Hazards of Thinking Outside the Box: When Bureaucracy Blocks Success

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This narrative describes how the bureaucratic function of a large and complex system can block the progress and movement of creative and innovative programs. In the University setting, academic program administrators are encouraged to "think outside the box" and devise new and innovative programs. When programs created to produce win-win situations between an academic nursing program and external health care partners became very successful, they were subjected to increased scrutiny by the system even after being vetted through proper channels. The result of the detection of an unconventional or novel program is to assign an overseer to initially investigate what "rules" are being bypassed and what risks exist to the system. The result is a slow down in program implementation and a risk of dissatisfaction for the external partners, as the program process may now be subject to renegotiation.

My adult professional life has been lived in ten year cycles beginning with clinical practice, leading to teaching my clinical specialization in an academic institution, branching to teaching graduate level courses and finally to academic administration. When I accepted the position of Director of Nursing in a large academic program I soon recognized it is the worst job I ever loved.

Many facets of this position are enjoyable and even personally rewarding, but some of the essential skills that are central to an effective clinician and educator do not translate well to a mid level administrative position. These include autonomous decision making at the implementation level, critical assessment and development of unique and innovative solutions, and a tolerance for multiple and varied outcomes. This position involved directing an academic unit comprised mainly of doctorally prepared, highly motivated and success driven, professional women who had diverse interests, abilities and ambitions. It was not the complexity of management of the academic unit or the varied members that created the largest challenge for me, but rather the resistance of the organizational bureaucratic structure to implement creative and innovative programs.

When interviewing for an administrative position, several questions are always asked of the applicant concerning leadership style and problem solving. As there are standard questions, there are also standard, almost obligatory answers the informed interviewee supplies. These include describing one's personal management style as participative, collaborative and respectful of multiple points of view. Almost to a person, interviewees describe their problem solving as creative, innovative, and "able to think outside the box." Some persons are truthful about this ability and early in their administrative careers they frequently discover that many of those within the system who advocated residing in the territory "outside the box" were those who built the "box" and whose job it is to guard the lid. This is realized when attempting to implement innovative approaches to complex problems.

The environment outside the box is fraught with hazards and residing there is frequently prohibited due to the rigidity of established rules and regulations supporting the bureaucratic structures or forbidden under the guise of risk management. The remainder of this article will highlight the problems encountered and strategies implemented to

develop programs that implemented new approaches to customary course content delivery or created alternate financial support mechanisms from community partners.

I began my administrative career in the midst of a nursing shortage crisis and the demand for nursing graduates was very high. There was not a shortage of applicants as there were about ten students for every one state-funded admission slot. It was also a time when health care facilities were given incentives to retain their clinical nursing staff and sought to offer them additional educational opportunities. The opportunity to create health care service/academic partnerships was golden.

Creation of the RN-BSN On-Site Programs

My predecessor had begun the concept of the on-site nursing program in which additional sections of the existing nursing program courses were offered at a health care facility, and that facility "reimbursed" the University for faculty salary. This was seen by the healthcare facility as an effective retention incentive for their staff to have convenient access to advanced nursing education and simultaneously impact the quality of nursing care delivered by their employees. These programs expanded the capacity of the program at no additional cost to the University and generated FTES for the program. The amount of salary reimbursement generated was small and these programs probably stayed "under the radar" These programs were proposed and approved by the Dean of the College of Health and Human Services who ensured they did not violate any educational regulations of the institution.

The success of these programs grew, and more health care institutions requested to have an on-site program for their employees. As the number of the programs increased in size, it became necessary to add the cost of a faculty coordinator and other operating expenses. There was frequently a small amount of additional funds as the facilities contributed a flat rate for faculty salaries and this difference became known as the differential. These funds were accumulated yearly and used for faculty development and travel, the purchase of educational media for classes and for the occasional laptop computer. Formal documents or MOU's (memoranda of understanding) existed between the facilities and the College of HHS, and stipulated the terms of the agreements.

These programs represented the classic win/win situation, as the health care facilities achieved increased staff retention and a better educated workforce. The nursing program increased its capacity and FTES generation and gained a modest revenue stream to provide for unfunded faculty needs.

If you are thinking at this point that disaster is about to strike, you are correct. The administrative personnel and the bureaucratic structure underwent a dramatic shift and many of the players changed. The success of the programs now represented about one-third of the FTES generation and the faculty salary revenue generated was increased to over $100,000 a year in each program. This amount of action and revenue was now lighting up radar screens.

The management and operation of these programs underwent review for more than a year. I can only speculate on the reasons for such a thorough examination of programs that did not violate existing rules and regulations but that were distinctly surviving outside the "box." After extensive review and vetting of the financial arrangements and MOUs, surprisingly little changed in the structure of the programs. The on-site programs acquired their name because they were delivered on-site at the health care facility but are now called the off-site programs because they are offered off campus.

The price of these programs was initially fairly low because the programs utilized their

tenure track faculty for the didactic component of the on-site delivery and used the generated funds to release these faculty from some of their clinical courses, thereby assuring educational consistency and quality in both on and off campus programs. The cost of the clinical faculty is less and does not usually include benefits. These practices have been altered and the healthcare facility is now being charged the cost of the tenure track faculty with benefits for the didactic portion of these programs, thereby increasing the cost of the program. Since I am no longer with this University, I am not sure how this additional revenue is utilized. The idea for these programs may still be golden but the goose may have died in the process.

Creation of Cohort Programs

The nursing shortage also created the possibility for additional partnerships to form. Because of the lack of supply of nurses, healthcare facilities were forced to employ traveling nurses and temporary staff at inflated prices. This created opportunities for nursing programs to receive funding from health care facilities to increase the number of basic nursing students educated. When creating these partnerships between service and academia, the nursing leaders in service expect to negotiate with the nursing leaders of the nursing programs.

The original concept is forged here as the objectives of the program for both parties are clear and the terms of the agreement are mutually beneficial. The basic tenet of these cohort programs is that the health care agencies will donate funds to cover the faculty salary needed to teach a group of students, usually a cohort of ten throughout the entire program. If this clinical cohort is added to the pool of state-supported students, these additional students are added to existing lecture courses and the facility donates the faculty salary needed to cover the clinical laboratory faculty. If several (3 or more) facilities are willing to contribute simultaneously, the cost of the additional didactic and clinical faculty salaries are shared. One main object was to keep the program affordable and to assign the student cohort population to clinical experiences in the sponsoring facility to maximize recruitment.

As the MOUs were generated, the faculty salaries were considered gifts and the funds were handled through the university foundation. If these programs were seen as grants, an enormous indirect cost (35-45%) would have been extracted, thereby reducing by almost half the number of students who could be accommodated by this program. While this method of handling the program funding did not violate any rules, it was viewed by some as "maverick" and nonconformist and not in the best interest of the University at large. A word of caution is needed. You must consider whose box you are thinking outside of. It became clear that program innovation may lead to bureaucratic conflict when goals collide.

Creation of an Accelerated Entry Level Master's Program

The opportunity to create an Accelerated Entry Level Program presented itself. This was in partnership with a major healthcare organization and the brainchild of two senior faculty. These faculty created a solid but ground breaking Accelerated Entry Level Master's program for persons with a baccalaureate in a related field. The potential funding source for the program was anxious for the program to begin and was moving at light speed (the speed of business) to bring the funding to reality. The faculty needed to move the program proposal through the undergraduate and graduate level curriculum committees. The time needed to seek approval of this "cutting edge" program was problematic for the funding source. Ultimately, perseverance prevailed, but the stress on all parties was considerable.

Lessons Learned From the Outside Box

If you are going to create innovative programs and implement them in a bureaucratic system, the following suggestions might be useful:

- Find someone credible within the administrative structure to share the vision and help carry the message.

- Clearly understand the arguments against what you want to do and prepare your case carefully.

- Lead with the advantages to the University, the students, truth, justice and the American way and lastly, to your programs.

- Keep a seat open for yourself at the table and stay part of the negotiations.

- Have meetings before the meetings to understand the resistance and smooth the way.

- Stay strong and laugh it off when things get crazy.

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