The Transition from Clinical Staff Member to Manager

By Brian Leicher, MS, CMD, RT(T) and Sandra K. Collins MBA, PhD

In the clinical setting, the opportunity may arise to promote staff members into management positions. This has several advantages. Internal promotions may motivate other employees to improve their clinical and technical skills and pursue advancement as well. Furthermore, promoting individuals who have been successful in their current roles is advantageous for the organization. This is in contrast to enduring a protracted orientation period with outside hires who may not be familiar with the organization’s normal operations. Even the best and brightest outside candidates typically require a period of time to become acclimated to a new work environment.

Although there are advantages to internal promotion, problems may arise when new managers are given responsibilities without adequate preparation. They may struggle with their new administrative roles even if they excelled in the clinical setting. The work ethic and clinical skill sets responsible for promotion do not necessarily translate into effective management abilities. Senior management must recognize that formally training new managers is as important as training newly hired clinical staff members. Assuring newly appointed managers are knowledgeable of basic management issues is vital to their success. Administrators must realize that not all clinical staff members aspire to be in management positions.

Moving Up

As with any industry, several factors may be considered when deciding to fill a management position in the healthcare environment. It must be determined if it is best to promote a current employee or hire from outside the organization. Hiring from within has advantages given the organization is already familiar with the individual. The internal candidate is typically well known to superiors, is respected by peers, and has a significant amount of technical knowledge.\(^1\) Hiring from within also has patient-care linkages. Recent studies indicate that hospitals promoting those with strong clinical backgrounds into management roles experience lower morbidity and mortality rates among their patients. The benefits associated with hiring from within have caused many institutions to focus on filling management positions with former clinical employees rather than pure administrators.\(^2\)

Traits that may make an individual seem prepared to make the transition from clinical expert to manager include: technical and clinical skill sets, knowledge base, work ethic, and the ability to interact successfully with others. The person may also display leadership traits,
but leadership traits and management abilities are not mutually inclusive. As shown in Table 1, there are clear distinctions between leadership and management competencies.3

In the healthcare industry, many are promoted to management because they excel at something else.4 The assumption that clinical abilities instinctively prepare a new manager for the trials and challenges of administration can result in mistakes and oversights. Unfortunately, it is a common practice to promote clinical employees into management without adequate orientation. Therefore, organizations need to create a plan for orientating newly promoted employees. If this step is ignored, key positions could erroneously be filled by unprepared managers and this may strain department resources.5 The failure to develop newly appointed managers is compounded by the tendency to promote highly skilled technical staff who may have no management skill or aspiration.6 Continuing with this inadequate process may eventually lead to a compromise in the quality of care. Additionally, there may be an erosion of faith on the part of the general public.

The transition into leadership may be particularly intimidating if the individual’s new position includes both clinical and managerial duties. Being pulled in different directions without proper preparation may be overwhelming. Learning to appropriately allocate time to meet the demands of the new managerial position can be a task in itself. As opposed to 100% of the former clinical staff member’s time being spent on technical issues, 40% of their time as a new administrator will be spent overseeing subordinate staff members. For a working supervisor, another 40% may be spent performing clinical work, 15% goes toward training and counseling, and the remaining 5% is devoted to miscellaneous tasks. It is incumbent upon the senior management team to adequately train and then provide follow up support for new managers who have been promoted from the within the clinical environment.7

When a previous clinical staff member begins a new role as a manager, the most basic management functions should be addressed. The new manager must realize what defines a supervisor. The Taft-Hartley Act of 1947, also known as the Labor-Management Relations Act of 1947, Section 101, Subsection 2(11), identifies a supervisor as “any individual having the authority to hire, transfer, suspend, recall, or discipline other employees; or responsibility to direct them, or to adjust their grievances.”7 Many healthcare facilities may offer some forms of training or leadership classes to help support newly appointed administrators because successfully transitioning from the clinic into management means that the new manager must learn an entire new set of skills including planning, organizing, leading, and staffing.8 Coupled with insufficient or nonexistent management training, the newly promoted manager may soon find that the clinical skills that served them so well in the technical arena may not translate into successful management skills. As previously stated, even natural leadership ability will not necessarily equate to successful management ability. The newly promoted staff member may be faced with an entirely new set of rules and regulations. There may be a significant amount of stress associated with new policies and procedures.

Another potential hurdle for the new manager is that remaining staff members must now report to an individual who previously was their peer. This can cause envy and resentment. Some former coworkers may attempt to use the previous relationship to further their own personal agendas. Others may challenge the new manager so as to reveal weaknesses and ultimately sabotage their previous colleague’s chances of success in their new managerial role.9 Ignoring or incorrectly addressing these issues can undermine the manager’s authority and/or lower department morale. The newly promoted manager should avoid maintaining social bonds with subordinate staff in situations where their judgment and effectiveness may be compromised. Siding with former coworkers rather than with upper management may give the perception of weak or ineffective management.1 Some studies indicate a mentor may be helpful to help alleviate some of these issues. Although mentorship may be somewhat helpful, studies also indicate there is little support suggesting a mentorship program increases the leadership effectiveness of the mentee.10

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**TABLE 1. Leadership versus Management Competencies**

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<td>Motivating Stakeholders</td>
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Communication

Direct and open communication can help to combat complaints and resentment. A new manager must become proficient in receiving orders from superiors, delivering orders to subordinates, coaching, counseling, taking disciplinary action when needed, interviewing prospective job candidates, and interacting with other managers. Without proper training in communication techniques, the new manager may fall back on inappropriate methods based on previous work experience rather than formal techniques developed through proper management training.1 Formal communication training should emphasize gathering and delivering feedback through listening. Ideally, communication consists of 40% delivering feedback through listening. Without learning how to actively listen, there is a risk that important information will be missed and problems not resolved.12 Subordinates who are agitated must be handled particularly carefully. Providing negative or inappropriate feedback to a subordinate in the form of anger or a dismissive attitude may cause subordinates to avoid communicating with the manager in the future. The new manager must also realize that feedback does not end when a conversation is finished. The technical staff must understand the manager’s feedback and be able to apply it successfully to their work.11

A new manager must also learn to employ these same listening and communication skills when dealing with superiors and other managers. When interacting with members of one’s own department, it may be common to communicate using terms or phrases unique to that specific environment. However, a new manager must learn to limit the use of insider language when dealing with those from other departments.1 Sitting in a general meeting and using abbreviations and acronyms to a group of uninformed listeners will only cause confusion. Care must be taken to avoid using terms and expressions that are unknown to the overall group.14

The simple act of communicating properly can potentially take on an entirely different meaning as the previous technical employee transitions from clinic to management. There are several methods of communication that the new manager will deal with on a daily basis. One of the most common may be simple face-to-face communication. This is potentially the most powerful because it combines not only verbal messages with tone and volume, but also very strong non-verbal signals with body language.2 The ability to recognize both verbal and non-verbal signals will certainly help when dealing with irate or noncompliant subordinates. The new manager must interpret non-verbal communication from staff members often times in high stress situations. Non-verbal cues can be exceedingly powerful and overshadow verbal messages.

In addition to being able to send and interpret verbal and non-verbal cues, new managers must also keep in mind their own physical presence. Much like real estate, location is everything. There are in fact four components of communication distance. They are applicable to both verbal and non-verbal situations. These four components include15:

1. Intimate (16 to 18 inches)
2. Personal (1 1/2 to 4 feet)
3. Social (4 to 12 feet)
4. Public (12 feet and beyond)

Distance may be particularly critical for new managers to understand especially where culture and gender are considered. For example, the intimate zone for someone from one country may only be nine to ten inches, but the same distance may be considered much too close, and perhaps even threatening, for someone from another country. Physical contact with any employee in the workplace by the new manager, even with persons who were formally friends and coworkers, are strongly discouraged as these actions may be easily be misinterpreted by other staff members.

Since communication does not occur by words alone, a multicultural workforce requires new managers to be cautious when using hand signals or gestures as well. To some individuals, hand signals such as “OK” or “thumbs-up” are generally thought to convey acceptance or approval. However, these same hand gestures may take on an extremely negative connotation to other individuals.15

Delegation

Another critical management skill is that of delegation, and not delegating enough is thought to be the number one mistake of new managers.16 It may be one of the most uncomfortable tasks for newly promoted technical staff, and this can be compounded by the fact that the subordinate may not be able to perform a particular function as well as the new manager. Coming from a background where the former staff member excelled, it may be difficult for the new manager to relinquish control of a task or process that had been such a large part of their own scope of practice. In addition to countering this mindset, the manager must still realize that, regardless of who completes a given task, the ultimate responsibility lies with the manager.17

The hesitancy to delegate may also be tied into the issue of recognition. Top performing clinical employees typically take great pride in their accomplishments. Delegating work removes the new manager from the spotlight and the satisfaction and recognition that used to follow their accomplishments. The new manager must learn to compensate for this by dealing with the satisfaction of...
overseeing a successful group or department. The new goal of the manager must be to learn how to transition from worker to teacher or mentor. Patience must be exercised as staff members will surely make mistakes as it takes time for their skill levels to increase. If the new manager is taught how to develop individual training plans and provide support, these mistakes and missteps can be kept to a minimum. The task of delegation must be handled carefully. Delegating too much can lead to low morale among subordinates and a sense that the new manager is either no longer clinically competent or is out of touch with current technical practices. Delegating too little can impair a manager’s ability to function adequately as an administrator. If the new manager is unable to delegate effectively then he or she will have to assume the technical responsibilities that should rightly be delegated to other staff members. If this is the case, the administrative tasks facing the manager will still need to be addressed and the resulting workload associated with being pulled in multiple directions can stress an individual to the point of being unable to function in the workplace as either a technical expert or administrator. This scenario is also certain to attract the negative attention of senior management.

Holding Effective Meetings

Frequent regular meetings with fellow supervisors and subordinate staff can help to maintain control of a high clinical and administrative workload. Meeting with other managers can avoid situations where authority might inadvertently be undermined. Meeting with senior administration can serve to reinforce the new manager’s skill and confidence as well as preventing the practice of delegating up to higher level administrators. Meeting with subordinates lets them know who is responsible for each area or task in the department. It must be stated, however, that the new manager must not fall into the trap of having meetings just for the sake of having meetings. Too many meetings, especially if they are vacuous, will rob the manager of the ability to implement those issues that are discussed. Furthermore, employees can be negatively affected by bad meetings. They could very well perceive them as a waste of time. Regular staff meetings should be treated as an essential work activity. Once again, the new manager must be trained in how to organize and conduct meetings.

Utilizing Time Effectively

Time management is another critical skill that needs to be addressed. New managers may not only have trouble managing their own time in their new role, but managing the time of others can also be challenging. In reality, a manager cannot really manage time. Instead, they must be taught to manage events. Vacations, personal days, seminars, and mandatory in-services all come into play when trying to maintain an adequate workforce in the clinic. Unfortunately, even the best plans can be unraveled by unexpected events. Sudden illness, the request for emergency personal time, bereavement time, and sudden unexpected staff attrition can adversely affect how to schedule staff and normal business procedures. New managers should develop a time management system that is flexible enough to account for changes in staffing and workload. There may be instances where requests for time off, including vacation, may be denied in order to ensure that there is clinical coverage in the event of an emergency. This can cause discontent among clinical staff, as they may only be focused on current workload and available clinical coverage rather than the global outlook. The clinical staff may also resent the new manager’s refusal to allow time off given that they were previously a coworker. Since the responsibility for providing an adequate workforce, regardless of unforeseen events, lies on the shoulders of the manager, the new manager must be cautious when dealing with these situations. It can become too easy to fall into old habits and resort to working in the clinic as a technical staff member as opposed to managing a workforce.

Maintaining Dual Roles

In addition to maintaining clinical and technical expertise, the new manager must often assume the dual role of specialist and generalist. As previously stated, it is common practice to be selected for promotion due to the skill sets and knowledge base necessary for clinical success. The newly promoted technologist was a specialist in his or her field prior to promotion. This technical expertise can be the result of formal training, experience, working with and watching others, or any combination of these factors. A critical error on the part of senior management is the assumption that a simple change of title imbues the new manager with all of the skills necessary to cope with the demands of the new position. In assuming the unfamiliar role of generalist, the new manager must now learn to acquire knowledge in every facet of departmental operations. Given that they must have a much broader understanding of the entire work area, the new manager has to learn to segue into the position of knowing a little bit of everything. This may be a difficult challenge coming from a clinical background where their expertise was evident.
Not Everyone Can Be a Manager

One aspect that is often overlooked when dealing with the issue of promoting top performing staff members is that these individuals may not desire a promotion into management or administration. Senior management may feel that everyone wants to be rewarded by moving up the organizational ladder. While this may often times be true, administration should also keep an open mind. Furthermore, while many employees aspire to reach the level of management, not all of them are suited for this transition. This may be the case even if there is a formal management training program in place.21 Some organizations are known for providing career advancement programs which are thought to motivate and prepare clinical staff for the transition to management. This is a good strategy, but some healthcare organizations may merely promote who they see fit and expect new managers to learn their new skills through trial and error. Unfortunately, this can be an ineffective training initiative.

Even with a formal management training program in place, care should be taken when selecting a person or group of potential candidates for promotion. Staff members may initially desire an upward transition into management, but may find that they are not well suited to this aspect of their work environment. In fact, there is the story of one company that wanted to reduce the possibility of moving the wrong people into management. Every candidate for promotion into management was invited to an all-day seminar on what management actually involves. This training session included typical management problems and scenarios. Of the approximately 500 people who attended the seminar, roughly 100 of them (or about 20%) realized that they did not want to be managers.9 Just think of it, a potential failure rate of 20% for individuals who originally thought that they wanted to be promoted into management. One can only wonder what the failure rate is for staff members who receive an unwanted promotion. Before asking the obvious question of why accept a management position if it is not what you want, a very important issue needs to be considered. Many individuals may accept a promotion simply because of the possibility there will be negative repercussions if the promotion is rejected.

A novel approach to taking care of valued employees may be to think outside of the box when looking to reward valuable employees who perform above average in the clinic. Healthcare institutions should strive to avoid blanket approaches to employee recognition and motivation. Instead, rewards and recognition should be matched to the individual as well as the achievements.22 Rewards can be as simple as an extra day off with pay or moving a workspace to a more pleasant environment. Often times, rewards can be meted out at no cost to the institution. By personalizing a reward system, valuable employees can be retained and continue to improve the quality of the healthcare environment. Promoting someone to management who does not want to be in this role may cause an outstanding employee to quit and leave. Perhaps even worse, they may decide to quit and stay.

Conclusion

With the increasing complexity of the healthcare industry, greater challenges are being presented to clinical employees if they are promoted into a management role. Although promoting those with clinical skills has organizational advantages, there is often a need to teach the new manager some basic management skills to assure the transition from clinical to management is as successful as possible. Interpreting budgets, marketing, recruitment and retention, and fulfilling legal requirements are but a few managerial duties the new managers will need to address that may offer some challenges to those former clinical staff members who find themselves headed toward an administrative role. However, some of the basic management skills may be the most challenging and should be addressed as they are trained and prepared for the new role. Holding a dual clinical/management position can be daunting as new managers must find new ways to manage their time and communicate with others. However, upper administration must be cognizant that technical ability does not always translate into management ability especially without additional training and development.

References

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Questions

Instructions: Choose the answer that is most correct. Note: Per a recent ARRT policy change, the number of post-test questions has been reduced from 20 to 8.

1. Every clinical staff member desires to be a manager.
   a. True
   b. False

2. The role of Supervisor as identified by the Taft-Hartley Act of 1947 is:
   a. Someone who delegates all tasks
   b. An individual who schedules multiple meetings
   c. Any individual having the authority to hire, transfer, suspend, or discipline employees
   d. All of the above

3. When communicating, most people commit only ___% of the process to listening.
   a. 40%
   b. 16%
   c. 35%
   d. 25%

4. There are four components to communication distance. What distance is considered personal?
   a. 16 to 18 inches
   b. 1.5 to 4 feet
   c. 4 to 12 feet
   d. 12 feet and beyond

5. Frequent meetings with fellow supervisors and subordinate staff can help to maintain:
   a. Social media contacts
   b. Personal well-being by complaining to other managers
   c. Control of a high clinical and administrative workload
   d. Authority over subordinates

6. Approximately 500 individuals were invited to attend a pre-promotion management seminar. At the end of the day-long event, what percentage of employees realized that the did not want to become managers?
   a. 10%
   b. 20%
   c. 30%
   d. 50%

7. One of the benefits of internally promoting a clinical staff member to management is:
   a. The internal candidate may be well known to superiors and respected by peers
   b. The internal candidate may be good friends with members of administration
   c. The internal candidate may know who to butter up in order to achieve goals
   d. The internal candidate will bring fresh ideas and a new perspective to existing problems

8. Some potential downsides of internally promoting staff members to management are:
   a. Possible resentment on the part staff members having to report to a former peer
   b. Some former coworkers may try to use the new manager to further their own agendas
   c. Former peers may challenge the new manager or put them to the test
   d. All of the above