as that awarded by The Joint Commission and the ANCC Magnet Recognition Program®. But we have not taken the time to enhance the growth of our own specialty. Consider the following questions:

- Do you have a competency-based orientation program for staff development personnel?
- Do you have a career advancement program for staff development personnel?

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- Is there a distinction among the levels of expertise of staff development personnel?
- Is the foundation of your department grounded in evidence-based practice (EBP) in staff development?
- Have you quantified staff development's impact on job performance and patient outcomes?

The answer to all of these questions needs to be “yes” if you and your colleagues are to be true survivors. It is important that we are as concerned with the growth and development of our own specialty as we are with nursing and the other departments we assist.

Characteristics of a Survivor Mentality

The survivor mentality is characterized by a combination of many things. Consider the following characteristics as you assess your own survivor mentality.

A survivor is never complacent

All too often we become complacent in our work. I can think of several colleagues who had worked diligently for many years in staff development in their respective organizations. They received excellent performance evaluations and were frequently assured by management and administration that staff development was a respected entity and not in danger of cutbacks. Nevertheless, all were affected by downsizing and budget cuts, and two were terminated in a major downsizing effort. As part of a noncomplacent mentality, you should ask yourself:

- Are you aware of the financial stability of your organization? Pay attention to any communications relating to cost expenditures. Read your local newspapers and visit your organization's websites frequently. Visit the websites of competing healthcare organizations as well. Sometimes local media representatives learn things about an organization's financial status that even managers and employees do not know. Is there any mention of pending legal action against your organization or its employees? Such action can significantly impact financial status. Never rely on one source for information about your organization's financial solvency.

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- Are you aware of restructuring activities within your organization? Are certain departments losing positions? Are others gaining positions? Is there a pattern to the restructuring?
- Are you willing to ask managers and administrators the hard questions? Don't shirk from tough topics. Ask about budget cuts and budget projections. Discuss your concerns. Question how and why restructuring activities are taking place.

A survivor grounds staff development activities in evidence-based staff development practice

Create your staff development activities based on the following questions:

- Is evidence gathered for all staff development activities for the purpose of analyzing their impact on patient outcomes, job performance, and/or organizational effectiveness?
- Are all members of the department trained in the concept of EBP in staff development?
- Are staff development products and services developed and/or revised according to evidence?
- Are findings from analysis of evidence communicated effectively to other departments, managers, and administrators?

A survivor constantly pursues continuing education

Continuing your education is necessary in a world of rapidly changing technology and best practices. Studies suggest that there is a link between formal education and quality of patient care, so it is important to always be increasing your knowledge. When it comes to continuing education, ask yourself the following questions:

- Are you pursuing education in formal academic settings as well as via organizations/companies that offer accredited continuing education programs?
- Are you reading professional journals to help you remain current in trends in healthcare and staff development?

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- Are you pursuing education that helps you identify potential positive and negative influences on healthcare? For example, are you pursuing knowledge of government rules and regulations that impact healthcare?

A survivor develops and maintains a strong professional network

Networking helps establish and preserve links between people who share common interests, so it is important for nurses to understand how networks are formed. Here are some ways to build new and existing relationships:

- Actively network within your organization. Make professional alliances among not only nursing, but other departments as well. If you can provide evidence that staff development activities impact the entire organization, you are more likely to enhance your credibility.
- Actively network with colleagues from outside your organization. Make contacts locally and globally.
- Become or stay active in your professional associations; these are excellent networking resources.

A survivor trusts her or his instincts

Develop and trust your instincts. If your instincts tell you that something is wrong, believe them. Then look for evidence to support what your instincts are telling you. For example, suppose administration assures you that there are no pending cuts in staff development. But when you talk to your manager, she is unable to make eye contact and changes the subject. You feel that trouble is coming. You have read in the financial section of your local newspaper that your organization is in financial difficulty. These factors should trigger anticipation of a potential downsizing. Make sure you have evidence that demonstrates staff development contributions to the organization!

STAFF DEVELOPMENT ALERT! Even though you have sound evidence that staff development products and services have a positive impact on the organization, you are not immune to downsizing and cutbacks—no one is. But having such evidence and communicating it effectively will help, in many cases, impede these negative consequences.

Figure 1.1 offers a template for self-analysis regarding your own survival mentality.

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Figure 1.1

Analysis of my personal survival mentality

Characteristic	Self-analysis
A survivor is never complacent	How do I remain alert to the organization's financial stability? How am I tracking restructuring activities in my organization? Am I asking the hard questions?
A survivor grounds staff development activities in evidence-based staff development practice	Am I gathering evidence for all staff development activities? Are all members of the staff development department trained in evidence-based practice in staff development? Are products and services developed and revised according to evidence? Are findings from analysis of evidence communicated effectively?
A survivor constantly pursues continuing education	In what settings am I pursuing continuing education? Am I reading professional journals? Am I alert to healthcare and staff development trends? Am I learning about government actions that impact healthcare?
A survivor develops and maintains a strong professional network	Have I networked with people from other departments in my organization? Am I networking with people outside my organization? Am I active in my professional associations?
A survivor trusts her or his instincts	Do I trust my instincts? Is there evidence to back up what my instincts tell me?

Focusing on Evidence

Being able to produce evidence that links staff development products and services to organizational effectiveness is imperative. This is the essence of EBP in staff development. It shifts the focus from what types of products and services we provide to how the products and services we provide impact patient care and job performance.

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Ultimately, all staff development activities should be analyzed for a link between education and patient care outcomes and job performance. EBP in staff development is the foundation for this analysis, which involves the following actions (Avillion, 2007):

- Identify staff development products and services, beginning with those that have the greatest impact or potential impact on the organization (e.g., orientation, accreditation efforts)
- For each product or service, identify existing sources of data that will be translated into evidence (e.g., retention and turnover rates), how that data is collected, how often it is collected, and additional sources of data that could be used
- For each product or service, describe the mechanism for analyzing data, how often data analysis occurs, and how often products and services are reviewed and revised based on identified evidence
- Determine best practices and benchmarks for each product or service
- Verify conclusions by reviewing the literature and identifying current or planned research projects that will help further verify best practices and benchmarks
- Review and revise products and services based on the analysis of evidence in order to achieve best practices

Chapter 3 covers implementation of EBP in more detail. However, it is important in terms of survivorship that some points are emphasized here:

- **In EBP in staff development, all products and services should ultimately be evidence-based.** This means that data gathering is an ongoing process, as is analysis, review, and revision of activities. All staff development personnel should think in terms of evidence as they identify education needs and plan, implement, and evaluate education.
- **There is no such thing as “soft” data from “soft” programs.** In the not-so-distant past, some education offerings were characterized as soft, meaning their impact could not be measured. So called soft programs often dealt with emotional issues such as interpersonal communication skills or ethical issues. We now know that impact is measureable for all programs. If you are

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offering a communication skills program, it must mean that a need for enhanced communication was identified. Perhaps patient complaints regarding staff attitudes have increased or bullying among staff members has been reported and/or observed. The desired impact of a communications program would be to decrease complaints or bullying.

- **Staff development personnel should communicate using EBP as a foundation.** We waste countless hours in meetings trying to come to the point. By using EBP as a foundation, communication is clearer and quicker. For instance, when discussing nursing orientation with nurse managers, you need to speak in terms of how your orientation program is linked to retention data. If you need to speak to administration about the expense of a particular program, do so in terms of what evidence you have that the program is a benchmark for success. But be sure to relate what you mean by success. Explain how the program is linked to changes in job performance that have ultimately caused a decrease in infections, falls, or other adverse occurrences.

Survivors focus on evidence and how evidence is linked to a positive impact on organizational outcomes. Evidence gives you an objective focus that can be communicated in a clear and concise manner.

Staff Development Departmental Structure and Survivorship

The structure and reporting mechanism of your department is essential to survivorship. You must be seen as equal in status to other departments regarding not only structure and reporting mechanism but budget, staffing, and authority as well.

Staff development positions

Vice president of staff development

Large, multifacility health systems often have positions at the vice president level for nursing, therapies, information systems, etc. Positions in staff development are also beginning to be created at this level in such systems. An individual who has responsibility for staff development activities and all that they entail throughout the health system should have a title and financial compensation equal to those persons who also have multifacility responsibility. In other words, this position should be at the vice president level. Some organizations may try to design a position with the responsibility

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of a vice president but allocate the position to a lesser hierarchical level to try to save money. This indicates a lack of respect for what educators do and the impact education has on the organization. Beware of organizations that do not allocate staff development appropriately in the pecking order of an organization.

A person holding a vice president position in staff development should ideally be prepared at the doctoral level (ANA/NNSDO, 2010). This person will be responsible for the overall impact of education endeavors throughout the health system. Ideally, each facility within the system will have a staff development director who manages education activities for her or his facility and reports directly to the vice president for staff development.

However, vice president positions in staff development are still a rarity. Most staff development departments are still centrally located within one hospital or, at most, have responsibilities that cover about two separate facilities. Let's consider a departmental structure for these more common situations.

Professional development specialists

The staff development department generally has a manager who is a professional development specialist, prepared at the master's degree level (ANA/NNSDO, 2010). The manager's position should be at the same hierarchical level as other managers within the organization. For example, if your department is a division of the nursing department, the management position should be equal to that of the other nurse managers. If the staff development department delivers products and services to the entire organization, the management position should be equal to other managers (or directors).

STAFF DEVELOPMENT ALERT! The hierarchical situation of the staff development department is important. It reflects administration's view of the importance of your department's products and services.

Nursing professional development (NPD) specialists and unit-based educators

The staff development department generally has a manager who is a NPD specialist, prepared at the master's degree level (ANA/NNSDO, 2010). Experience, expertise, and educational preparation vary depending on the role and responsibilities of the various members of the staff development department.

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STAFF DEVELOPMENT ALERT! Make sure to differentiate between unit-based educators and NPD specialists. Survivors do not “lump” all positions into one category!

Remember that an NPD specialist has some experience in the field and is prepared at the master’s level (ANA/NNSDO, 2010). A unit-based educator is an increasingly popular role within staff development. Prepared at the baccalaureate level, the persons holding these positions are generally responsible for in-service and just-in-time training, and helping the NPD specialist with more advanced tasks.

Survivors in staff development make sure that they work within a department that offers career advancement opportunities in the specialty. They need to know that there is a distinction among roles, and that as they acquire more skills and expertise, they will have opportunities to advance professionally and to be recognized for that expertise.

Figure 1.2 offers some recommendations for the identification of various levels of expertise in staff development and career advancement opportunities for each level. These levels are designed using Benner’s (1984) levels of clinical nursing expertise as a foundation.

Departmental scope and reporting mechanisms

Departmental scope varies among organizations. The important thing to remember is that staff development must have equal footing with departments of the same scope and stature.

Housewide scope of responsibilities

In some organizations, staff development departments may have responsibility for providing services to multiple departments, sometimes even the entire hospital. If this is the case, the manager of staff development should have a title equal to those of others who have housewide responsibilities, such as the manager of therapies whose responsibilities include overseeing the delivery of therapeutic modalities, including physical, occupational, and speech therapies.

Figure 1.2

Overview of staff development levels

Level	Experience	Education and training in staff development	Continuing education opportunities	Career advancement opportunities
Novice	<ul style="list-style-type: none"> • None • Shows an interest in and aptitude for educating others 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Professional journals • Books • Learning activities • (All focused on the educator role) 	<ul style="list-style-type: none"> • Preceptorship • Assist with just-in-time training • Assist with in-service education
Advanced beginner	<ul style="list-style-type: none"> • Has dealt with enough “real life” situations to identify important components of a learning activity 	<ul style="list-style-type: none"> • BSN in nursing or related field • Has received some training in relation to unit-based role and should be required to earn continuing education in the staff development field to advance in the specialty 	<ul style="list-style-type: none"> • In addition to those of the novice, should be encouraged to pursue graduate education as well as earn a specific number of contact hours in the staff development field 	<ul style="list-style-type: none"> • Facilitate pursuit of graduate education • Involve them in gathering evidence and begin to teach basics of data evaluation • Facilitate transition into nursing professional development (NPD) role
Competent	<ul style="list-style-type: none"> • Has been in the same job or worked in similar situations for two to three years • Can independently carry out basic needs assessment and plan and implement programs 	<ul style="list-style-type: none"> • Possesses graduate degree in nursing or related field; if graduate degree is in a related field, must possess a baccalaureate degree in nursing 	<ul style="list-style-type: none"> • Pursue leadership learning activities • Pursue learning activities related to research, evidence-based practice (EBP), and correlating evidence to positive changes in job performance and patient outcomes • Earn professional development certification • Join professional associations focused on staff development 	<ul style="list-style-type: none"> • Link with mentors • Facilitate participation in staff development research; staff development EBP, committee chairpersonships • Pursue publishing and presenting opportunities

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Figure 1.2

Overview of staff development levels (cont.)

Level	Experience	Education and training in staff development	Continuing education opportunities	Career advancement opportunities
Proficient	<ul style="list-style-type: none"> • Has a general minimum of five years of experience • Perceives situations as a whole rather than components • Serves as mentor • Assumes committee chairpersonship • Automatically performs in a staff development EBP manner 	<ul style="list-style-type: none"> • Certification in NPD 	<ul style="list-style-type: none"> • Pursuit of additional graduate-level courses in staff development • Pursuit of learning activities that will help them to initiate staff development research • Is active in professional associations focused on staff development 	<ul style="list-style-type: none"> • Successfully function as mentor • Assume more responsibility for leadership, budget process, recruitment and retention of NPD specialists, and long-range planning • Publishing and presenting are expected
Expert	<ul style="list-style-type: none"> • Has a minimum of about 10 years of experience in the specialty • Functions on an intuitive, instinctive level and is able to quickly grasp the essentials of any staff development situation • Often functions as manager of staff development or research departments 	<ul style="list-style-type: none"> • Possesses doctorate degree in nursing, adult education, or related field or is in pursuit of such a degree 	<ul style="list-style-type: none"> • Focus on administrative and managerial education • Seek to increase knowledge of research to conduct and guide staff development research 	<ul style="list-style-type: none"> • Develop and oversee mentor programs • Pursue the manager role in staff development or research • Pursue leadership roles in professional associations focused on staff development • Assume leadership roles in promoting staff development research

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Reporting mechanisms should also be similar to others who have housewide responsibilities. For example, suppose those types of managers report directly to an administrator at the executive level. The staff development manager should also report directly to such an administrator. If the staff development manager reports to someone at a lower level of the hierarchy, this indicates that administration sees staff development as having lesser value than other entities with housewide responsibilities. A survivor questions this and advocates for equal footing and equal respect.

Scope of responsibilities of the vice president

The role of the vice president is generally one that has overall responsibility for nursing staff development in a large, multifacility health system. In systems like these, there are generally a number of vice presidents who have multifacility responsibilities and who report directly to an assistant administrator or the administrator. If these positions are at the vice president level, it is imperative that the person responsible for staff development also hold the title of vice president and report to a similar executive-level position. If not, this is a blatant admission that education is not taken as seriously as it needs to be. This is a red flag. Staff development personnel should work long and hard to make sure this kind of inequality is corrected.

STAFF DEVELOPMENT ALERT! The best way to advocate for equal footing is to be able to provide ongoing evidence of the link between education and organizational effectiveness.

Nursing staff development responsibilities in a single facility

In single-facility organizations with a nursing staff development department, the manager of staff development holds responsibilities similar to nurse managers. Nurse managers are generally responsible for one or more units and report to the director of nursing or similar position at the executive level. The manager of staff development should also report to the director of nursing and hold a position of equal authority to nurse managers in the organization's hierarchy. She or he should not report to an assistant director of nursing or have a title of lesser value.

Some staff development departments allot responsibilities for identified units or departments (e.g., pediatrics or critical care) to specific educators. These unit-based educators should still report to

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the manager of staff development, not to the nurse managers of these areas. If staff development is fragmented by having educators report to others outside of the staff development department, staff development's scope of practice is diluted. Also, unit-based educators, in these cases, are often "pulled" from staff development responsibilities to fill in if the unit is short-staffed, help the nurse manager with managerial duties, etc. Staff development personnel should report directly to the person in charge of staff development!

In summary, a survivor is aware of his or her surroundings and what those surroundings say about the organization's view of staff development. This chapter offers suggestions on how to become a survivor or enhance your survivor mentality. Chapter 2 uses these suggestions to help you write a staff development business plan that enhances departmental credibility.

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