

Joel Mindes, Leader and Manager of Behavioral Health Services

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Joel Mindes has been and still is the leader and manager of Behavioral Health Services (BHS) at Holland Hospital in Holland MI for the past 5 years. He began his nursing career as a diploma nurse in New Jersey, has a BA in English from Rutgers College in New Jersey, and an MSW in social work from Fordham University in New York.

While obtaining his various degrees he worked for 8 years as an orderly at Bergen Pines County Hospital primarily with the psychiatric unit. Once he received his degree in nursing he began his career working as a nurse in the ICU department of Holy Name Hospital in New Jersey. At that time the ICU had a nurse to patient ratio of one nurse to four patients and Mr. Mindes worked second shift along with four other new grads. Mr. Mindes describes his manager at the time as “the hawk” for her ever watchful eyes (J. Mindes, personal communication, February 9, 2012). Following 14 months of working in the ICU he worked 3 years as a psychiatric nurse at Holy Name, 9 months as a psychiatric nurse at Forest View, and 6 years as a nurse on the psychiatric unit at St. Marys PMU and then 11 years as their manager.

### **Job Duties**

As the manager of the psychiatric unit at Holland Hospital Mr. Mindes has many job duties these include: hiring and firing staff, handling complaints, enforcing and assisting with policies and procedures, quality improvement, knowing and following the Michigan Mental Health code, obtaining tools that enable employees to complete their jobs, budgeting, completing paperwork related to surveys and daily census reports, and being accountable for the unit and staff 24 hours a day.

Mr. Mindes reports to the director of BHS, Ms. Sherry Oegema, who has a masters in nursing and she reports to Ms. Patti Vandort, MSN. At Holland Hospital a nurse runs a unit and

the preference is that the directors or managers have a MSN degree. Mr. Mindes is able to be the manager of BHS due to the director he reports to having an MSN degree.

### **Collaboration**

On a daily basis Mr. Mindes collaborates with many areas of the hospital including recipient rights, emergency department, laboratory, medical surgical units, ICU, ATU, maintenance, pharmacy, quality, biomed, building and engineering, finance, security, insurance companies, and purchasing. The most important of these is recipient rights as it is primarily in place to deal with the rights of mental health patients. Currently, Mr. Mindes is in the process of working with Recipient Rights to determine if withholding cell phones or iPods from patients violates their rights. The fear is that patients may violate rights of their peers by taking pictures of them or talking about them on Facebook or Twitter. For now he has made a managerial decision to allow cell phones and iPods that do not have cameras. In addition to this he is collaborating with a select group of inpatient psychiatric facilities to establish benchmarks related to recidivism, restraints, falls, length of stays, and interactions with community mental health programs.

### **Legal and Ethical Issues**

There are many legal and ethical issues when dealing with patients and staff on a behavioral health unit. The legal issues Mr. Mindes deals with are related to policies and revisions to policies and procedure that meet the Michigan Mental Health Code. The most important of these may involve the committal process of admitting patients on an involuntary basis. Mr. Mindes identified a recent issue that involved the court system delaying a patient's right to trial within 7 days, of involuntary admission, to 8 days. "Ethics comes up when limiting people's rights including the right to the least restrictive environment" (J. Mindes, personal

communication, February 9, 2012). This was a violation of the patient's rights according to the Michigan Mental Health code leading to the manager's involvement of recipient rights and the court system.

As for the legal and ethical conflicts that can occur between management and the organization, "nurse managers emphasize their professional values of providing high quality care for all patients, while one of an organization's aims can be assumed to be a quick and economically effective service leading to lower staff costs" (Aitamaa, Leino-Kilpi, Puukka, & Suhonen, 2010, p. 470). This can cause an ethical and or a legal conflict between managers and the organization as lower cost may not allow for appropriate equipment, staffing, and care of the patient.

### **Power and Influence**

In looking at the power and influence of managers Mr. Mindes believes the role of the manager in itself gives the manager power and influence. By just walking in a room staff will take notice and may change what they were intending to do just by a managers presence. He noted it can also interfere with the ability of the learning process as evidenced by his recent attendance, by invitation, of a Dialectical Behavioral Therapy (DBT) class. After the class the leader politely asked him not to come back, not because he verbally caused any problems but because his very presence prevented members from speaking up and getting involved in the learning process.

A manager has the power and influence to affect patients by virtually taking the time to listen, offer assurances, and looking into their concerns (J. Mindes, personal communication, February 9, 2012). Patients' gain a sense of satisfaction when allowed to speak to the manager because they feel their complaints have been heard by someone higher up in the organization.

As for the organization, it is the managers' responsibility to set the tone for an environment that is conducive to open communication between managers and staff; nurses, social workers, and mental health associates; and then other departments such as the emergency department, laboratory, medical floors, and administration. According to Timmins (2011) "...evidence suggests that impaired communication can affect patient outcomes, and many studies indicate that the information that patients receive often fails to meet their or their families', needs" (p. 30)

### **Decision Making and Problem Solving**

Effective decision making and problem solving affects patients by allowing for an environment that promotes safety, satisfaction, and wellness. Timmins writes "to foster good relationships, ensure good clinical environments and staff satisfaction, managers need to adopt open, approachable leadership styles, involving them in decision making and governance" (p. 32). A recent issue for the BHS department involved a patient's desire to use an electronic cigarette on the unit. Mr. Mindes chose not to ignore the request or to push it aside. He instead assured the patient he would see if electronic cigarettes could be used on the unit. As the manager, he had to make a decision based on Michigan law, hospital policy regarding fire codes, and staff input. The final decision made by Mr. Mindes was that it was within the hospital policies, Michigan laws, met the requirements of the fire code, and had staff approval to allow use of electronic cigarettes in certain areas of the unit. The decision was effective because the manager included all interested parties.

As for decision making and problem solving within the organization it is important that various units within an organization work together to avoid legal and regulatory liability (AHC

Media, 2011, p. 85). As given in the above example following the laws and policies of an organization protects the organization from legal and regulatory liability.

### **Management and Resolution of Conflict**

Mr. Mindes believes a good manager knows to remain rationally detached and to not be reactive when resolving conflict among peers; “it is not us against them” (February 9, 2012). On a behavioral health unit there are times that conflict occurs between nursing and social work or nursing and mental health associates, or nursing and physicians, or nursing and the emergency department. “Above all, nurse managers must adopt an open management style, to ensure that they are available to listen to nurses, pass on relevant information, involve nurses in decision making and deal with conflicts as they arise” (Timmins, p. 34). Once a conflict comes to the managers’ attention it is important to involve all parties in the resolution of the conflict in order to promote a more productive and satisfying work environment. This in turn benefits an organization by “transforming the practice environment to one where nurse managers and staff nurses participate in clinical decision-making is thought to support and motivate excellence in nursing practice, enhance recruitment and retention and improve patient outcomes” (Wade et al., 2008, p. 345)

### **Summary**

In summary a nurse manager can make or break a unit or organization by the way in which he communicates with his staff, collaborates with others, problem solves, makes decisions, and resolves conflict. According to Timmons, (2011), “managers who have good communication skills create good working atmospheres that ultimately improve nurses’ confidence, motivation, and morale” (p. 32).

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