

NURSING LEADERSHIP

STAFF MENTORING

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Mentoring Your Staff through Change

Change - the very word can produce resistance and cause individuals to become defensive. Change is defined as making the form, nature, content, or future course of something different from what it currently is, or from what it would be if we left it alone. ⁽¹⁾ British Psychoanalyst R. D. Laing said, “We live in a moment of history where change is so speeded up that we begin to see the present only when it is already disappearing.” Just when we finally grasp the intent of a regulation, an F-Tag revision is issued, the MDS goes from 2.0 to 3.0, RAPs become CAAs, QIs/QMs disappear and new QMs arrive, a revision of the already revised RAI manual is issued, the survey process shifts from Traditional to QIS, and on and on it goes. Is it any wonder that our staff feel less than enthusiastic when we explain there is yet another change to implement?

Most people find change uncomfortable. Achieving change is a two-way street: Your team needs to understand why the change needs to happen, and you need to understand how it impacts their work. This requires good communication between you and your team members. Many leaders, unfortunately, forget this principle of good change management. Often this occurs because they are dealing with so many other issues, and at the last minute the final plan for change is handed to their staff. The surprised team sees this as poor leadership, and they are demotivated by feelings of being kept in the dark – yet again. No investment has been made in providing time for staff to participate and understand the why and how of change.

Successful change requires insight that facilitates the process and helps smooth the way. We would do well to adopt a key principle from the Hippocratic Oath taken by physicians: Do No Harm. This statement applies to all we do as nurse leaders, including decisions and processes related to change. Implementing change incorrectly erects barriers, creates resistance, and interferes with achieving the ultimate goal. It harms the flow of the environment. Just as we look at our patients/residents from a holistic view, we need to think holistically about the outcome for those who will be impacted by the change. We must design change activity in order to ensure that we ‘Do No Harm.’ We ignore that principle when we hold meetings to forge new ideas and create strategies for change without input from staff. Afterward policies and procedures are issued with a quick round of training, and we expect employees to accept the new ways without question. Many of them feel overwhelmed and unsure, so change is resisted because they don’t understand the reason for it, and have no opportunity to share their ideas for implementation. Successful change also needs resources, like time for learning and implementing, funds that support it, and education regarding expectations and requirements. We achieve staff commitment by seeking their involvement,

despite the reality that it may take longer to include staff in the process. Ultimately, change progresses more smoothly when staff commit to the implementation.

The role of the nurse leader in mentoring their team through change includes acting as a “change agent” who helps them recognize the positive value of change, listens to their individual fears, communicates and educates, connects their current tasks with needed new skills, offers problem solving sessions to the team, and with them creates a plan. Pritchett & Associates have identified four key change-agent competencies a nurse leader can use to strengthen his or her performance:

- Flexibility requires the ability to improvise while still providing enough structure to assure an organized approach. Establish short and long-term goals; celebrate even small successes for self and the team; picture how things need to be and move consistently toward that vision; provide ongoing feedback; deal with interruptions, but return quickly to target objectives.
- Innovativeness includes being action-oriented; a thinker and a doer; creative yet grounded in data; and able to initiate, implement, and maintain change. Practice brainstorming with your team, seeking their ideas, and then sort through everything in order to develop both a Plan A and a Plan B. Read articles and attend training sessions to prepare you to think in a broad scope.
- Risk tolerance requires balance between being conservative and being open to new ideas and opportunities. Examine the status-quo in order to expand your thinking so you can move on from it when change is required.
- Stress tolerance includes having a sense of urgency yet remaining composed. Imagine the best outcome and move toward it. Focus on what can be reasonably done today, and set realistic deadlines for the rest of the work. (2)

With these competencies in place, a nurse leader is ready to guide the team. Employees look to their leader, and when he or she is committed to getting through the process of change, they catch the positive feeling. Their commitment grows as they are empowered to make contributions, because empowerment prevents them from feeling powerless over the change.

The following tips are intended to help you mentor and motivate these busy individuals:

1. Communicate consistently and give feedback.
2. Educate everyone about what needs to happen and why.
3. Empower team members to contribute to the process.
4. Take the time to create clear and simple goals that are achievable.
5. Provide needed resources.
6. Be positive.

7. Provide steady guidance so everyone stays on track
8. Celebrate success and give recognition.
9. Say thank you.
10. Do No Harm.

The truth is that change is important in life, as it keeps us moving forward, growing professionally, and interested in the jobs we do. Our responsibility as nurse leaders is to mentor our team so they recognize and experience the positive value of change.

(1) <http://dictionary.com>

(2) Pritchett & Associates, Inc. (1994) *The Employee Handbook for Organizational Change*. Pritchett & Associates, Inc. Dallas TX

Mentoring Staff to Avoid Stress and Burnout

Think of each member of your nursing team as a candle glowing brightly, giving off warmth and light. Then picture a candle when the melted wax overtakes the wick, and the flame sputters. You can intervene and remove the excess wax, or you can let it extinguish the flame. When the light goes out, the candle has lost its usefulness. This is a picture of what happens when unrelieved stress smothers the spirit of your team members, one by one. Eventually burnout extinguishes the light that made them valuable to your team. Just as we can prevent the flame from dying when wax threatens to cover the wick, so we can intervene to prevent a team member from losing his or her spark.

Think back to the enthusiasm you felt when you first became a nurse. Each employee has experienced that to some degree at the beginning of their careers. Like the liquid wax, accumulating stress diverts their focus. As nurse leaders charged with guiding our team, we are obligated to find ways to mentor our staff so they are not overtaken by stress and ultimately burned out. People respond to their load of stress in typical ways. Some take the “fight or flight” path and either stay and “tough it out,” or leave and become part of our turnover rate. Those who stay adapt, but if the stress continues unrelieved, exhaustion dims their light. When burnout happens, team members lose interest and motivation. The career they previously loved becomes a chore, and sadly it may become part of their history as they leave it behind when they feel unable to cope any longer.

What then can we do to help our staff avoid stress and burnout? Enlighten them through targeted education that explains stress management and coping skills. Notice when employees begin to lose their spark, and reach out to those who are struggling. Because burnout is in part the result of unrelieved stress, teaching stress management techniques has real potential to improve how staff feel about their job. As you provide training, staff members will realize that some of the pressure they experience comes from their own response to stress. Explain that people respond to stress in different ways. One common choice is to do nothing, but people who remain stagnant become discouraged or bitter, and the rest of the team may view them as “dead wood.” Some employees change jobs or careers, but this becomes a repeating pattern if they have not learned coping skills. The best option is for them to understand how to use stress and burnout for personal growth.

In a class setting ask them to write down the reasons they selected their career in the first place, and encourage them to reconnect with the dreams and feelings they had in the beginning. Next guide them to perform a SWOT analysis to identify sources of stress in their lives.

Hand out pieces of paper divided into four quadrants, labeling the top left section “Strengths” and the top right section “Weaknesses,” the bottom left section “Opportunities” and the bottom right section “Threats.” The following prompts will help them understand the categories:

Strengths:

- What can you do better than others?
- What do you think others see as your strengths?
- What achievements are you most proud of?
- What personal values do you have that others don’t exhibit?

Weaknesses:

- What tasks do you try to avoid because you do not feel confident doing them?
- What do you think others see as your weaknesses?
- Which of your skills would improve if you received more training?
- What personality traits or habits hold you back?

Opportunities:

- What new tasks would you like to take on?
- What further skills training you would like to receive?
- What job-related goals would you like to achieve?
- What work-related challenges would you like to overcome?

Threats:

- What obstacles do you currently face at work?
- Are any of your co-workers outperforming you?
- How is your job changing?
- Could any of your weaknesses become threats?

After they have filled in their responses, ask them to match their strengths with their opportunities. Then have them think of ways to convert their weaknesses to strengths. Explain that SWOT analysis is a process that with a little thought can uncover opportunities they may not have realized they have.

By overcoming weaknesses, they may eliminate threats that can hurt their performance. Encourage them to set realistic goals using their strengths and opportunities. As they complete these exercises, you should see their light begin to glow brighter.

Other information to share includes the following recommendations from the staff at the Mayo Clinic:

- **Get active**—any form of exercise is a stress reliever.
- **Meditate**—create a focus that eliminates the flow of stress causing thoughts.
- **Laugh**—a good sense of humor lightens the pressures of stress, so read jokes, watch comedies, or spend time with funny friends.
- **Connect**—withdrawing is a negative method of dealing with stress or burnout, so connect in person, by phone, via e-mail, by volunteering, or at a place of worship to focus away from problems.
- **Assert yourself**—set boundaries to protect yourself, and learn to say no when you should.
- **Sleep**—quantity of sleep affects mood, energy level, and overall function. When unable to asleep, listen to soothing music, avoid checking the clock, and keep a regular wake/sleep schedule.
- **Journal**—write out your thoughts and feelings to release the emotion attached to them.
- **Get counsel**—stress therapy is a good idea if stress causes feelings of being overwhelmed or trapped. Professional counselors can provide additional coping tools.

As you share this information with your team, remember it can help you as well. The best way to mentor your team to avoid stress and burnout is to take care of yourself so you are the role model and leader they need. Encourage your team to help each other keep those candles glowing brightly.

Workplace Bullying

A primary factor that contributes to dissatisfaction of health care workers is the presence of workplace bullying with its related disruptive behaviors. According to PBP Executive Reports of Malvern, Pennsylvania, one in three employees will experience bullying in the workplace, with a price tag of more than \$200 billion a year in decreased productivity, increased absenteeism, and high turnover rates.

Stressful health care worksites such as hospitals and nursing homes are breeding grounds for bullying and its related behaviors due to the busy workload, difficult situations, and required interdependency of work relationships. Bullying typically starts as rude or disrespectful behavior, which, if left unaddressed, often leads to more aggressive actions. Bullying behaviors range from physical aggression to more subtle actions such as backbiting, blaming, or intentionally excluding others. Research by the Bullying Institute of Bellingham, Washington, suggests that the following are common tactics used by workplace bullies:

- Falsely accuse another of “errors” not actually made
- Stare, glare, or nonverbally intimidate and show hostility
- Discount a person’s thoughts or feelings in a meeting
- Use the silent treatment to “ice out” or separate the target person
- Exhibit uncontrollable mood swings in front of others
- Make up rules for someone that even the bullying person did not follow
- Disregard satisfactory or even exemplary quality of work
- Harshly and constantly criticize and apply a different standard to the target
- Start or fail to stop destructive rumors or gossip about a person
- Scream, yell, or throw tantrums in front of others to humiliate the person
- Abuse the evaluation process by lying about the person’s performance
- Declare a person “insubordinate” for failure to follow arbitrary commands
- Retaliate against the individual after a complaint is made
- Assign undesirable work as punishment
- Steal credit for work done

Although bullying may seem harmless to a casual observer, this ongoing pattern of negative behaviors can have a cumulative impact on the intended victim(s). It is the type of behavior that generated the saying “Nurses (or CNAs) eat their young.” We all know the old rhyme “Sticks and stones will break my bones, but names will never hurt me.” The truth is that words can break a person’s spirit, affecting the psychological and physical health of both the victim and

observers who feel powerless to intervene. Unaddressed workplace bullying can lead to enormous expense from absenteeism, high turnover rates, low employee morale, and decreased employee loyalty.

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) became so concerned over reports of workplace bullying that in 2008 it issued a Sentinel Event Alert amending its Leadership standards by requiring specific action from organizations seeking accreditation. Specifically, these organizations must (1) create codes of conduct that define acceptable and disruptive and inappropriate workplace behaviors, and (2) create and implement a process for managing disruptive and inappropriate behaviors. JCAHO extended this even further by amending the Medical Staff standards to incorporate six core competencies in the credentialing process, including interpersonal skills and professionalism.

According to Priscilla Hapner, JD, from Columbus, Ohio, JCAHO recommends the following additional steps:

- Educate all staff on appropriate professional behavior, with an emphasis on mutual respect.
- Hold all staff accountable for modeling desirable behavior and enforce the code consistently and fairly.
- Develop and implement zero tolerance policies and procedures for egregious events of disruptive behavior.
- Hold physicians and staff to the same standards of behavior.
- Provide skills-based training and coaching for all leaders and managers in relationship building, collaborative practice, skills for giving feedback on unprofessional behavior, and conflict resolution.
- Develop and implement a reporting/surveillance system for unprofessional behavior (possibly anonymous).
- Address behaviors starting with informal conversations, move toward detailed action plans, and finally progressive discipline if necessary.

Nurse leaders need to be aware of the insidiousness of bullying, being vigilant about what is being said and done or what is not being said and done. Bullying can occur between peers, subordinates, and departments. The bully may be a department leader, the medical director, or the administrator. It is critical to spot and address bullying before it takes over the culture. An established chain of reporting should be implemented in the facility and followed no matter who demonstrates the disruptive behaviors. Raised awareness is a first step in eradicating destructive behaviors. Nurse leaders often are so burdened with required work and responsibilities that they do not have much time to spend interacting in the work environment.

Time on the nursing units is limited, yet literature supports the positive impact of the nurse leader's presence and visibility. Nurse leaders who are available and present for coaching, collaborating, and modeling desired actions provide a foundation for a healthy work environment. When bullying is present, the nurse leader can follow the previously listed recommendations from JCAHO to refocus staff on the organization's mission, vision, and values. Establishing the right environment is a valuable achievement.

Visit www.jointcommission.org to obtain the JCAHO document Sentinel Event Alert, Issue 40 (July 9, 2008): Behaviors That Undermine a Culture of Safety.

About AANAC

The American Association of Nurse Assessment Coordination (AANAC) is a non-profit membership organization dedicated to supporting long-term care professionals provide quality care for nursing home residents across the nation. Since our founding in 1999, AANAC has earned the reputation as the premier resource and network for long-term care professionals involved in the RAI/MDS process. Now with more than 14,000 members, AANAC is committed to the success of the entire interdisciplinary team and delivers accurate and timely information, educational opportunities, advocacy in legislation, and a peer-community of support.

Interested in joining us? Explore the benefits of membership at www.aanac.org/join.

About the Author

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