Management challenge

Breaking down resistance
How to ease staff into changes for the better

By Brenda Summers, MBA, MHA, MSN, RN, CNAA

You have a great idea to change a work process. You need others to agree to the change, embrace it, and make it happen. You’ve worked out all the details, and you know the change will help staff members do their jobs more easily. You can’t wait to present the new idea. Because the change is for the better, you know staff will readily accept it.

When you introduce the change, nurses meet your wonderful idea with a barrage of questions and even open hostility. You are surprised at resistance to what is so clearly a change for the better. You can’t understand why staff members can’t see the benefits as clearly as you do. They just don’t understand it, you tell yourself. Why can’t you make them understand?

Nurses probably understand the change proposal, yet resist out of fear of the unknown or a lack of trust. Resistance is less about the facts and more about emotion. The strategy you pursue to address resistance will determine whether others eventually accept, and even embrace, change. To break down resistance, seek to understand the other person’s reason(s) for resistance. Consult the following three levels of resistance to change:

- Lack of information. Staff members may not understand the details of the change, or may disagree with the change proposal. At this level of resistance, giving others more information is important. We can continue to engage others in the discussion of the change, provide information, answer questions, and examine the change proposal from different directions as long as resistance stays at this level.

Support your staff’s professional development

An important component of employee retention is taking an active interest in your staff’s professional development.

Nurses want to advance in their role, build upon skills, and grow as professionals. As their manager, you are responsible for helping nurses to improve.

Decide on a development goal. Meet with each staff member to determine a specific development goal to work towards. Perhaps the nurse would like to learn a new skill or become a stronger leader. Document the goal and list steps the employee will take to reach it. Schedule a subsequent meeting to analyze progress made.

Encourage active employees. Let staff members become active participants in finding their own development opportunities. Ask nurses to brainstorm areas in which they could improve, as well as especially enjoyable aspects of their job. This will help to get staff members thinking and may result in creative ideas for personal improvement.

Management challenge

Resistance

- **Fear of change.** This level is at work when individuals react emotionally, rather than rationally. When they're afraid, people try to emotionally distance themselves from the situation generating the fear. In this case, your idea for change causes fear in others. People can't focus on the details and benefits of the change if they are afraid, though. Maintain an open dialogue to identify the fear. Giving employees more facts about a change won't address their fear. Talk with staff members and explore the source of their worries.

- **Lack of trust.** In the third level of resistance, others resist change because they don't completely trust you. Distrust may stem from past experiences, biases, stereotyping, unresolved issues, or conditioning. These suspicions can limit the way people see the world, how they see you, and how they react to change. No matter how many details you provide, you can't lower the resistance of people who don't trust you.

Maintain contact with the other person to determine the source of resistance. Know yourself and how you respond to a perceived attack. If you begin to react emotionally by becoming defensive, giving more explanation, or withdrawing from those who resist change, you will not identify the true source of resistance. Keep talking and stay open to other people’s ideas.

**Building trust and interest**
To counter resistance, first determine the resistance level. With a group of employees, you may encounter resistance at all three levels. Talk with people who resist your change, and try to find a common ground on which you can all agree. Use this as the opening for further exploration.

Keep your own level-two and level-three resistance in check as well, and focus instead on the relationship you have with the person or group. Pay attention to verbal and non-verbal cues that resistance is building, and take steps to address this before it generates its own energy. If necessary, scrap the entire change presentation in order to explore level-two and level-three resistance.

People have to feel an emotional connection with the proposed change. They also have to feel that you care about them, have their best interests in mind, and that the change will further their own self-interests. They have to trust you.

The easy part is getting them to understand the proposed change. The more difficult part is dealing with the emotions of the change. To prevent frustration, growing resentment, or lack of change, take the time to address level-two and level-three resistance.

*Editor’s note: Summers is a senior consultant for The Greeley Company, a division of HCPro.*

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**—Recruiting and retaining your nursing staff—**

How do you recruit and retain employees at your facility? *Strategies for Nurse Managers* wants to hear about your creative recruitment and retention strategies. Send us a tip and if we use it, we’ll send you a $50 prize.

E-mail Associate Editor Debbie Blumberg at dblumberg@hcpro.com or call 781/639-1872, ext. 3425 with your strategy.
Moving ahead

‘Lift teams’ support patient and staff safety

‘Magnet’ facilities feature innovative programs to support nursing

The University of Washington Medical Center’s (UWMC) “lift team” consists of a group of health care workers who helps staff to lift and move patients, says Susan Grant, RN, MS, chief nursing officer at UWMC—the first facility to receive magnet recognition in the United States. “[The team] addresses a couple of things. The physically demanding part of nursing and, it has decreased our incidence of work-related back injury.” The effort has also helped from a patient-safety standpoint, says Grant, ensuring that employees move patients in a safe way.

Grant says the initiative has been especially help-ful with bariatric patients, or those individuals who are morbidly obese. These patients’ mobility issues may present safety challenges for staff as well as for the patient. The lift team has helped to move these individuals in a way that they are safe, says Grant. “We have actually had the incident for patient and staff related injury go down.”

Legal matters

Stay sensitive to patients’ special language needs

Health care providers must offer interpreting services to patients with special language needs. A hospital in New Jersey paid $700,000 this summer to four deaf patients to whom it repeatedly denied interpreting services over a 10-year period.

The Department of Justice will force improvements, or levy penalties and corrective actions against facilities that fail to comply.

As a leader in your organization, you must help to ensure that your facility stays on the right side of the law.

See what the experts have to say:

Finding interpreters

Discourage the use of family or friends as interpreters, says Jim Pfeiffer, vice president of sales and marketing at Carolina Interpreting and Consulting Services. “This is a weak line of defense if the case goes to court,” Dallas health care attorney Robert O’Donnell says. Patients will sue the hospital—not the family member—over communication errors, he adds.

Consider these cost-saving ideas from Pfeiffer:

• Hire volunteers, but make sure they provide you with credentials. The Registry of Interpreters for the Deaf and the National Association of the Deaf certify sign-language interpreters. Require one of these certifications.

• Test a current staff member’s linguistic capabilities and add interpreter duties to his or her job description. Hold your employee to the same credential, training, and experience requirements as volunteers.

This is a weak line of defense if the case goes to court.

Adapted from: Health Governance Report, www.hcpro.com
JCAHO requirements

New patient safety goals also provide practical advice

The Joint Commission on Accreditation of Health Care Organizations’ (JCAHO) new patient safety goals require you and your nurses to be even more vigilant about safety measures on the unit than ever before. Start preparing now. By January 1, 2003, facilities must review and adapt these goals, or offer surveys a reasonable explanation as to why these targets do not apply to their facility. The goals require organizations to improve the following:

1. The accuracy of patient identification. Use at least two patient identifiers when taking blood samples or administering medications or blood products.

2. The effectiveness of communication among caregivers. Takers of verbal or telephone orders must verify them through a “read-back” of the complete order. Standardize facility abbreviations and acronyms.

3. The safety of using high-alert medications. Remove concentrated electrolytes from patient units. Standardize and limit the number of drug concentrations.

4. Eliminate wrong-site, wrong-patient, and wrong-procedure surgery. Create a preoperative verification process, such as a checklist, to confirm that staff have all appropriate documents (i.e., medical records and imaging studies).

5. The safety of using infusion pumps. Ensure free-flow protection on all general use and patient-controlled analgesia infusion pumps.

6. The effectiveness of clinical alarm systems. Ensure that staff can properly activate and hear alarms over competing noise within the unit.

The JCAHO’s goals are right on target, says Ventryce Thomas, RN, MS, associate director of nursing administrative services at Stony Brook (NY) University Hospital.

“If we clean up our acts in these six areas, we [hospitals] should be well on our way to creating a safer environment.”


Managing staff

Refine your delegation skills and empower nurses

Staff members may say they want to feel “empowered.” When nurses don’t follow through on tasks you delegate to them, however, you might feel frustrated and wonder why you tried empowerment in the first place. Use the following checklist to help prevent such a situation from occurring:

✔ Clarify your expectations when you delegate a task
✔ Be specific with your timeline and how you will hold staff accountable for completing the task
✔ Provide the background information and details nurses need to perform well
✔ Be a resource and coach to your nurses, yet don’t take the assignment over from them because you feel you can do it quicker and better

Always remember the importance of delegation. If you never delegate or empower staff members, you will not only create the perception that you do not trust them, but also impart to them a sense that their skills are inadequate.

Adapted from: Manager Tip of the Week, Health Resources Unlimited ©2002 Shelley Cohen RN, BS, CEN, www.hru.net.
Evaluating your preceptor program
Assess your success with these ‘top-ten’ questions

By Kimberly A. McNally, MN, RN

A number of preceptors have told me they don’t feel confident handling challenging learner situations because they don’t have tools and easy-to-use structures to support their work. Nurse managers are responsible for ensuring that preceptors are available, competent, and effective in carrying out their role with new employees.

Assess the state of your preceptor programs and invest in the development and recognition of this important asset. To evaluate your unit’s preceptor development efforts, consider how well you measure up with the following 10 questions:

• Do you have clear roles and responsibilities for the new employee, the preceptor, and the manager?
• Do you have easy-to-use tools, structures, and resources to support the preceptor?
• Do you assess the “fit” between the preceptor and new employee throughout the orientation process?
• Do preceptors have input in making patient care assignments that support effective learning for the new employee?
• Do you meet on a regular basis with the preceptor and new employee to assess progress, and offer support and recognition?
• Do you effectively deal with preceptors’ performance management concerns?
• Do you have an ongoing learning plan for developing and advancing preceptors’ skills?
• Do you have a formal process to gather feedback at the conclusion of the orientation process?
• Do you know what kind of formal and informal recognition preceptors value, and do you provide it?
• Do you excite a passion for learning and development, and create a work environment in which preceptors and new employees thrive?

Editor’s note: McNally is president of McNally & Associates, a health care leadership coaching and consulting company.

Consult staff when reviewing holiday request guidelines

As we bid farewell to summer and ease into fall, many employees begin to think about the time that they will want to request off for the major upcoming holidays.

It’s never too early to pull out your guidelines or policies for holiday requests. Don’t wait until it’s too late: Now is the time to plan so you’re ready once the Thanksgiving and Christmas vacation requests start to pour in. Here’s how:

• Review the content of your guidelines and ask yourself whether they meet the current needs of staff
• Identify what you would like to change, add, or delete from the policy
• Post the current guidelines for staff and give nurses an opportunity (with a deadline) to offer their ideas for changes, additions, or deletions

Adapted from: Manager Tip of the Week, Health Resources Unlimited ©2002 Shelley Cohen RN, BS, CEN, www.hru.net.
Safety

‘Go-boxes’ help coordinate emergency response and recovery efforts

You’re almost at the end of your shift when the lights suddenly flicker, and the operator announces the code for a tornado sighting. The emergency response plan goes into effect. You run to the second-floor conference room, which acts as a base for the incident command team. A staff member brings in a small plastic chest on wheels. The disaster “go-box” is literally ready to roll.

Go ahead, open it up
So, what exactly is a go-box? It’s an idea that J. Douglas Roill, CHSP, CHFM, came up with to provide useful items and supplies that any command center might need during response and recovery efforts.

Emergency management requirements from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), along with the nationwide emphasis on anti-terrorism measures, helped fuel the go-box strategy, says Roill, general manager of hospitality services at Arizona State Hospital in Phoenix. Items such as florescent lanterns, an AM/FM radio with batteries, and work gloves might all come in handy during an emergency situation.

These kits shouldn’t drain the budget. The command center go-box, only considering the basic items on the list, costs about $85 to assemble in Roill’s region of the country.

Go-box complements planning
It’s easy to coach employees about the contents of a go-box, mainly because people already know how to use the everyday items in them. There’s more to using a go-box than merely its contents, however. As a manager, you must also drill your staff members on the overall emergency plan, Roill says. 


Stock your go-box with essential supplies

J. Douglas Roill, CHSP, CHFM, general manager of hospitality services at Arizona State Hospital in Phoenix, offers a sampling of items to consider for your emergency planning kits. For example:

Disaster command post go-box
- Telephone directory
- Two small flashlights
- Multi-purpose fire extinguisher
- Power Bars (rotated out monthly)
- First-aid kit
- Three whistles
- Cell phones with radio capabilities

Illustration by Dave Harbaugh

“Are you preparing for a disaster? No, I wasn’t referring to your desk.”
Working together

Nurse recruiters can help new employees to navigate the system

By Patricia A. Duclos-Miller, MS, RN, CNA

As the nurse recruiter and coordinator at Mercy Medical Center in Springfield, MA, Kim Flynn, RNC, BSN, acts as the liaison between new nurses and the hospital’s various departments. Her role extends beyond the initial interview and orientation day.

Mercy’s mentoring model supports new orientees by assigning Flynn to assist new nurses in navigating the sometimes-confusing hospital system. In her work, she helps new staff members with issues that may be disconcerting for a new employee.

To Flynn, daily rounds, pagers, and voice mail access offer the orientee a friendly anchor. If the new nurse needs education beyond the orientation phase, the clinical nurse specialist and education department provide the employee with additional resources. New nurses can also contact the clinical nursing supervisor on each shift with any questions or concerns. After three months, Flynn holds a meeting with the new employee to measure his or her satisfaction with the experience.

Mercy’s preceptor development program lasts one full day. Topics include the following:

- Preceptor’s role and responsibilities
- Interpersonal relationships
- Adult learning principles
- Principles of teaching and learning
- Organizational skills
- Reality shock
- Delegation
- Prioritization
- Conflict management
- Communication
- Coaching

Rewarding nurses

Praise work, not workers

Sue just did a great job on a special project that you recently assigned to her, and you are eager to congratulate her. However, when you call her into your office to discuss the project, make sure that you praise Sue’s work rather than Sue herself.

When managers praise employees as individuals instead of the work that they perform, these leaders can inadvertently communicate to staff that they are excelling in all areas of their job—this can make disciplining employees when needed a daunting task.

Instead, leaders should praise a specific task or skill. By communicating satisfaction with just one aspect of an employee’s performance, he or she will not be taken completely off guard if you then call to attention another area of his or her job that needs improvement.


Save the date!
The Nursing Management Congress 2002 will take place October 13–16, 2002, at the Hyatt Regency Dallas at Reunion. Topics include

- calling all new managers—leadership tools and resources for new nurse managers
- recruitment and retention: finders keepers, losers weepers!—the most recent research and strategies to recruit and retain nurses

For more program information, go to www.nmcongress.com/ or call 215/628-7798.
Employees at facilities with incentive or recognition programs may work harder to obtain a certain reward or benefit. Many facilities across the country have improved employee retention and satisfaction with such programs. However, opponents of recognition programs point out potential drawbacks to using only this type of program to motivate employees. Consider the following points of view:

• Incentive programs may diminish intrinsic motivation for some people, since the reward is external.

• Incentive programs can create competition within departments in some situations. Employees may strive to look better than coworkers and in doing so, looking good may become more important than doing well.

• Reward programs can undermine teamwork. Employees competing for a prize begin to regard their colleagues as adversaries, rather than members of the same organization working towards common goals.

• Incentive programs create losers. Staff members who are not the recipients of rewards, despite their efforts, may give up trying.

To overcome these potential problems, customize rewards to individual staff interests and desires. Use the following strategies to produce lasting results, and build intrinsic motivation into your incentive programs:

1. **Set goals that benefit the employee and the organization.** In many incentive programs, employees have the opportunity to learn and develop new skills. Find out the career goals of each staff member and customize the program to meet all professional needs. Go one step further by encouraging employees to participate in goal setting.

2. **Encourage employees every step of the way.** Most employees say informal thanks and recognition motivate them more than formal incentives. Offer employees praise, assistance, and encouragement in reaching incentive program goals as often as possible.

3. **Give employees input into rewards.** Different things motivate different people. The same incentive will therefore not effectively motivate all employees. Conduct one-on-one interviews with employees to find out what they would consider motivating. Employees will work harder to achieve a goal if they have an individual choice of rewards.


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**Fellowship opportunity**

The Center for Nursing Historical Inquiry at the University of Virginia School of Nursing offers a historical research fellowship for nurses engaged in historical scholarship that contributes to the field of nursing. Administrators will base selection on the scholarly rigor of the investigator’s project, including: the clarity of the project’s purpose, its significance, and its potential contributions to the field of nursing.

Applications for the $3,000 award are due October 15, 2002. Applicants should send a completed application and curriculum vitae to Arlene Keeling, director of the Center for Nursing Historical Inquiry, University of Virginia School of Nursing, McLeod Hall, PO Box 800782, Charlottesville, VA, 22908-0782.

For more information go to [www.nursing.virginia.edu/centers/downloads/hrfellow.pdf](http://www.nursing.virginia.edu/centers/downloads/hrfellow.pdf) or call 434/924-5906.
Preventing errors

Train staff to recognize error triggers

As a nursing executive, you are responsible for helping to prevent errors in your facility. Your employees are more likely to make errors if they are under time pressure or are in a work environment with many distractions, says Catherine Kudalis, a partner at Performance Improvement International in San Clemente, CA. Kudalis spoke during a recent audio conference on patient safety sponsored by HCPro’s Briefings on Patient Safety.

Most errors occur when people are straining under a heavy workload. They are also more likely to make errors on particular days or at certain times of day, such as

- the first day back after a vacation or time off
- a half hour after they wake up
- after a meal

Other triggers are vague or incorrect guidance, things that cause people to become over-confident, imprecise communications, and work stress. Train staff to recognize when errors are likely to happen and how to prevent them. Kudalis offers the following six tips for error prevention:

1. STAR (Stop, Think, Act, and Review).
2. Communicate clearly.
3. Adhere to procedures.
4. STOP—when working beyond your policy plan or procedure. Errors are 100 times more likely when people are working outside rules and making decisions based on knowledge.
5. Make conservative and structured decisions.
6. Always assess personal readiness.

Adapted from: “Preventing the most common errors in the operating room,” www.hcpro.com.
Developing humor habits can motivate staff

*Medical studies show humor helps*

By Lynn Durham, RN

Pat Schwab, PhD, a humor educator from the Seattle-based company FUNdamentally Speaking, says there are three ways to motivate people to work harder, faster and smarter:

1. Threaten them
2. Pay them lots of money
3. Make their work fun

“The first two have had a limited and short-term success rate, she says. “Only number three has a track record of effecting real change. It’s time managers acknowledge humor as an interpersonal skill, and learn how to create an atmosphere that is challenging, creative and fun for employees as well as for themselves. Remember, [the one] who laughs . . . lasts!”

Minnesota consultant Kristin Anderson says several of her hospital clients have created a “humor corner.” In this space, employees, patients and family members, post cartoons and quotations.

Staff members can also find a basket of donated stress-relieving toys and comedy videos in the corner.

So if you’re having a bad or stressful day, a coworker can “send you to the corner.”

Periodically, nurses should make room for new cartoon postings and replenish the toy supplies,” says Anderson.

Plato said, “Life must be lived as play.” Now, medical studies prove what some have known all along—cheer is good for us. Research shows that humor is a way to involve our bodies in our healing processes.

Author Deepak Chopra, MD, once said, “Seriousness is equated with responsibility, when, in fact, I think we would be much more responsible if we had more joy and laughter in our lives.” I do, too.

Let humor help you during difficult times. Humor can give a feeling of power in situations where you feel you have none.

Adopt an attitude of raising spirits—one that allows individuals to escape or thrive during loss and change, encourages risk taking, supports staying creative under pressure, and nourishes good health. That’s the way to well-being.

Develop your humor habits and those of your nurses. Try the following tips:

- Read funny stories or jokes—share them
- Look for the humor everywhere—especially in mistakes and imperfection
- Laugh at yourself—never cease to be amused

Editor’s note: Durham is a Hampton, NH, well-being coach. She writes and presents programs on stress hardiness, relaxation, optimism, and joy, www.lynndurham.com.

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Call Dell Bobier toll free at 866/464-2776 to find out how.
2. Understand the behavior. Once you’ve identified the behavior, you must then try to understand it. Consider your nurse’s personal situation—perhaps he or she is a single parent with three children and can therefore not commit to extra tasks. Ask how your team feels as a whole. If the individual does not feel invested in your team, he or she may not be motivated to excel on the unit.

3. Craft a plan. Meet with the nurse to form a game plan. Begin by stating that you have noticed certain behaviors that worry you, and discuss and agree upon a few goals that fit in with the employee’s current situation.

Successful relationships require close maintenance

The relationships that you develop with nurses are important to the success of your unit. However, developing productive relationships can be a challenging task for a new manager.

There are no specific steps to follow to achieve success; crafting strong relationships requires maintenance. Consider the following tips:

- **Always be courteous to coworkers, especially when you are under pressure.**
- **Do not panic or act unsure of yourself in front of your nurses; they expect you to be in control and in charge.**
- **Give employees responsibility to show that you have confidence in them.**
- **Be sensitive as to how you respond to staff members when they make mistakes.**
- **Fight for your employees. Who will if not you?**
- **Remain consistent, but not inflexible. Employees should know what to expect from you, but you should also adjust to unusual events.**

- **Always make an effort to show appreciation for a job well done.**

Try these creative ideas to curb patient complaints

First in a two-part series

What do you do when patients complain about squeaky beds or crying babies in the waiting room?

Brenda Summers, MBA, MHA, MSN, RN, CNAA, a senior consultant for The Greeley Company, a division of HCPro, offers the following list of creative solutions to help raise patient satisfaction:

1. “It’s so hard to get any sleep here. I’m woken up all the time at night with people doing this or that to me. Why can’t I just sleep?”

   “Some hospitals are beginning to carve out what they call ‘quiet time,’” says Summers. Such a program usually consists of a two-hour block of time at least once a day, in which staff members give patients their own uninterrupted time.

   All disciplines must agree to abide by the policy, says Summers, unless a patient emergency occurs.

   “They could sleep, they could read, they could meditate, they could do whatever they like,” she says.

   Quiet times would differ depending on the unit, with each unit deciding upon a different two-hour time block. The ultimate goal is to individualize the quiet time, considering each patient’s specific needs.

   “If you wanted to do it really right, you would do it based on people’s usual sleep patterns, or circadian rhythms.”

   Such a process may take time to develop, however. To start out, talk with your nurse manager. Together, you can help form a work group to see whether quiet time would work on your unit.

2. “No one explains anything to me. What is going on?”

   Patient satisfaction experts say if you take just a few minutes to offer information before patients ever ask questions, you’re not going to be inundated with questions.

   “One thousand questions come when we’ve done nothing to meet that person’s needs,” Summers says.

   Take a few minutes initially to offer information to patients so they will feel well-informed and comfortable with their treatment.

3. “Everyone is always in such a hurry. Could you just listen to me for a minute?”

Innovative ideas increase patient satisfaction

How many of these patient complaints have you heard during the course of your workweek? Check out next month’s Strategies for Today’s Nurse for more creative tips to help handle the following patient complaints:

- “I’m not sure that this nurse knows what she’s doing.”
- “I can’t stand the other patients here. That couple’s baby hasn’t stopped crying since they walked in the door.”
- “Employees here are making inappropriate comments about my weight.”
- “I can’t get any cold water to drink.”

Crafting successful communication skills

- Creative ideas to curb patient complaints 1–2
- Staff members and managers collaborate to increase communication 3
- Communicating with colleagues who could contribute more 3–4
Patient complaints

Nurses can also address this patient concern, says Summers, by taking the time to talk with patients and explain procedures and treatment plans before questions pop up.

4. “Nothing you give me for the pain seems to be working. Why can’t you give me more medicine?”

Part of pain management is educating patients, says Summers. Health care professionals must first talk with patients to discover their pain-reduction goal. Then, staff members can work with the individual to set expectations for achieving that goal.

Take for example a patient who says his pain is 10 on the zero-to-10 scale, and wants his level to reach zero.

Summers recommends that nurses say something such as the following: “To get you from 10 to zero in one fell swoop isn’t possible. What would you think about working to get your pain from the 10 it is now to a six or seven in the next eight hours?”

If the patient agrees, the two work to lower the pain to seven or eight. Once the pain is reduced to seven, the nurse and patient should then set a new goal together.

“The patient is always involved in this dialogue,” says Summers.

Some patients may live with a chronic pain level of four, however, and would never expect to reach zero, she says.

Dialogue with patients is therefore especially important to understand each individual’s specific needs.

5. “This bed is the most uncomfortable thing in the world. It squeaks and sags . . . can’t you get me something that works?”

When hospitals make decisions about changing vendors, says Summers, administrators look at the bed and its safety features, but rarely ask anyone to truly test the bed for comfort. She suggests that when hospitals bring in new products for a trial, they actually use them with patients.

“Have people lie in the original one and then the new one you’re trying out. See what they think is best.”

For the first 18 or 24 hours, a patient could lie in the current bed, and then the next day in the new one.

If it’s unfeasible to use patients in your facility for such a trial, then use staff members, suggests Summers.

Nurses can propose the idea to their manager and then volunteer to help test out the new products.

Editor’s note: See the November issue of Strategies for Today’s Nurse for more tips on enhancing patient satisfaction on your unit.
Staff members and managers collaborate to increase communication

*Use a unit newsletter to share information, ideas with staff*

Successful communication with your manager is important to maintaining a strong unit and a pleasant work environment. Your manager is there to listen to your ideas and concerns. As a staff member, you should also consider the role that you play in communications on the unit.

“I think [communication is] best face-to-face,” says Cynthia Gardell, RN, MSN, MBA, nurse manager at the Massachusetts Eye and Ear Infirmary in Boston. By communicating in person, as opposed to using e-mail, nurses and managers have the opportunity to pick up on nonverbal communication as well.

When employees approach their manager, they should be very clear on what it is they desire or what they think should happen, Gardell suggests. “Some of the responsibility lies on the manager to direct this,” she adds. But staff members must also play a part. If you present a problem to your manager, also have ready a list of potential solutions, or ideas as to how you might work together to create a change for the better.

Gardell finds that weekly staff meetings and weekly newsletters help enhance communication on her unit. She produces the newsletter herself and posts the information each week at the nurses’ desk.

**Hot tip!**

**Contribute to unit communications**

Perhaps you’ve discovered a new way to carry out a certain task, or have found an innovative way to address a patient worry. Your colleagues could benefit from this knowledge. Ask your supervisor whether you could include your tip in your unit’s newsletter.

The newsletter includes

- information from the week’s various meetings
- important reminders, such as to check the code cart when assigned

If your unit has a similar newsletter, consider suggesting staff input to your manager as a way to add to the employee-management relationship. Ask your manager how employees can help with the publication. What could you contribute? If your unit does not have a newsletter, ask your manager whether you can start one. Recruit fellow staff members to help so that the time commitment is minimal.

Stop staying silent, learn ways to improve communication with colleagues who could contribute more

*Enhance morale, patient satisfaction with these team-strengthening tips*

Your work environment is full of a variety of personalities. And with unique personalities come different ways of getting work done. A nurse who rushes around the unit may have trouble understanding a calmer coworker who perhaps organizes his time a bit differently and therefore has a few minutes to sit and chat with colleagues.

If you think you have coworkers who are truly lazy, or who could contribute a bit more to the team, don’t sit and brood. You and your manager can work together to help all nurses pull their weight, so to speak.

**Help your team reach its full potential**

Don’t be too quick to label a coworker as
Communication

“lazy.” Remember that many employees are well organized and excel at prioritizing work so they are not overwhelmed on the job. These nurses are usually more than willing to help you. All you have to do is ask. One nurse manager says she finds the nurse who is constantly overwhelmed to also be the one who is unwilling to ask for or accept help.

If you truly have a situation on your unit, however, in which nurses agree that one team member could contribute more, consult the following tips. Deborah Eaton, RN, BA, assistant lead nurse at Adventist Medical Center in Portland, OR, identifies several behaviors that colleagues may want to address, and offers potential solutions:

1. The hider. This individual may use the bathroom and the break room significantly more than others, and can often be found chatting on the phone. She may go to lunch without telling anyone, stay twice as long, and not inform others of her return.

TIP: Some floors assign a buddy system for breaks and lunches, says Eaton. This works well because all nurses are accountable for time off the unit. Eaton’s hospital has installed an innovative call system that uses a small device that staff members wear. Because the devices are monitored electronically, anyone can be found when help is needed. Talk with your manager to see whether such a system could work on your unit.

2. The chatter. This nurse is usually a delightful person who enjoys everyone, and loves to tell stories or jokes throughout the day, says Eaton. He may chat with patients for lengthy time periods and even engage doctors and other staff members in long talks.

TIP: The best strategy for chatty colleagues is to gently but repeatedly interrupt them when they take a breath and ask them to help you with an important task. Some employees will eventually find a way to both work and chat at the same time.

3. The super delegator. This staff member may sit at the nurses’ station, and ask others to just answer that one light, or get so and so and that coffee she wants, or get that bedpan because he or she just sat down to chart.

TIP: For those who delegate too much to others, coworkers should feel comfortable in telling them “no.” These super delagators will have to complete the task themselves, so that they will eventually become more independent. “It only takes one kind heart to help perpetuate the behavior,” says Eaton, “so other staff need to be clued in as to how to ‘help’ this individual.”

4. The super-efficient employee. This coworker is very organized, thorough, and smart, and does everything she needs to for every one of her patients. However, she doesn’t spend more than the necessary time with patients, rarely offers to pitch in, asks to go home early, and wonders why everyone else is so busy.

TIP: “The super-efficient nurse can do extra paper work for the floor,” says Eaton, “but if a few patients complain, a little prodding to be more compassionate is needed.” Try asking how your coworker’s patient is dealing with his new diagnosis. Such a question may help your colleague to reconsider how she interacts with patients.

You might also consider saying something along the lines of, “I feel unsupported when we work together.” You may be surprised at your coworker’s response.

—Strategies for Today’s Nurse—

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