Getting the job done

Matching the right people to the right responsibility

by Sharon Taylor, RN, MS, CIC, CPHRM, CHC

Nurse managers are used to having to do more with less, and finding staff to take on new duties to meet regulatory requirements is just part of the job. For these tasks to be performed effectively, you must match the right people together with the right responsibilities.

As the declining economy has led to staff shortages across many organizations, hospitals trying to figure out who can do what can learn a lesson from the nation’s smallest facilities. Small hospitals have had to train staff members to perform multiple responsibilities and roles within their jobs.

Ensuring staff members are right for the job

What should nurse managers do when they are faced with having to fit individuals to certain job functions? One way is familiarizing yourself with the characteristics and skills of staff members. Here are some suggestions to help with that process:

➤ Match preferences as much as possible to fit the job functions. Although it is not possible to give everyone their dream job, you can match jobs requiring attention to detail with those individuals who have a knack for it, for example.

➤ Look for those who have natural teaching abilities. Taking the time to foster the talent of a person who seems to explain things well and doesn’t get flustered when questioned may pay off by developing a facility’s next educator.

➤ Recognize when a staff member has a particular interest in an area. Perhaps someone is always volunteering, mentioning the latest article he or she has read, or wants to get to the bottom of exactly what is required to treat a patient. This person may be the next risk manager or compliance officer in the making. Given some time and a few external learning opportunities, a new case manager or wound care specialist could be born.

Ensuring employee satisfaction in a new job function

No matter how large or small your facility, there will always be times when managers have to combine what
Matching < continued from p. 1

may be two or more job responsibilities into one position. When looking to combine responsibilities, there are some critical issues that need to be addressed, such as the following:

➢ Be sure employees agree with your assessment of their skills and interests. Just because you see a particular area as an interest for an employee does not mean the employee truly has an interest in this area. Take the time to validate your observations with employees and explore whether they really want to increase their involvement in this area. The organization will get a much better program when this step is performed in advance.

➢ Give employees the education and support they need to perform the necessary functions of the job. There are many continuing education opportunities now available online, so access is generally not a problem. However, payment and time to take advantage of these programs may be an issue. Be sure to address this up front. Joining a professional organization is worth the money invested.

➢ Allow employees time to do the job. There is nothing more frustrating than adding new duties to employees’ work flow to help an organization meet its regulatory requirements and then saying those duties fall under “other duties as assigned” in an employee’s job description.

➢ Be flexible about time when special needs arise. For example, the arrival of the H1N1 virus required infection control practitioners to spend many hours dealing with the pandemic. Not allotting for instances such as these can lead to employee dissatisfaction and even the potential loss of a valuable staff member.

➢ Provide employees a place and the equipment to do their job. At a minimum, provide employees with a place to work, and store their materials so they are not working out of a storage box. Be sure employees have the equipment necessary to perform their job functions. In today’s environment, a computer with Internet access is a necessity.

➢ Check in with employees often. A manager’s support and assistance along the way is helpful and appreciated and may mean the difference between success and failure.

All organizations must look for innovative ways to better serve their patients, meet regulatory requirements, and develop their staff.

Editor’s note: Taylor is director of risk management and accreditation services at Burgess Health Center, a 25-bed critical access facility in Onawa, IA. In addition to risk management, she is responsible for infection control and is the compliance officer.
When it comes to certain policies, it’s all about the details.

In 2006, Pam Harmon, RN, legal nurse consultant and CNO at Fredonia (KS) Regional Hospital (FRH), took a closer look into her facility’s employee code of conduct. The Commitment to Coworkers policy, as the code of conduct was then known, only pertained to the nursing staff. This went against FRH’s new goal for the facility policy. The code of conduct’s new purpose was to include everyone—not just the nursing staff—and to change the attitude of every staff member in FRH.

In order to include all staff members at FRH, Harmon took matters into her own hands, and with the help of an in-service committee, went about changing the information of FRH’s employee code of conduct.

Research

Harmon searched the Web to find examples from other facilities across the nation to get a broader perspective on her facility’s options. Using key words such as “standards of performance” and “code of conduct,” Harmon gathered a few examples that she brought to an in-service committee meeting.

Harmon was careful not to try to layer another facility’s policy onto FRH but rather to add selected items that were applicable to her facility. “We took a lot of information from other facilities’ examples, only taking what we felt necessary for Fredonia,” says Harmon. From these examples, Harmon and the in-service committee blended information to fit the needs of FRH and came up with the standards of performance to include all the staff members.

“Throughout the development of the standards of performance, the in-service team and I decided which information would be important enough to feature in the document,” says Harmon.

Improving the attitudes and the quality of patient care, along with the attitudes of the staff members, was on Harmon and the committee’s mind when reviewing all the information.

Old versus new

Eventually Harmon and the committee determined the areas the new standards of performance would focus on. Some of these areas include:

➤ Attitude
➤ Personal appearance
➤ Communication
➤ Culture of safety
➤ Commitment to patients
➤ Commitment to coworkers
➤ Safety awareness
➤ Sense of ownership

The previous code of conduct was a one-page document that only addressed patient care staff, and there was no requirement to sign any documentation, saying they had read and understood the code. Now the standards of performance is a two-page document that everyone in the facility—from the CEO all the way down to new hires—has to sign.

“We have been talking about focusing on positive thinking, and we as a committee feel if we could get
something everyone could read, sign, and commit to, then we would have a better outcome and performance from all staff members,” says Harmon.

The new standards of performance document is not only signed by everyone in the facility, but is also reissued annually, so staff members are reminded of the commitment they have to themselves, the patients, and other staff members at FRH.

The policy is also an important part of the hiring process. During the interview process, the expectations derived from the standards of performance are discussed in great length.

“We ask the potential candidate questions regarding the policy and handling particular situations so they are thinking about these things before they sign in to be a part of our facility,” says Harmon.

No tolerance for negativism

With any new policy, there are staff members who do not take things seriously, and with FRH’s new standards of performance, there were a few necessary teaching moments.

“Over the three years, there have only been a few instances where employees did not abide by the standards of performance policy,” says Harmon.

For a first offense, employees receive a verbal warning if they are not living up to the areas stated in the new policy. A second offense earns a written warning, and if the behavior continues, the staff member might even be put on suspension and eventually terminated from FRH.

“We developed a policy that has no tolerance for negativism and a goal of improving customer service by improving the attitude of all our staff,” says Harmon.

Keeping patients and staff members satisfied

To help encourage staff members to keep a positive attitude, Harmon and her committee developed a “Kudos board.”

At FRH, patients receive a satisfaction survey that allows them to comment on their stay and rate their overall experience. The survey asks patients to comment on the nurses and whether anyone went above and beyond the call of duty or fell short of the patient’s expectations.

If a patient comments on one nurse and how the nurse exceeded the patient’s expectations, staff members at FRH can see the nurse’s name on the Kudos board.

In addition to having his or her name displayed on the Kudos board, the nurse also receives a thank-you gift card, good for a snack in the cafeteria.

“As the results from our satisfaction survey improve, it is important to continue to build up staff morale and praise good behavior,” says Harmon.

To help with patient satisfaction, FRH now calls patients two to three days after discharge. Nursing supervisors at FRH call the patients to see how they are doing. The nursing supervisors also answer any questions the patients may have and make sure the patients have made follow-up appointments with their doctors.

Helpful piece of advice

Overall, Harmon is satisfied with the new standards of performance policy and does not think it is necessary to make any changes. (See p. 5 for the new policy.)

“A few weeks ago, I saw one of the unit clerks placing a handwritten thank-you card into one of their colleague’s locker,” says Harmon. “It’s nice to know that the staff members are carrying out this behavior amongst themselves.”

To other facilities looking to improve upon their code of conduct, Harmon emphasizes to them the importance of making it relevant to all areas of the facility.

“It has to pertain to everyone,” says Harmon. “Everyone has to be viewed as the customer because there can be doctors who are coming from an outside source. Everyone is the customer, and not just the patient.”

Source

Adapted from Briefings on the Joint Commission, February 2010.
Fredonia Regional Hospital employee standards of performance

**Attitude**

My job is to serve all our customers by providing quality service with care and courtesy. I know that my customers are the patients, their family members, the medical staff, volunteers, the public/services we have daily contact with, and my peers. I will always thank our customers for choosing Fredonia Regional Hospital and try to exceed all our customers’ expectations.

**Personal appearance**

I will present myself in a professional manner, always welcoming and greeting patients, visitors, and employees. I will follow the department’s dress code policy, wear my employee badge at all times, and keep it secure when not being worn.

**Communication**

I will communicate with others in a positive manner, striving to find a way to compliment and uplift all persons. I will be responsive in all workplace interactions, listening to my customers whether they are patients, family members, or other members of the workforce. I will smile and be aware of my body language and nonverbal communication. I will provide an interpreter for a second-language patient or family member. I will identify myself when talking on the telephone and provide the correct number and get the caller’s permission before transferring his or her call. I will answer all calls as quickly as possible. I will take the initiative to express concerns and suggestions to benefit the team as a whole.

**Safety culture**

I understand the commitment of the organization to a culture of safety and fearless communication. I will be responsible for reporting any issue to the proper person and will do so with the understanding that the organization has a policy of nonpunitive reporting. If there is ever an occasion where I feel I have been made to feel uncomfortable for reporting, I will bring this to the attention of my director or the HR director.

**Commitment to patients**

I will acknowledge patients’ questions and concerns immediately. I will always address patients with respect and dignity while making their needs first priority. I will provide a pleasant environment to promote healing, keeping a holistic perspective. I will provide continuity of care by reporting to coworkers before change of shift.

Nursing: I will acknowledge patient call lights in a timely manner and anticipate the patients’ needs before leaving the room to decrease their need to use the call light.

**Commitment to coworkers**

I will welcome all newcomers to make their adjustment as a team player to the hospital and department as pleasant as possible, remembering that I was once in their shoes. I will demonstrate a strong work ethic by showing that I care about myself, my job, and my coworkers by being on time and lending a helping hand whenever possible. I will treat my coworkers as professionals deserving courtesy, honesty, respect, and cooperation in the same manner as I would expect to be treated. I will respond to pages, requests, e-mails, and phone calls in a timely and professional manner.

In addition, I will acknowledge other departments’ policies and procedures that relate to me and follow their rules and regulations. All attempts will be made to work out any problems between coworkers on a personal basis in a timely manner before involving supervisors with the attempts being documented.

**Customer waiting**

I will acknowledge the patients/families that are waiting by checking in on them periodically according to department policies. I will offer an apology if the wait is longer than anticipated, always thanking the customer for waiting. I will try to make their wait comfortable, offering chairs if possible.

**Hallway etiquette**

Courtesy and professionalism will be extended to patients, visitors, and each other in the hallways and will be a top priority of the employees of Fredonia Regional Hospital. I will make eye contact, smile, and say hello to visitors, patients, and coworkers. I will never be too busy to help someone or ask whether help is needed. Talking to coworkers in

> continued on p. 6
Fredonia Regional Hospital employee standards of performance (cont.)

the hallways will be kept to a minimum, and I will never be so involved in a conversation that I overlook a visitor needing help. If someone is lost, I will walk him or her to where they need to be. I will open doors cautiously and use the safety mirrors provided. I will continually strive to exceed the expectations of others as I pass through the halls.

Privacy
I am committed to the protection of my fellow employees as well as the patient’s rights to personal and informational privacy. I fully understand that I have the responsibility to ensure that all communication and records inclusive of demographic, clinical, and financial information is treated and maintained as confidential. I will do this in the hospital as well as in the community. I am committed to the value of providing care and communication in an environment that respects privacy. I will be considerate in all interactions and in the provision of care at all times and under all circumstances with the highest regard for a person’s personal privacy and dignity. I expect, of other employees and myself, behavior that represents the expressed value in honoring and protecting everyone’s right for privacy and personal safety.

Safety awareness
I will complete all yearly mandatory training as required by Fredonia Regional Hospital. I have a personal responsibility to be familiar with and follow the safety policies and procedures. If I observe any unsafe condition or safety hazard, I will correct it if possible or report it immediately. I understand the importance of reporting all accidents and/or incidents promptly.

Sense of ownership
I will accept all the rights and responsibilities of being part of the hospital’s team by living the hospital’s mission, vision, and values. I am an example to others and I will be a leader in providing excellent customer service both in the hospital and community. I will hold the people and property of the hospital in high regard. I will be responsible for my own work area. If I see or make a mess, litter, or spill, I will clean it up or get appropriate help when necessary.

I have read Fredonia Regional Hospital’s employee standards of performance and will perform them to the best of my ability.

Signature  
Date

Print name  
Department

Source: Fredonia (KS) Regional Hospital. Reprinted with permission.

Communication

Daily flash rounds improve interdepartmental communication

Communication

Daily flash rounds improve interdepartmental communication

The “silo effect” can be very damaging to a hospital system. It occurs when hospital staff members strictly focus on their function (e.g., social work, discharge planning, utilization management) and forget how their function influences other healthcare professionals. When this happens, communication between disciplines becomes very difficult.

When Grace Dotson, RN, MS, CMAC, CPUR, joined Greenville Hospital System (SC) as the director
of outcomes management, the first matter she wanted to address was improving communication and eliminating the facility silos.

One example of the problem Dotson saw was that case managers spent their valuable time playing phone tag, waiting for e-mails, and searching the halls for coworkers. As a result, efficiency suffered. The average length of stay (LOS) at Greenville was high, and avoidable days were numerous.

Greenville needed a better system for communicating with staff members in other departments, so Dotson came up with a daily flash rounds meeting.

**Not your typical meeting**

The daily flash rounds meeting structure is simple: There is no structure. Dotson feels that the informal nature of the meeting makes it more likely people will attend and also makes the meeting quicker.

Keeping with the informal attitude, Dotson tells staff members to come to the meeting “with their sense of humor and their census.”

Staff members that can attend include some of the following:

- Utilization nurses
- Case managers
- Social workers
- Well Vista (a medication assistance program for the indigent population)
- Business office employees
- Physicians (particularly hospitalists)

The meeting is early—10:30 a.m.—and quick, only lasting 15 minutes. “I like to compare it to speed dating,” Dotson says.

Once in the meeting, attendees are free to roam around the room and mingle. They typically make small talk before asking for information about one of their patients. After a case manager tells a utilization nurse about a potential discharge, he or she can head over to the Well Vista staff member to talk about that patient’s medications. The casual atmosphere has also made it easy for new staff members to get to know colleagues. This face-to-face contact has now been incorporated into everyone’s daily work flow at Greenville, and people enjoy it, Dotson says.

As a direct result of the flash rounds, Greenville has:

- Met its goal for reducing LOS
- Increased the number of patients referred to the Well Vista program by 50%
- Improved timely delivery of the IM

**Tips to implement flash rounds**

Initially staff members were not excited about the idea of another meeting. However, they now believe the 15 minutes spent at flash rounds have saved time overall.

If you choose to implement a flash rounds meeting at your facility, consider these tips for combating staff resistance:

- **Excuse:** I can’t attend because I don’t have time.
  - **Response:** Everyone can spare 15 minutes out of their workday, hence the ‘flash’ title for these rounds.

- **Excuse:** 10:30 a.m. isn’t a good time.
  - **Response:** A time that is universally good for everyone does not exist. However, by 10:30 a.m., staff members have the chance to return calls, print their census list, and participate in unit discharge rounds.

**Source**

Adapted from *Case Management Monthly*, February 2010.
**Staff satisfaction**

**Nurse scheduling software increases nurse satisfaction**

Staffing and scheduling is a tiresome process for most organizations. Nothing causes more arguments among staff nurses on a unit than the schedule. Filling the schedule and ensuring each shift is staffed appropriately and safely is a task that causes many new nurse managers to wonder what they have gotten themselves into.

Although nurse managers on every unit have to decide on the scheduling criteria that work best for them, one issue remains constant: There will always be holes in the schedule, and it’s their job to fill them.

In most hospitals, the process is the same. The nurse manager gets on the phone and begs and pleads with his or her staff to take on more shifts. With the gaps that remain, managers turn to options such as float pools or agency staff, or traveler nurses for long-term shortages.

Using agency staff is expensive, requires an effort to organize, and can sometimes lead to resentment among the permanent staff, who question why their hospital is willing to pay more to agency nurses to fill open shifts.

Many organizations are turning to technology to help them resolve such staffing dramas. Some organizations have invested in software that allows them to offer open shifts to staff, therefore decreasing nurse managers’ workloads and increasing flexibility for nurses, which raises levels of satisfaction.

In August 2009, University Health Systems of Eastern Carolina (UHS) implemented a management program called ShiftSelect, developed by Concerro, Inc., at six of the system’s eight hospitals. UHS calls the program Flexwork, and it allows nurse managers to post open shifts online. Nurses systemwide can view and request available shifts. They see only the shifts that they’re qualified to fill.

**Linda Hofler, PhD, RN, FACHE,** interim CNO and vice president of quality of the system’s flagship facility, Pitt County Memorial Hospital in North Carolina, says the software is extremely easy to use for the system’s nurses and they enjoy the flexibility it gives them in planning their work schedules.

“People are giving us more hours than they were in the past because they have this tool,” says Hofler. “It’s so much more convenient for people.”

One of the benefits of the system, according to **Betty Jo Tetterton, RN,** manager of OB/antepartum in the Women’s Center of Pitt County Memorial Hospital, is that managers, or their designees, make the decision about who takes the shift. They view the nurses who requested the shift and look at the nurses’ experience levels and whether they have the necessary orientation for that unit. Then, managers pick the nurse who has the best fit for patient care there.

Tetterton says the fact that the software connects all the hospitals in the system increases the likelihood that shifts will be used and agency staff won’t be needed. “It’s building great rapport between the units,” says Tetterton.

Hofler concurs. “In most organizations, your biggest expense is your labor costs. We wanted to make certain that [we] have become as efficient in the management of labor as possible. This is a tool that we can put in managers’ hands, and it seemed like one that was well worth the investment to help us use the resources we have at hand,” she says.

And nurse managers no longer have to spend time on the phone begging, cajoling, and pleading. They can fill their schedule holes with just a few clicks of the mouse.

**Source**

*HCPro’s Advisor* to the ANCC Magnet Recognition Program®, February 1, 2010.
After reading this article, you will be able to:

➤ Identify three challenges when implementing a successful orientation program
➤ Discuss at least three strategies for meeting some of the challenges to effectively orient new hires

Orientation

Meeting challenges when building and implementing a successful orientation program

What is a successful orientation?

A successful new hire orientation requires planning, execution, and follow-up of learning experiences with the new employee from the first contact. I am a strong advocate for the use of interactive, staff-centered, relationship-based new hire orientations that build on best practices.

When implementing a new hire orientation, it’s best to build structures and processes on best practices identified in the literature (Avillion 2006; Lawson 2002), evaluations from past and present new employees, and outcomes from focus groups. People are an organization’s most critical asset. Yet, in the first few months of beginning a new job they were once eager to embrace, new hires report feeling discouraged, disillusioned, and overwhelmed. This is frequently the result of how they were introduced, transitioned, and integrated into the new organization and/or service.

Orientations are meant to welcome new hires; to introduce employees to the organization and work environments, coworkers, and leadership; to remove the mystery of their new roles, assignments, and responsibilities; and to provide positive attitudes and skills for successful transition and integration into another adjunct in their careers.

We know that frequently does not happen. So what does happen? Typically, new hires experience a parade of boring, speaker-centered, lecture-driven presentations or computer-assisted training with little or no opportunity for genuine discussion or interaction. Even when colorful materials are provided and interesting PowerPoint® slides are used to visually enhance the training, the sheer abundance of information can exhaust the most enthusiastic new hire.

Then the clinical orientation begins. New knowledge, skills, attitudes, and competencies must be processed in varied amounts of time. Some organizations require a new hire to pass a medication administration exam, adding test anxiety to an already demanding schedule of experiences and learning activities.

Years of new employee feedback and evaluations of new hire and clinical orientations delineate a number of challenges with traditional orientations, as well as opportunities to improve them.

A Development Dimensions International and Monster Intelligence 2006 global study of more than 3,700 job seekers and 1,250 hiring managers (Kaiser Associates) demonstrated that 32% of employees who had been in their current jobs less than six months were already job searching.

Job dissatisfaction scores have been reported during or immediately after the new hire orientation and extending to nearly 18 months post-hire. What are some of the shortfalls that prevent organizations from being competitive, driving up turnover and decreasing productivity and the job satisfaction of employees?

Building and implementing successful new hire orientations will always carry challenges that invite creative strategies to meet them uncommonly well. Several

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such challenges include those discussed in the following examples.

**Challenge:** Orientation facilitators do not address the traditional short-term focus of orientations, which is giving too little or too much information too quickly to sufficiently encourage the retention of new hires.

**Solution strategies:**
- Provide an operating context for new hires for knowledge transfer and application to practice.
- Expand support and include a services focus. Begin this prior to hire and extend support through preceptorships and mentors for 12–18 months to ensure a smooth transition from the orientation to the organization to full integration into the culture of the new service, department, and/or unit.
- Give new hires current contact lists and job aids to help decrease initial information overload. Continue to add new knowledge (e.g., policies, procedures, cultural norms, patient population–specific skills, formal and informal rules, available resources, equipment) throughout the orientation.
- Provide opportunities throughout the orientation for new hires to share their knowledge and skills during presentations, preceptorships, learning activities, and team assignments. Owning their learning can help new staff members build confidence and collegiality.

**Challenge:** Failure to transition and integrate new hires into the workforce (e.g., providing inadequate orientation to the organization, performance metrics, and assigned accountabilities).

**Solution strategies:**
- Ensure that the orientee is not left alone to find his or her own way in the new organization. Preceptors should engage the new hire starting from day one (e.g., by having lunch together to facilitate less formal introductions and an opportunity to help the orientee feel comfortable and welcomed by a new coworker). Preceptors then coach and mentor the orientee’s transition into his or her new role and responsibilities.
- Team building begins during the hiring interview. As the recruiter and supervisor or manager consider the qualities and abilities needed in a new hire to ensure successful integration into the assigned practice setting, they weave this information into the interview and orientation. When managers select the right new hire before giving him or her the job, the orientee usually becomes more comfortable in the new work environment much more readily.
- Introduce the orientee to metrics used in performance improvement, evidence-based practice, and research conducted at point of care. When collecting and using data, show the new hire how to set realistic and measurable goals, meet performance measures, and make changes in practice based on outcomes.
- Explore best practices and systematic processes with the orientee that will help him or her to be more effective and confident in providing care and applying knowledge and skills, and building competency, proficiency, and professional accountability.

**Challenge:** Lack of functional management buy-in and participation (e.g., over-management: leads to employee dissatisfaction and resignations more rapidly than many other factors discussed in the literature and reported in exit interviews).
Solution strategies:

➤ Engage a broad cross-section of functional leadership (i.e., preceptors, charge nurses, clinical nurse educators, supervisors, and nurse managers) to help transition and integrate orientees into their new roles and teams.
➤ Create participative partnerships with all levels of management to facilitate employee empowerment, enablement, engagement, broader spans of individual control, shared decision-making, and shared leadership. Orientees have fewer complaints and tend to remain with managers who create work environments that facilitate autonomous professional practice, critical thinking, and application of clinical judgment.
➤ Distribute appropriate workloads at each stage of orientation.
➤ Participate in two-way communication when providing performance feedback, competency assessments, and team assignments. Demonstrate respect. Actively listen to orientees’ ideas and fold them into their assignments and learning activities whenever possible. Praise good efforts and outcomes at each opportunity. Use crucial conversations throughout the orientation to help them succeed.

Challenge: Disparities in early career support encourage orientees to seek new positions when they are ready to advance their careers.

Solution strategies:

➤ Build confidence from first contact. Explore each orientee’s personal and professional goals for career development and advancement.
➤ Help provide clarity and empowerment for career development. Partner the new hire with a clinical educator (e.g., allow time and encouragement for the orientee to investigate continuing education, certification, and/or academic advancement to enhance his or her career goals).
➤ Offer cross-training and career progression, challenging assignments, and increasingly more complex responsibilities, authority, and accountabilities.
➤ Recognize and celebrate every success, no matter how small, as goals are achieved and new ones set.
➤ Revisit the new hire’s roles and responsibilities periodically in the first 12 to 18 months to evaluate progress and determine how to continue to support the orientee’s career development during further integration into the organization.

When building a successful new employee orientation, it is critical to consider the whole person and both personal and professional determinants for enculturation into a new organization and service. Incorporate tools and resources to provide orientations that promote retention and loyalty. Engage orientees through discussion, humor, and interactivity. Help them become comfortable quickly, confident of new knowledge, skills, and relationships.

Most new hires come into an organization excited about new possibilities. Truly successful orientations help them realize those new possibilities, integrate them into high-functioning teams with participative management, and support their career progression. Meeting orientation challenges with creative strategies facilitates a more positive experience that translates into job satisfaction and greater possibility of protracted retention.

References

Source
Adapted from Briefings on Evidence-Based Staff Development (formerly The Staff Educator), February 1, 2010.
Tip of the month
Progress is a powerful staff motivator

Just when you think we understand our staff, their needs, and how to motivate them, someone comes along and has the nerve to tell us we are wrong. And not just a little bit wrong, but really wrong, way off base, totally out there, and that we completely missed the mark.

A new study by Amabile and Kramer says it’s time to shift our mind-set and perception of what motivates staff.

The study of 12,000 workers from various industries revealed that recognition for a job well done is not the power tool we once thought it was. The No. 1 employee motivator revealed in this study was progress.

At the end of the work day when employees feel they received support to overcome obstacles, they describe those days as a “great work day.”

The study authors say this is the driver for motivation. The study also revealed that the progress does not have to be huge; progress may be incremental and still be successful as a motivator.

But don’t toss your recognition modalities in the trash can; they remain effective tools for employee motivation.

Use recognition to celebrate progress made toward achieving goals and other successes. After all, there will be nothing to recognize if people aren’t genuinely moving forward.

Reference

Source
Shelley Cohen, RN, BS, CEN, Health Resources Unlimited, www.hru.net. Adapted with permission.

Web site spotlight
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