Feeling the Magnetic pull: Are you ready for the journey?

As more American Nurses Credentialing Center Magnet-designated hospitals sprout up nationwide, many facilities are asking themselves whether they should join the journey. For many, the decision may seem like a no-brainer—proponents of the program tout better patient outcomes, higher percentages of certified and bachelor’s-degree-prepared nurses, and reduced turnover as just a few of the benefits of “being Magnet.”

But although Magnet designation can play a huge role in increasing retention and reducing turnover, the process of becoming Magnet doesn’t just happen overnight. Facilities must first assess their readiness, said Barbara Hannon, RN, MSN, Magnet coordinator at the University of Iowa Hospitals and Clinics (UIHC) in Iowa City, during HCPro’s Magnet Resource Center (MRC) Workshop in Las Vegas in May. UIHC achieved Magnet status in 2004 and has since decreased its vacancy rate by hiring more than 30 nurses.

“We do not have mountains, skiing, or beaches in Iowa—but we do have Magnet, and that is the draw,” Hannon said.

What are your motives?
The first step in assessing readiness is to ask yourself and your staff a range of questions concerning why you want to achieve Magnet status, Hannon said. These questions may include the following:

- Who wants Magnet designation? What individuals? Is administration onboard and interested?
- Why do you want Magnet designation (e.g., to increase retention, improve culture, etc.)?
- How will Magnet benefit your institution?

To address these questions, consider bringing together a Magnet focus group or committee—this way, you’ll get feedback from a variety of individuals, not just those who are gung-ho about the idea.

You’ve got reasons, but what about resources?
“You can’t begin the process until you have the resources in place,” said Hannon, who highlighted the following two key considerations that you must take into account:

1. **Budget considerations.** Short-term costs might include the application fee ($2,500), and long-term costs might include consultation fees (approximately $26,000 for two years). On average, the fixed costs related to Magnet recognition for a...
Magnetic pull

400- to 499-bed facility can total $50,950 (including the application fee and site visit costs), whereas optional costs (e.g., organizational events, conference attendance, committee involvement, etc.) can total more than $400,000. That potentially brings your total budget cost to at least $450,000.

2. Institutional commitment to Magnet. For the Magnet process to successfully take flight, you need to ensure that the higher-ups at your facility support it—both financially and mentally. To garner buy-in, consider putting together a presentation for C-suite personnel (e.g., CEO, CFO, etc.) that covers the benefits of Magnet designation and the cultural transformation that will result.

Ask yourself ‘What’s missing?’

With resources and commitment in place, you can move to the “gap analysis” phase, which is a way for you to examine what gaps lie between the current infrastructure of your organization and what is typical/necessary of a Magnet-designated facility.

To successfully assess your weaknesses and strengths, you must be realistic, says Hannon, who recommends reviewing the 14 Forces of Magnetism and then identifying whether they are currently part of your organizational culture. If they are not, then you have found a gap to begin correcting. See p. 3 for a gap analysis initial checklist.

Hannon believes that many facilities struggle with three notable gaps: shared governance, evidence-based practice, and nursing image.

Shared governance

Anne Jadwin, RN, MSN, AOCN, CNA, director of nursing at the Fox Chase Cancer Center in Philadelphia, who also spoke during the MRC workshop, emphasized that you need to give shared governance time to become part of your institution.

“We implemented shared governance at our institution more than 15 years ago and it is still evolving and changing—it is always a work in progress,” said Jadwin.

If you are interested in beginning work toward a shared governance model, consider establishing a nursing council or committee in which representatives from all component entities participate in shared decision-making and developing strategy for systemwide nursing initiatives, Hannon recommended.

Evidence-based practice

Evidence-based practice (EBP) is a type of practice that encourages nurses to use research and evidence in an effort to improve quality of care and patient outcomes. Before beginning the Magnet journey, you must ensure that EBP is

- present in nursing practice across the institution
- supported by adequate resources
- evident in all quality initiatives
- reflective of the mission, vision, and philosophy of the department of nursing

Image of nursing

Force 12: Image of nursing requires that nurses be viewed as an integral part of the hospital’s ability to provide patient care.

To make nurses more visible, consider creating a nursing Web page to post on your hospital’s home page, or showcasing in a visible area the awards won by nurses.

Is it worth it?

As you become more informed about the Magnet program, you may ask yourself, “Is Magnet worth this effort?”

You are not alone in asking this question. Current Magnet designees had the same query, and they now say “yes,” citing reasons such as the following:

- The practice environment becomes more supportive of nursing and professionalism
- Staff education receives greater emphasis
- Magnet encourages lower turnover, higher retention, and improved recruitment
- Magnet leads to better nurse-patient and nurse-physician relations
### Sample gap analysis initial checklist

#### Organizational assessment and readiness

- Review the American Nurses Association (ANA) Web site ([www.nursingworld.org](http://www.nursingworld.org)) for the most current eligibility requirements. Click on the link for the American Nurses Credentialing Center (ANCC) and then click on Magnet Recognition.

- Order a current version of the Magnet application manual to review required demographic and narrative data.

- Have all members of the nursing leadership team and a random sample of staff nurses complete the organizational readiness tool. Evaluate and compare results between the two groups.

- If you have not already done so, develop a presentation for senior leadership, members of the medical staff, and the hospital board to obtain their support for the project and perspective on organizational readiness.

- Contact the National Database of Nursing Quality Indicators for an informational package.

- Obtain a current version of *Scope and Standards for Nurse Administrators*, which is published by the ANA.

- Identify a Magnet project coordinator.

- Review RN turnover and vacancy rate and benchmark to national data.

- Verify the percentage of RNs in your organization who have achieved certification.

- Review current employee, patient, and physician satisfaction surveys.

#### Staff nurse assessment and readiness

- Have a random sample of direct care RNs complete a Magnet survey.

- Refer to the staff nurse self-assessment on the ANCC Web site.

- Evaluate the results of staff nurse surveys.

- Hold meetings with staff nurses to hear their perspectives on readiness and incorporate this feedback into practice changes.

- Initiate a request for staff nurses to be part of the Magnet process.

- Encourage nursing leadership and staff nurses to become involved in professional organizations.

Who wants to be a mock tracer?

How to train staff for JCAHO survey dress rehearsals

Conducting two mock tracers per month—for more than two hours each, for about two years—was more than enough to motivate Deborah J. Thoman, MA, RHIA, CHP, to share responsibility for the survey readiness practice.

Similar to her colleagues at other hospitals, Thoman, JCAHO coordinator at the 740-bed University of Iowa Hospitals and Clinics in Iowa City, began using tracers with the introduction of the new survey process in 2004. She started with a core group that covered all the bases. The group included herself, the associate director of nursing, a lead epidemiology nurse, the director of housekeeping, the facilities manager, and the associate director of pharmacy.

“After you’ve been doing it for two years, the units are used to being traced because everyone’s been hit by you a couple times,” Thoman says. “Everyone was getting comfortable. We were getting tired. We needed to expand our cadre.”

Getting comfortable can be a good thing

Thoman says the core group grew comfortable with its role, and the units grew comfortable being traced by the group members. This helped when it came time to recruit and delegate tracer duties.

The core group had developed a process for doing tracers that could be replicated. Each member had a set of questions to ask—similar to what JCAHO surveyors would ask during a survey—and a uniform way of documenting findings. Those tools were handed down to the next level of managers to be trained.

Training the lieutenants

When a new staff member joins the group, he or she is given a list of questions to work from, Thoman says. After a while, staff are able to memorize the questions and don’t need the lists, but Thoman still sees many frontline staff pull out their lists from time to time.

“Sometimes they’re writing their own new questions, especially as National Patient Safety Goals change, because everybody has their own areas they want to focus on,” says Thoman.

So no one becomes too comfortable with their mock tracer surveyor, team members are usually assigned to units that are not their own. The thinking is that more questions will be asked by someone who is outside of his or her comfort zone. For example, an intensive care unit (ICU) manager assigned to mock trace the ICU might ask predictable questions, but probably not in the pharmacy.

Scale the process to your size

The size of University of Iowa Hospitals and Clinics is both an advantage and a disadvantage, says Thoman. It’s an advantage because the mock survey group can be as large as the facility needs it to be. If someone is sick and can’t do it, there are plenty of people who can step in. And the group has grown large enough so no one person has to do it all the time.

The size is also a disadvantage because there’s a lot of ground to cover. “It’s been a slow infusion of overseeing and doing,” Thoman says. “It’s an ongoing process.”

However, that is why she believes that her method can be replicated in any sized facility. “Anyone can take this process and apply it, scale it to their [facility] size, and even do it less often than we do,” she says.

She recommends starting with a core group and expanding it as appropriate. This may be done at the steering committee level.

The JCAHO does not require that you conduct mock tracers, but it does encourage their use so that facilities are prepared for survey. Many organizations aim for one to two per month, but no more than 10 per quarter. ■

Source: Briefings on JCAHO, June 2006, HCPro, Inc.
One, two, me: Why rewarding yourself can be the best medicine for battling stress

by Bob Nelson, PhD

The best managers today tend to be employee-focused, looking to help others succeed in their jobs. But how often do we take time to reward ourselves? As busy as most people are, it's easy to feel overworked and underappreciated. However, it doesn't have to be that way.

You can take control of your own needs and do something to recognize and reward yourself when you finish a project, help a coworker, or set a personal best level of performance that others may not even be aware of.

Giving yourself a chance to appreciate you and regenerate your energy is essential to staying fresh and effective—whatever your position is.

What works best to relax and rejuvenate, of course, varies widely from person to person, so it is important to be aware of the things that you find most satisfying and rewarding. For some people, it is reading; for others it may be exercise; still others might like to buy something for themselves.

For example, at one company I worked with there was a "gainsharing" program in which checks were distributed to each employee quarterly when the company exceeded its profitability goals.

Gainsharing is a nice benefit to have, but like most financial incentives, it doesn't have much of a "trophy value," that is, a lasting memory of the achievement or event. Often the extra cash just goes to another bill at home and is soon forgotten.

To address that problem, the organization created a fun event tied to the distribution of gainsharing checks. After they had distributed checks to all employees, they gave them an additional $50 cash on the condition that they go out and spend the money on themselves within the next two hours. Employees then had to return to the company to show everyone how they had spent the money and why.

When everyone got back together to share, the variety of purchases was as varied as the employees themselves. One woman bought new nails, others bought things for their favorite hobbies, several people purchased electronic organizers, some bought books, and so on. Many employees mentioned how prior to the program they never bought anything for themselves because of a lack of time, money, or energy.

Many of us have the tendency to pamper others, but not ourselves. However, it doesn't take much to reward yourself—take a break and do so when you feel that you deserve it!


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Diversity

**Be culturally competent with patients and staff**

As work force diversity blooms, managers must learn to manage a multicultural staff

**Learning objective:** After reading this article, you will be able to
1. list the steps nurse managers can follow to ensure greater cultural competency in their programs

As healthcare expenditures continue to increase, it is critical that institutions focus on strategies to reduce the prevalence and cost of preventable chronic conditions among their staff.

The situation is exacerbated by an increasingly diverse work force, and it’s important to recognize that some chronic conditions may be more prevalent and severe in minority populations. In addition, the changing dynamics of the workplace require a greater degree of cultural competence from managers.

Minorities now represent more than one-quarter of the work force, with Hispanic employees making up the largest minority group. A report by the National Business Group on Health asserts that by the end of the decade, racial and ethnic minorities will make up 41% of the nation’s work force. Consider the effect that this will have on healthcare costs in light of the following statistics:

- Hispanics are 1.5 times more likely to get diabetes than non-Hispanic whites and have a 40% higher mortality rate related to the disease (National Hispanic Medical Association).
- 54% of Latino men with at least one episode of major depression in their lifetime do not recognize having a mental health problem. Latinos also report reluctance to receive treatment for depression (National Latino and Asian American Study).
- Asian Americans with mental health issues are only 25% as likely as whites and 50% as likely as African Americans and Hispanics to seek outpatient care (Centers for Disease Control and Prevention; Office of Minority Health and Health Disparities).

“The changing dynamics of the work force put a renewed emphasis on the need to deliver culturally competent behavioral health services—and this goes beyond offering bilingual services,” explains Mary Vasquez, President and CEO of VMC Behavioral Healthcare in Gurnee, IL, a leading provider of employee assistance programs (EAP). “Cultural competence is the ability of counselors to understand and respond effectively to the cultural as well as linguistic needs of individuals and families.”

Similar to EAP counselors, nurse managers must be culturally competent—not only with patients, but with their staff as well. As staff become more culturally varied, nurse managers must recognize that this diversity should be both understood and celebrated.

Beth Remus, an expert in cultural competence and quality improvement, points out that similar to EAP counselors, nurse managers must

- understand each staff member’s beliefs and practices, especially in the area of healthcare
- demonstrate respect and caring
- provide culturally appropriate recommendations and actions without letting their own beliefs affect staff

To ensure greater cultural competency in their programs, Vasquez offers the following suggestions:

- Understand that becoming culturally competent is an ongoing process, not a change that can happen overnight.
- Be as knowledgeable as possible about the history, language, norms, traditions, beliefs, and culturally influenced health behaviors of the various cultural groups represented in the workplace. However, acknowledge potential limitations in understanding aspects of culture and language and encourage employees to let you know if you are unknowingly upsetting them or doing something wrong.
- Distribute all benefits and educational materials—including wellness and disease management information—in multiple languages.

**Editor’s note** Mary Vasquez can be reached at 847/249-1900.
Staff communication

Getting your staff to play (and work) nicely
Strategies for encouraging positive multigenerational interaction

Editor's note: This excerpt is adapted from HCPro's new book A Practical Guide to Managing the Multigenerational Workforce: Skills for Nurse Managers by Judith "Ski" Louer, RN, MSN, CCRN, CNRN.

For most full-time employees, more time is spent at work with coworkers than at home with family and friends. Work has the potential to become either an arena for long-lasting friendships or a hostile environment if the different styles of each generation are not understood and integrated into the unit's social culture.

How each generation likes to work
- **The Silent Generation** (born between 1926 and 1945): Silents are good at adapting and will do so in any situation. Although they struggle to understand the younger nurses and their ways, they are generally too polite to say anything.

- **Baby Boomers** (born between 1946 and 1964): Baby Boomers care deeply about what others think and place a high value on participation and consensus building. They want to be part of a group, but usually prefer to work alone on projects. In the clinical setting, they like teamwork.

- **Generation X** (born between 1965 and 1980): Generation Xers sometimes work best alone. Their communication patterns are typically brief and to the point, which can come off as abrupt to other generations. They prefer to be given the facts and then work out the how-to's by themselves. Generation Xers do espouse the virtues of teamwork, but their definition differs from that of Silents and Baby Boomers.

- **Generation Y** (born between 1981 and 2002): Generation Y is the most inclusive of all generations and can work comfortably with all ages. They know how to work as members of a team and do so willingly.

Working together
So how do we get these four generations to work together on projects that the unit needs? First, it’s important to discuss what teamwork means to each person. This is especially important when it comes to admissions, situational emergencies, and getting meals and breaks. Establish what each of these things means to each person, so that everyone knows what to expect, and talk about unit expectations for teamwork. This can be done at a staff meeting or inservice that is run as a roundtable discussion.

Every few months, schedule one of these discussions and encourage each staff member to say to the group, “These are the talents, knowledge, skills, and experience that I bring to the team. This is an area in which I would like to improve my performance this next quarter. I need support/help/mentoring so that I can improve. How can I get this from the group?”

During these discussions, encourage staff to talk about their differences in a fun way. Have them start talking about the defining moments of their lives. Stimulate the discussion by asking questions such as:
- what was cool when you were growing up?
- what was all the rage in fashion?
- what music and movies did you like growing up?
- who were your role models?
- what is important to your generation? What are your core values?

Learning to appreciate differences
Creating a pleasant environment in which staff can still enjoy working hard is the goal of every manager. Encouraging staff to appreciate each generation’s different perspectives can go a long way toward easing some of the tensions.

It is also important to remember that you can define how staff behave while on duty, but you cannot demand that they socialize outside of work.
Add some freshness to your stale orientation

**Learning objectives:** After reading this article, you will be able to
1. identify the components of a new paradigm to make orientation more organized and valuable
2. list three questions that can elicit valuable feedback from new employees

It can be as simple as a timeline, a cup of coffee, or five minutes on the clock.

“Small things can make or break your first impression,” said Diana Swihart, PhD, DMin, MSN, CS, APRN, BC, clinical nurse specialist in nursing education at the Bay Pines (FL) VA Healthcare System. “At orientation, it’s absolutely critical.”

Swihart and colleague Alice D. Morales-Rullan, MSN, CS, tackled the issue of orientation during the recent HCPro audioconference “Designing Effective Orientation Programs: Tips and Tools for Professional Practice Environment.” The duo posed new ideas for how to set up useful orientations and obtain worthwhile assessments from new staff to evaluate your current paradigm. Both ideas can make the beginning stages of employment more valuable for you and your new employees.

Is it time for a shift in my hospital’s thinking?
Orientation has always included basics, Swihart said. For example, the traditional welcome consists of survival information, a vast number of policies and procedures, and a plethora of forms.

This information can be so overwhelming that new employees may be unable to process much. And at the end of orientation, they may forget what they’ve become oriented to, Swihart says.

Swihart suggested a new paradigm to make orientation more organized and valuable. She recommended a new model that
- includes a timeline of training and support
- energizes, motivates, and celebrates
- addresses “new job remorse”
- creates a planned culture (perhaps including shared governance and Magnet)
- anticipates retention
- accelerates productivity
- addresses specific population needs
- builds teamwork
- emphasizes legal, compliance, and competency issues
- recognizes the value and importance of first impressions

Swihart also recommended best practices for a successful orientation program. For example, the scavenger hunt (see a sample on p. 9) is a way for employees to feel at home more quickly. In this game, new employees must find and write down the location of each item on the list in the fastest time possible.

Getting your fill of employee feedback
The person being oriented can give you valuable insight into the effectiveness of your program, so it’s important to ask the new employees the right questions, such as
- did you receive the information you need to help you understand organizational expectations and social norms?
- were the orientation materials provided helpful in answering your questions as you transitioned into your position?
- how quickly were you able to assume your new responsibilities successfully?

These reactions can help you improve orientation and evaluate content, design, and format. Then, as time goes on, you can also measure how effectively employees settled into the organization and determine what further changes or improvements need to be made to your orientation.

Editor’s note: To order a copy of this audioconference, visit www.hcmarketplace.com or call our Customer Service Department at 877/727-1728.
## Scavenger hunt/unit level

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<td>Urinals</td>
<td>Dirty trays/dishes</td>
<td>Specimen cups</td>
<td>Dirty linen</td>
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<tr>
<td>Mouthwash</td>
<td>Pager numbers for MDs</td>
<td>Foley catheters</td>
<td>Phone number for Escort</td>
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<td>Attends</td>
<td>Full needle boxes</td>
<td>Bed pans</td>
<td>Dirty IV poles</td>
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<td>Heparin flush</td>
<td>Dirty IV pumps</td>
<td>Oxygen tank</td>
<td>Dirty vacuum bottles</td>
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<td>Wheelchairs</td>
<td>Technician pagers</td>
<td>Crash cart</td>
<td>Paracenthesis or chest tubes containers</td>
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<td>IV tubing</td>
<td>Glass bottles (i.e., mag. citrate)</td>
<td>Blankets</td>
<td>Vital sign board</td>
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<td>Extra pillows</td>
<td>Key to open medication room</td>
<td>Narcotics-Pyxis system</td>
<td>Where to find the appt. list</td>
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<td>Suction equipment</td>
<td>Where to find the morgue key</td>
<td>Insulin</td>
<td>Where to find Incident forms</td>
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<td>Biohazard bags for specimens</td>
<td>Where to find nursing procedures and protocols</td>
<td>Laundry blue bags</td>
<td>Where to find important communication (24-hr. report)</td>
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<td>Extra linen</td>
<td>Signs (e.g., NPO, Chemo, etc.)</td>
<td>Razors</td>
<td>Where to find the fire alarms and how many</td>
</tr>
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<td>Emesis basin</td>
<td>Where to find extinguishers and how many</td>
<td>Kleenex</td>
<td>What is the unit’s fire code</td>
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<td>Normal saline flush</td>
<td>SPD phone number, beeper (for supplies)</td>
<td>Extra IV poles/pumps</td>
<td>Pulse oximeter</td>
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<td>Needle buckets (clear and yellow)</td>
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<td>Betadine swabs</td>
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<td>Employee mailbox</td>
<td>Foley bag leg straps</td>
<td>Time schedule</td>
<td>N/G tubes</td>
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<td>BCMA batteries</td>
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<td>Oral lube</td>
<td>Code cart</td>
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<td>Storage room</td>
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Source: Bay Pines (FL) VA Healthcare System Nursing Education Department. Diana Swibart, PhD, DMin, MSN, CS, APRN, BC, and Alice Morales-Rullan, MSN, CS. Reprinted with permission.
Learning objectives: After reading this article, you will be able to
1. identify four signs that indicate that a staff member isn’t motivated to perform
2. demonstrate management behavior that enhances staff motivation

The consequences of having unmotivated staff are severe. Mistakes, unproductive time, and turnover all increase, and patient care begins to suffer.

With so much to lose, managers cannot afford to allow such staff to fester.

“It’s important for the manager to have a finger on the pulse of what’s happening with his or her staff because [staff] can make or break the [facility],” says Jack Singer, PhD, a psychologist, professional speaker, and consultant to medical practices and hospitals.

Debbie Emmons, CMM, CPC, the Professional Association of Health Care Office Management’s 2005 Office Manager of the Year, agrees.

Emmons says she’s been fortunate to have staff who perform well most of the time. But she sometimes has to respond to red flags, such as an increase in mistakes or tardiness (see “Signs of sagging motivation” below). She makes it a priority to address problems quickly because “low morale is contagious,” she says.

Fortunately, so is enthusiasm. Emmons’ motto: It starts at the top. “If I can’t discipline myself to come out of a bad day, then I pass that on to my staff,” she says. As a manager, staying upbeat and positive isn’t always easy, she admits. One strategy she uses to refocus is to keep a book of inspirational quotes at her desk.

“Reading from it keeps me in the mentality I need to be in,” she says.

Show interest, appreciation
The main reason staff lose their motivation is that they don’t feel appreciated, says Marge McQuade, CMM, CMSCS, a professional development coordinator for the Professional Association of Healthcare Coding Specialists.

One way to show that you value employees is to find out what’s going on in their lives, she says. For example, sincerely ask staff how they are—don’t just do it in passing. Listen and really learn about them.

“Take an interest,” McQuade says. You can do this without getting inappropriately involved in staff members’ personal lives, she says. “Just showing them that you care about them as people and not just employees makes all the difference in the world.”

Signs of sagging motivation

✓ Tardiness-taking advantage. Unhappy staff are more likely to arrive at work late, stretch their lunch breaks, or make excessive personal phone calls, says Kentucky office manager Debbie Emmons, CMM, CPC.

✓ Change in behavior. Take notice if staff become quiet or more withdrawn than usual, says psychologist Jack Singer, PhD. Another red flag is when employees start snapping at patients or colleagues, he adds. Stress—whether work- or home-related—is usually the culprit.

✓ Poor attitude. Dissatisfied staff often “belly-ache to other employees,” Emmons says. And bad attitudes are contagious, so make sure that staff know how to appropriately share grievances.

✓ Mistakes. If employees aren’t focused on or vested in their work, they’re liable to make more errors. Not only can errors cause patient harm or inconvenience, but they can also affect the bottom line.
The occasional pat on the back can also be extremely motivating. For the most part, managers always point out employees’ mistakes, but it’s crucial to also emphasize what they do right. A simple “thank you” or “great job” can do wonders, Singer says.

When staffers really impress you, consider giving them a gift certificate for a free meal or movie. You don’t have to spend a lot of money to get rewards that staff will appreciate—fast food coupons and inexpensive toys are just as effective.

Create a fun atmosphere
Don’t forget to bring a little fun into the office, Singer says. Consider the following ideas for creating a happy, less stressful workplace:

- Reward the staffer who takes the most “heat” from a patient each day with an ice pop.
- Designate a “whine and geeze” room where staff can vent during a stressful day. Include comfortable chairs and soothing music to help staffers relax for a few minutes after dealing with a difficult patient, for example.
- Post everyone’s baby pictures on a bulletin board and have a contest to see who can correctly identify the most.
- Hold a weekly or monthly dress-up day in which everyone wears Halloween costumes to work.

Although some may scoff at such activities as immature or unprofessional, Singer says they’re just the opposite. “Bringing in a culture of fun takes the pressure off the workplace.”

Many organizations—including healthcare settings—have seen tremendous improvements in morale and productivity by doing these “silly things,” he adds.

Foster growth
In contrast, money is not as much of a motivator as it might seem. “A lot of times when people are unhappy with something at work, they’ll ask for more money because they don’t know what else they’re really unhappy about,” Singer says. “What they’re really interested in is feeling a sense of responsibility, achievement, accomplishment, and respect.” Provide employees opportunities for promotion, cross-training, etc., he recommends.

Remember that staff can only perform as well as they’re trained. You can help new employees learn their jobs by pairing them up with a seasoned employee in a particular area and providing clear policies and procedures, detailed job descriptions, and specific expectations.

“When staff know what’s expected of them, their whole attitudes change,” McQuade says. In other words, employees will be more motivated to perform when they know exactly how to impress.

Source: Private Practice Success, July 2006, HCPro, Inc.
Listen up: How to get your point across

Have you ever found yourself asking this question?

“I know I posted the notice in English, I know they can read, I know it is actually on the bulletin board, and I know the e-mail got delivered. So how can it be that they didn’t get it?”

Just because the communication was clear to you does not mean that others who read it will understand your message. Consider the amount of information that staff have to review each shift, day, and week. Try to walk through that maze while delivering patient care. Whether it is a new policy, party notice, or compliment in a patient letter, how you communicate the information will directly affect how your intended audience perceives its importance and relevance to them.

Consider the following communication tips:

1. Divide communications into categories, such as
   • need to know (for policy/procedure)
   • safety alerts
   • about us (personal items from staff such as parties, gift collections, etc.)
   • by the way (information that you know staff will be interested in and should know, but won’t affect their care if they don’t have a chance to read it right away)

2. Gather communications weekly and post them in a newsletter.

3. Ask staff to proofread your memos and make sure that they understand what you’re trying to say. Then make changes accordingly.

4. Assign the bulletin board/communications posting area to staff on a rotating basis to maintain and file outdated materials. Keep outdated postings in a binder for future reference.

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

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