Part IV

Creatively Managing Human Resources

16  Staffing and Nurse Retention
17  Recruiting and Interviewing
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21  Coaching and Mentoring
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Staffing and Nurse Retention

CHAPTER OBJECTIVES

After reading this chapter, answering the leadership challenges, and participating in the leadership development exercises, you will be able to:

- Describe the relationship between the nursing shortage and staffing
- Discuss the relationship between quality of care and staffing
- Debate the cost-effectiveness of staffing ratios
- Analyze the staffing needs of one unit
- Discuss critical issues in retaining nurses
- Discuss nursing theories that explain nurse retention

Advanced nurses will be able to:

- Teach peers or less experienced nurse leaders how to analyze staffing needs and retain nursing staff
- Design a problem statement to study a staffing issue
- Develop a research project to study a staffing issue

Introduction

The nurse shortage has placed a burden on every clinic, hospital unit, and community agency. Adequate nurse staffing is key to improving the quality of client care, to decreasing burnout, and, ultimately, to keeping nurses...
employed in settings where they are needed (Aiken, Clarke, & Sloane, 2002; Weverka, 2007).

**LEADERSHIP IN ACTION**

Karen, a new nurse leader, has been told that client care has to be improved and that costs, mortality rates, and infection rates have to be reduced. She has no idea how to make staffing cost-effective—let alone what to do about mortality or infection rates, how many nurses and assistants are needed on her unit, or what to do about staff who are threatening to quit because they have to work overtime several days a week.

**LEADERSHIP CHALLENGE** What advice would you give Karen?

### The Relationship between Quality Care and Staffing

Using an international sample of hospitals, Aiken, Clarke, and Sloane (2002) examined the effects of nursing staffing and organizational support for nursing care on nurses’ dissatisfaction with their jobs, burnout, and reports of quality of client care. There were 10,319 medical-surgical nurse participants. Reports of low-quality care were three times as likely in hospitals with low staffing and low support for nurses as in hospitals with high staffing and support.

Adequate staffing is not linked only to staff reports; client infections and whether clients live or die are also important. Nijssen et al. (2003) found that nursing workload was inversely associated with nurses’ adherence to hand hygiene, the best safety precaution against infection. Multiple studies have identified reduced nurse-to-client ratios as a risk factor for the transmission of nosocomial pathogens and even for client outcome. When staffing ratios are high, nurses may not think that they have time to wash their hands.

Grundmann, Hori, Winter, Taria, and Austin (2002) found that exposure to relative staff deficit was the only variable significantly associated with clustered cases of methicillin-resistant staphylococcus aureus (MRSA) colonization. Fridkin, Pear, Williamson, Galgiani, and Jarvis (1996) identified a high client-to-nurse ratio as an independent risk factor for central venous catheter-associated bloodstream infections occurring in a surgical ICU. Needleman, Buerhaus, Mattke, Stewart, and Zelevinsky (2002) found a positive association between the proportion of total daily hours of nursing care by registered nurses and six outcomes.
in medical clients (length of stay, rates of urinary tract infections, upper gastrointestinal bleeding, hospital-acquired pneumonia, shock, and cardiac arrest).

**LEADERSHIP CHALLENGE** What advice would you give Karen about reducing infection?

### Cost-Effectiveness of Staffing Ratios

Responding to research confirming the link between nurse staffing and client outcomes, 14 states have introduced legislation to limit client-to-nurse ratios. One study compared client-to-nurse ratios ranging from 8:1 to 4:1. Client mortality and length-of-stay data for different ratios were based on two large hospital-level studies, and cost estimates were drawn from the Bureau of Labor Statistics. Incremental cost-effectiveness was calculated for each ratio with general medical and surgical clients. Eight clients per nurse was the least expensive ratio but was associated with the highest client mortality rate. Decreasing the number of clients per nurse improved mortality and increased costs, but even at a ratio of 1:4, it did not exceed $449,000 per life saved. The researchers concluded that the 4:1 ratio was reasonably cost-effective and in the range of other commonly accepted interventions (Rothberg, Abraham, Lindenauer, & Rose, 2005).

### Determining Staffing Needs

To formulate a staffing schedule, identify your client needs, determine the ideal staffing level, and strive toward that goal. Schedule the right combination of nurses and assistants for each shift, and deploy staff so that you neither overextend nor waste resources.

Some steps to follow when quantifying staffing requirements were discussed by Weverka (2007):

- **Use census estimates.** Census estimates focus on the number of clients on the unit and how much care each one requires. To compute the estimate, multiply the number of clients (CL) by the average amount of time (T) that each requires to estimate the hours of care (HOC). The results provide an estimate of how many work hours are needed per shift.

\[
HOC = CL \times T
\]
Determining client acuity. The level of care clients need is called the acuity level, and it can be very high in the ICU. Some nurse managers use acuity ratings to help determine staffing requirements.

Determine a mix of skills. To meet the needs of a unit, each shift requires staff with the correct mix of qualifications. A nurse manager must assemble a team that’s capable of meeting the clients’ needs on a particular unit and maintain a profile of all staff members that includes their qualifications, certifications, general skills, language skills, and background.

Staffing is always a matter of compromise and accommodation. Staff have favored days and times to work, and developing a reasonable work schedule may not always be easy. It is important to schedule around employees’ needs while still guaranteeing that staffing meets clients’ needs. Some ways to achieve this goal are to:

Devise a standard scheduling process. Formulate policies for choosing vacation times, selecting shifts, and exchanging shifts. Ask staff members to submit their work preferences to you in advance, and tell them that the sooner they let you know their needs, the more apt you will be able to accommodate those needs. Explain that the process used to devise the schedule, and make sure that staff know it applies to everyone. Such measures will eliminate any arguing about the schedule, although you may have to repeat the policies several times. Whenever possible, post a draft schedule that is open to revisions from management and staff.

Schedule in advance. By scheduling in advance, nurses have a chance to look ahead and sign up for unassigned shifts. As a result, you will have to make fewer calls to nurses to ask them to fill in for other staff at the last moment.

Keep the budget in mind. It is important to keep an eye on overtime, making sure costs do not exceed the budget. Recruiting a set of temporary and part-time nurses, rather than hiring more expensive agency nurses and per diem staff, can save money.

Critical Issues in Retaining Staff

Staff retention is vital to solving the nursing shortage. A host of factors—including job satisfaction, supervision, the work environment, and personal factors—affect whether staff remain in their jobs or resign.
Job Satisfaction

Job satisfaction plays an important role in retention. See Box 16-1 for factors that are significantly related to hospital staff nurses’ job satisfaction.

Heavy client loads, the mental and physical demands of the job, excessive paperwork, and an inability to make decisions (i.e., a lack of autonomy) can frustrate nurses and lead them to resign. Low staffing levels and low salaries can also lead to dissatisfaction (Beech, 1995; Strachota, Normandin, O’Brien, Clary, & Krukow, 2003).

Supervision

Nurses tend to stay on the job longer when nurse leaders use a participative leadership model and encourage staff to participate in decisions (Fisher, Hinson, & Deets, 1994). Units with leaders who have a large number of staff reporting to them have higher levels of staff turnover. Units with managers who use a positive leadership style have lower levels of staff turnover. Having a large number of staff reporting to managers reduces any positive effect of positive leadership (like transformational and transactional leadership styles) on staff satisfaction and increases the effect of negative leadership (like laissez-faire styles; see Chapter 1) on staff satisfaction.

The Work Environment

Incivility or a lack of mutual respect pervades the workplace (Hutton, 2006). Negative, nonsupportive, unpleasant, and uncooperative peers and coworkers are key impediments to finding joy at work (Manion, 2003). Teams that work together, support one another, and resolve conflicts are critical to staff nurse retention (Anthony et al., 2005); employee friendliness and cooperation are critical reasons why nurses stay with their jobs (Fisher, Hinson, & Deets, 1994; Kangas, Kee, & McKee-Waddle, 1999; MacRobert, Schmele, & Henson, 1993).

In one study, between 60% and 70% of nurses agreed that due to understaffing and heavy workloads, finding enough time to provide quality care was difficult, frustrating and stressful (Aiken, Clarke & Sloane, 2001).

**BOX 16-1 FACTORS SIGNIFICANTLY RELATED TO NURSES’ JOB SATISFACTION**

- Autonomy (Carter, 2004)
- In very good health (as opposed to being in just good health)
- White (as opposed to being black)
- Educated in the United States (as opposed to being educated elsewhere)
- Career oriented
- Supported and encouraged by their supervisors
- In a cohesive and friendly work group
- Rewarded for their work
- In a setting that does not interfere with their work
- In a job that does not conflict with family responsibilities
- Given lighter workloads (Lewis, 2007)

**LEADERSHIP TIP**

To reduce nurse uncertainty and prevent burnout and resignations, communicate about organizational changes that accompany new work environments.
Crowded client rooms that allow for little personal space and privacy can influence client attitudes and satisfaction levels. These frustrations are often directed toward the nursing staff, which, in turn, lowers nurses’ satisfaction with their work (Beech, 1995).

When healthcare organizations restructure, downsize, or merge, nurses’ stress levels rise. Nurse leaders and administrators must not ignore this factor for the sake of cost containment and efficiency (Leveck & Jones, 1996). Changing from a primary nursing model to a client-centered managed model can be very stressful. Few nurses anticipate the emotional exhaustion and depersonalization that can result. Nurse leaders who communicate about the organizational changes that accompany new work environments can reduce nurse uncertainty and prevent burnout and resignations (Miller & Apker, 2002).

Personal Factors

Even when nurses are somewhat satisfied with their work situation, they may still leave for personal reasons.

Age is a major factor that influences retention. Older nurses who are nearing retirement may stay to obtain benefits, but younger nurses may want a variety of experiences and may leave if the situation becomes intolerable.

More educated nurses will often stay because they are able to actualize their professional role and have more autonomy (MacRobert, Schmele, & Henson, 1993). Nurses in their first nursing job are often more dissatisfied than experienced nurses (Shader, Broome, West, & Nash, 2001). RNs who felt their job did not conflict with their family life were more satisfied than those who perceived that their job conflicted with family life (Lewis, 2007). Family and kinship responsibilities, such as caretaking others, can affect absences and turnover (Borda & Norman, 1997).

If nurse leaders hope to resolve the nursing shortage, they must deal with all the factors that lead to retention.

LEADERSHIP CHALLENGE  What would you tell Karen about retaining staff who are complaining about working conditions?

Better Retention through Nursing Theory

To increase retention, it is important to keep staff satisfied and healthy. The modeling and role-modeling theory uses Maslow’s hierarchy of needs, which assumes that as basic physiological and safety needs are met, nurses can move to seeking social belongingness, self-esteem, self-actualization, and transcendence (Benson & Dundis, 2003).
Without adequate wages, staff cannot provide shelter, food, water, heat, and clothing for their families. If wages are adequate and physiological needs are met, the next human need to consider is safety. For staff to progress to the belongingness phase, benefits, training, and adequate supplies and precautions to guard against infections and exposure to harmful agents must be in place, and there must be a lack of workplace violence, discrimination, sexual harassment, and stress (Arruda, 2005).

For staff to feel that they belong and are able to work well in a team, they must perceive their relationships with nurse leaders as being collaborative and respectful. At least one study has shown that nurse leaders tend to perceive their leadership style’s effectiveness as significantly more effective than their RN staff do (McElhaney, 2006).

Once staff have conquered belongingness needs, they are ready to move on to self-esteem. This step includes the desire to achieve, be competent, and gain recognition for a job well done. To provide what staff need at this point, offer timely feedback, especially performance evaluations (see Chapter 20); share governance (see Chapter 19); and give them autonomy. It is highly important never to reverse decisions made by the group, which can reduce self-esteem (Benson & Dundis, 2003).

The next level is self-actualization. Staff development efforts (see Chapter 19) can help nurses prepare for advancement opportunities (see Chapter 22).

The final stage in Maslow’s hierarchy is transcendence. Employees can transcend their level of self-actualization by mentoring other staff (see Chapter 21).

When using this theory, it is important to foster an environment where staff members feel comfortable expressing their concerns, desires, questions, and needs. Appreciating staff members and listening to what they have to say are key to success (Arruda, 2005).

Summary

This chapter focused on staffing and retaining staff, including the relationship between quality of care and staffing, the cost-effectiveness of staffing ratios, determining staffing needs, critical issues in retaining staff, and achieving better retention through nursing theory. The next chapter presents critical information about recruiting and interviewing.
Key Term Review

- **Acuity levels** refer to the level of care clients need and can be used to determine staffing schedules.
- A **census estimate** includes the number of clients on a unit multiplied by the amount of care required.
- Determining a **mix of skills** includes maintaining a profile of each staff member, including their qualifications, certifications, general skills, language skills, and background.
- The **modeling and role-modeling theory** uses Maslow’s hierarchy of needs, which assumes that as basic physiological and safety needs are met, nurses can move to seeking social belongingness, self-esteem, self-actualization, and transcendence.
- A **standard scheduling process** includes formulating policies for choosing vacation times, selecting shifts, and exchanging shifts.

Leadership Development Exercises

- **Leadership Development Exercise 16-1**
  Describe the nursing shortage’s impact on staffing to at least three colleagues.

- **Leadership Development Exercise 16-2**
  Discuss the relationship between job satisfaction and staffing.

- **Leadership Development Exercise 16-3**
  Debate the cost-effectiveness of safe nurse staffing with at least one other colleague.

- **Leadership Development Exercise 16-4**
  a. Analyze staffing needs for one real or hypothetical unit using the information in this chapter.
  b. Devise a plan to show administration that your staffing plan is cost-effective.

- **Leadership Development Exercise 16-5**
  Discuss critical issues in retaining nursing staff with at least three other colleagues.

- **Leadership Development Exercise 16-6**
  Discuss with at least three colleagues how to use the modeling and role-modeling theory to retain staff.
Advanced Leadership Development Exercises

Leadership Development Exercise 16-7
Teach peers or less experienced nurse leaders how to analyze staffing needs and retain nursing staff.

Leadership Development Exercise 16-8
Design a problem statement to study a staffing issue. Obtain feedback from at least three colleagues with research knowledge. Ask them if your problem statement is researchable. If it isn’t, ask for suggestions about how to specify the problem statement. Revise your problem statement based on that feedback.

Leadership Development Exercise 16-9
Develop a research project to study a staffing issue. Obtain feedback from at least three colleagues with research experience in undertaking nursing studies. Ask these nursing colleagues whether your design will answer your problem statement. If not, revise your project based on that feedback.

References


Chapter 17

Recruiting and Interviewing

CHAPTER OBJECTIVES

After reading this chapter, answering the leadership challenges, and participating in the leadership development exercises, you will be able to:

- Describe the process of recruitment
- Discuss the practice of conducting regular employee satisfaction surveys as a recruitment approach
- Debate the use of staff nurses' cars for recruitment
- Discuss steps in recruiting and retaining top-level staff
- Describe basic measures used to judge recruitment efforts
- Analyze the interview process

Advanced nurses will be able to:

- Teach peers or less experienced nurse leaders about recruitment and interviewing practices
- Design a problem statement to study a recruitment or interviewing issue
- Develop a research project to study a recruitment or interviewing issue
Introduction

For recruitment to be successful, recruiters, managers, nurse leaders, and nurse administrators must collaborate and agree on an overall strategy. Recruitment should be part of job interviews and provide potential employees with job descriptions and other relevant information.

LEADERSHIP IN ACTION

Karen, a new nurse leader, was asked to work on the recruitment committee. She wanted to be prepared for the first meeting but was not sure where to go to find out what she wanted to know.

LEADERSHIP CHALLENGE What advice would you give Karen?

Collaborating with Other Departments

As a nurse leader, you may partner with your marketing department in your recruitment efforts. The marketing staff builds and promotes your organization’s services and brand, and by talking with them, you can find out how to use their connections and information to assist with recruitment efforts.

Collaboration may be as simple as adding career or recruitment information to the organization’s Web site. Ensure that the recruitment section of the Web site is intriguing. Does it provide the basics (physical address, phone number, fax number, and e-mail addresses) and link to the benefits program, local real estate agents, public schools, and facts about the organization’s location? Be sure to include a message from nursing leadership to prospective nurses. This is a chance to promote leader vision, set the tone for a great employment experience, and reach out to candidates (Christmas, 2007).

Think through the positions for which you are recruiting. Labor and delivery positions, for example, can be as different as night and day: one might be a family birthing center with 500 births a month and another can be a high-risk center with 5,000 deliveries a month.

Some questions to ask when assessing the adequacy of Web recruitment are:

- How many clicks does it take to get to job postings?
- Do the postings truly describe each unit’s unique work environment?
- Do postings include the types of clients treated and the pace of the workload?
- Do online videos provide virtual tours of the unit, offer testimonials from current staff, and highlight the most positive aspects of the unit?
Does the site offer online chat sessions with recruiters or even employees? Are exceptional opportunities—such as specialized equipment, low nurse-to-client ratios, outstanding continuing education, or tuition reimbursement—emphasized? Can potential candidates picture themselves practicing in your environment based on what they see on your Web site?

LEADERSHIP CHALLENGE Would any of this information be of use to Karen for her first recruitment meeting? Give a rationale for your answer.

To build an effective recruitment program, relationships with marketing must be ongoing. It takes time to build such relationships, but the results can be well worth the effort (Christmas, 2007).

Strengthening Recruitment in the Community

In addition to recruiters, managers, nurse leaders, and nurse administrators, staff nurses can play a vital role as recruiters in their communities. Staff nurses often network with local or regional specialty associations and with colleagues and friends at social events (Christmas, 2007).

For this reason, you should be aware of any issues (e.g., a lack of equipment, a negative work environment, ineffective managers) that could be discussed during these conversations. Preparing staff nurses to be effective recruiters includes helping them identify the positive aspects of working in their organization.

LEADERSHIP CHALLENGE What steps would you suggest for a nurse leader to take to help prepare staff nurses to be effective recruiters?

Creating Survey Programs

More and more, employers conduct employee satisfaction surveys with nurses to gauge their involvement and attitude. Because nurses interact with clients far more than any other employees, low nurse satisfaction could point to trouble.

This approach can backfire if the nursing staff share their opinions with management and their concerns are not addressed. The most successful organizations have a budget for marketing and act on the information they receive, making the necessary changes to improve their employees’ work environment (Christmas, 2007).
Before Karen goes to her first recruitment meeting, should she find out whether her organization conducts employee satisfaction surveys with nurses? Considering the pros and cons, give a rationale for your answer.

**Using Ambassador Cards to Recruit Nurses**
If the nurses in your organization are satisfied with their workplace, ambassador programs can extend the reach of recruitment. **Ambassador cards** are like business cards. They are provided to staff nurses to make it easy for them to invite outstanding colleagues to join the organization. The cards include recruitment phone numbers, the appropriate Web site address, and a space for nurses to insert their names and titles. The company may print information about nursing culture, values, or work environment as a further enticement. Encourage staff to distribute ambassador cards to peers at conferences and even at chance meetings in the grocery line or at church. This ambassador program not only assists the company in recruiting new nurses, but it can be used to recognize nurse contributions to recruitment efforts (Christmas, 2007).

**LEADERSHIP CHALLENGE** Karen thinks that ambassador cards are a good idea. Should she bring up the idea at the recruitment meeting if her organization does not use ambassador cards, or should she just listen and then talk to nurse leaders individually? Give a rationale for your answer.

**Deploying Staff Vehicles as Roving Recruitment Billboards**
Some metropolitan hospitals and medical centers pay nurses to use their cars to recruit more nurses. Such programs use easily removable billboards that do not scratch paint surfaces. The boards carry recruitment messages on them, along with the appropriate Web site address and/or contact phone numbers.

**LEADERSHIP CHALLENGE** Is paying nurses to use their cars to recruit more nurses a good or a bad idea? Give a rationale for your answer.
Recruiting and Interviewing Top-Level Staff

To attract and keep the top talent in the nursing market, it is important to follow a few basic steps.

**Define the Job Description**

Clearly define job responsibilities, including a list of mandatory skills, and how candidates will fit into and grow within the organizational structure.

**Determine an Appropriate Strategy**

Decide whether the position will be filled internally or whether your unit’s budget is better spent on searching outside the organization. When searching outside the organization, advertise in nursing journals, in association publications, and on the Web sites of various nursing organizations. When potential candidates submit résumés, make an initial telephone contact, and arrange for on-site interviews.

**Set Interviewing and Selection Processes**

Be prepared to take immediate action on the most viable applicants before they take other positions. To get a better sense of applicants, ask each candidate to bring a professional portfolio that includes certificates of attendance for continuing education programs, diplomas for formal education, letters of appreciation for contributions to a committee or board, copies of protocol or procedures for clinical pathways, client education plans they’ve developed, a personal philosophy of nursing, annual evaluations, completed skills checklists, presentations they’ve given or written materials they’ve developed, copies of articles they’ve published, copies of brochures indicating poster presentations, abstracts of studies they’ve completed, letters indicating grants they’ve received, self-assessments of career goals and achievements, and an evaluation of progress toward goals (Dennison, 2007).

To enlist an ideal team from the ground up, use a positive process:

- Recruit the first team member yourself based on his or her leadership skills and your ability to work together. Consider setting up a role-playing or simulation situation to see how your potential employee handles important events.
- Once you have selected that team member, the two of you should select the next member, choosing someone with experience in similar challenges.
- Once you two have selected the third team member, all three should choose the next employee, basing your selection on specific skills that are aligned with the tasks of the job.
- Continue on, and have the staff choose the next members of the team.
Although this process takes longer than one-on-one recruiting, you'll assemble a highly skilled group with a much greater likelihood of working well together than if only one person had selected the team (Sanders, 1999).

If you already have a partial team, enlist them all to help narrow down applicants to a group of five strong potential new hires for each available position. Bring each applicant back for a follow-up interview. Especially for top positions, pick the two top candidates, and bring each one back for a day to talk to staff members, shadow one, and get a feel for the organization.

Offer Tailored Incentives to Attract Top Staff

While interviewing candidates, watch and listen for clues that tell you what could make your organization attractive to the potential employee. Small organizations may not have the budgets to provide higher salaries, but you may be able to develop creative incentive and compensation packages.

Examples of incentives you could offer include flextime, more autonomy, specialized training, telecommuting, job sharing, an enhanced job title, child care, elder care, tying job goals directly to compensation, tying a financial incentive to completing a specific project, and offering a percentage of realized savings from innovative prevention programs (Mooney, 1998).

Always be upfront with candidates. Ask, “What is most important to you—salary, autonomy, location, or something else?” While gathering information, offer facts about the organization so potential employees can make a sound decision (Mooney, 1998).

Posing Legal Inquiries When Interviewing Applicants

When interviewing applicants, be sure to use only legal inquiries.

The Equal Employment Opportunity Commission protects applicants from discrimination. Because of this protection, you cannot ask questions when interviewing that pertain to relatives, marital status, residence, pregnancy, physical health, family, name, sex/gender, photographs, age, education, citizenship, origin/ancestry, race or color, religion, organizational affiliations, military service, height and weight, and arrests and convictions. For specific questions that you can and cannot ask during a job interview, see Table 17-1.
### TABLE 17-1 QUESTIONS TO ASK WHEN INTERVIEWING APPLICANTS

<table>
<thead>
<tr>
<th>Subject</th>
<th>Unlawful Inquiries</th>
<th>Lawful Inquiries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relatives/marital status</td>
<td>&quot;Are you married?&quot;</td>
<td>&quot;What are the names of your relatives who work for this company [or our competitor]?&quot;</td>
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<tr>
<td></td>
<td>&quot;What are the names of your relatives?&quot;</td>
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<td></td>
<td>&quot;How old are your children?&quot;</td>
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<tr>
<td>Residence</td>
<td>&quot;Do you live nearby?&quot;</td>
<td>&quot;What is your contact address?&quot; (A post office box is a valid address.)</td>
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<td></td>
<td>&quot;Do you own or rent?&quot;</td>
<td>&quot;Will you have problems getting to work on time?&quot;</td>
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<td></td>
<td>&quot;With whom do you live?&quot;</td>
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</tr>
<tr>
<td>Pregnancy</td>
<td>All questions relating to a pregnancy and its medical history.</td>
<td>&quot;Do you foresee any long-term absences in the future?&quot;</td>
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<tr>
<td>Physical health</td>
<td>&quot;Do you have any handicaps?&quot;</td>
<td>&quot;Can you lift 40 pounds?&quot;</td>
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<td></td>
<td>&quot;What caused your condition?&quot;</td>
<td>&quot;Do you need any special accommodations to perform the job?&quot;</td>
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<td></td>
<td>&quot;What is the prognosis?&quot;</td>
<td>&quot;How many days of work [or school] did you miss in the past year?&quot;</td>
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<td></td>
<td>&quot;Have you ever had any serious illnesses?&quot;</td>
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<tr>
<td></td>
<td>&quot;Do you have any physical disabilities?&quot;</td>
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<tr>
<td>Family</td>
<td>Anything concerning a spouse, children, dependents, or child care arrangements.</td>
<td>&quot;Can you work overtime?&quot;</td>
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<tr>
<td></td>
<td></td>
<td>&quot;Is there any reason you can't be on the job on time?&quot;</td>
</tr>
<tr>
<td>Name</td>
<td>Any inquiries about the interviewee's name that divulges marital status, lineage,</td>
<td>Whether the applicant worked for a competitor under a different name: for example,</td>
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<tr>
<td></td>
<td>ancestry, national origin, or descent: for example, &quot;If your name has been</td>
<td>&quot;What name are you known to the reference you provided us?&quot;</td>
</tr>
<tr>
<td></td>
<td>legally changed, what was your former name?&quot;</td>
<td></td>
</tr>
<tr>
<td>Sex/gender</td>
<td>Any inquiry.</td>
<td>None.</td>
</tr>
<tr>
<td>Photographs</td>
<td>A request for a photo before being hired.</td>
<td>A request for a photo after being hired that's for identification purposes.</td>
</tr>
<tr>
<td>Age</td>
<td>Any questions that can identify applicants as being age 40 or above.</td>
<td>&quot;If hired, can you furnish proof of age?&quot;</td>
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</tbody>
</table>

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Table 17-1 Questions to Ask When Interviewing Applicants (continued)

<table>
<thead>
<tr>
<th>Subject</th>
<th>Unlawful Inquiries</th>
<th>Lawful Inquiries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>Any question about a school's nationality, racial affiliation, or religious affiliation.</td>
<td>All questions related to the academic, vocational, or professional education of the applicant; the names of schools attended; the degrees or diplomas received; the dates of graduation; and the course of study.</td>
</tr>
<tr>
<td>Citizenship</td>
<td>Whether the applicant is a citizen requiring a birth certificate, naturalization, or baptismal certificate and any inquiry into citizenship that would tend to divulge the applicant's lineage, descent, etc.</td>
<td>Whether the applicant is prevented from being lawfully employed in this country because of visa or immigration requirements and whether the applicant can provide proof of citizenship (e.g., a passport), a visa, or an alien registration number after being hired.</td>
</tr>
<tr>
<td>National origin/ancestry</td>
<td>“What is your nationality?” “How did you acquire the ability to speak, read, or write a foreign language?” “How did you acquire familiarity with a foreign country?” “What language is spoken in your home?” “What is your mother tongue?”</td>
<td>“What languages do you speak, read, or write fluently?” (This is legal only when the inquiry is based on a job requirement.)</td>
</tr>
<tr>
<td>Race or color</td>
<td>Any question that relates directly or indirectly to race or color.</td>
<td>None.</td>
</tr>
<tr>
<td>Religion</td>
<td>Any question that relates directly or indirectly to a religion; for example, “What religious holidays do you observe?”</td>
<td>None, except “Can you work on Saturdays?” (and then only if relevant to the job).</td>
</tr>
</tbody>
</table>
TABLE 17-1 QUESTIONS TO ASK WHEN INTERVIEWING APPLICANTS  (continued)

<table>
<thead>
<tr>
<th>Subject</th>
<th>Unlawful Inquiries</th>
<th>Lawful Inquiries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational affiliations</td>
<td>&quot;To what organizations, clubs, societies, or lodges do you belong?&quot;</td>
<td>&quot;To what professional organizations do you belong?&quot; (except any whose names or character indicates the race, religious creed, color, national origin, or ancestry of its members).</td>
</tr>
<tr>
<td>Military service</td>
<td>Any question related to the type or condition of an applicant's military discharge or experience in a military other than the US armed forces; any request for discharge papers.</td>
<td>Inquiries concerning education, training, or work experience in the US armed forces.</td>
</tr>
<tr>
<td>Height and weight</td>
<td>Any inquiries not based on actual job requirements.</td>
<td>Inquiries about the ability to perform a job (being a specific height or weight cannot be considered a job requirement unless the employer can show that no employee with an ineligible height and weight could do the work).</td>
</tr>
<tr>
<td>Arrests and convictions</td>
<td>All inquiries relating to arrests: for example, “Have you ever been arrested?” (Note: arrests are not the same as convictions; an innocent man can be arrested.)</td>
<td>“Have you ever been convicted of any crime? If so, when, where, and what was the disposition of the case?” “Have you been convicted under criminal law within the past 5 years, excluding minor traffic violations?” (It is permissible to inquire about convictions for acts of dishonesty or breach of trust).</td>
</tr>
</tbody>
</table>

These guidelines, called the Fair Inquiry Guidelines, were established by the Equal Employment Opportunity Commission to provide specific protection from discrimination in hiring certain protected classes. For more information, go to [http://www.eeoc.gov](http://www.eeoc.gov)
Choosing a Candidate

It is not always easy to choose one candidate. What are some things to watch for while interviewing that may help you decide? Borgatti (2007) offers tips for interviewees that can also provide clues for interviewers.

Watch for the candidate who:

- Impresses from the get-go with a professional cover letter, résumé, and telephone reply or message
- Has a handshake that is warm and firm and held for 3–4 seconds, makes good eye contact, smiles, avoids chewing gum or sucking on lozenges, and sits still during the interview
- Is dressed appropriately in a classic tailored suit in a neutral color that is not too tight, too loose, or too short and wears plain jewelry and a simple hairstyle
- Anticipates questions and is poised and prepared when answering
- Is able to provide examples of how to handle specific situations
- Asks intelligent questions about the facility and position
- Sends a thank-you note after the interview, spells interviewers’ names correctly, and uses the opportunity to reiterate his or her assets

Measuring Recruitment Efforts

As healthcare budgets shrink, nurse leaders must make recruitment efforts effective and cost-efficient. Tracking pertinent data can provide useful information for future recruiting. Basic measures that may be of benefit include:

- The average age of staff members by nursing unit and for the department overall can help in the development of recruitment plans.
- The average age of retirement, based on organizational history, can also be helpful. Consider whether labor-saving devices, job modification, or new recruits are the answer for older RNs who are thinking of retiring, or for encouraging them to stay.
- Turnover and vacancy rates by unit or department, by key positions, and by transfer to and from units determines negative and positive turnover. Transfer to another unit in the same organization is not negative.
- Posthire and interim interviews, exit interviews, and interviews with accepted and rejected applicants can provide valuable recruitment data.
- Cost-per-hire data can help identify hard-to-fill positions. Recruiters’ competency, the number of nursing schools in the area, and the organization’s location may also influence how quickly a position is filled.
Interview-to-hire ratios pinpoint ineffective interviewing or selection processes that can waste money and/or time. Training in interviewing applicants and selecting hires may be necessary.

To identify the most important recruitment strategies, rank the effectiveness of hiring sources, including employee referrals and capture rates from clinical rotations, e-mails, advertising, hiring or career fairs, and national conferences.

Contract labor costs provide valuable information when compared to other recruitment and retention data. (Haeberle & Christmas, 2006)

LEADERSHIP CHALLENGE How can Karen obtain numbers for this recruitment data?

Summary

This chapter presented information that's important to recruiting and interviewing potential candidates, including collaborating with other departments, strengthening recruitment in the community, creating survey programs, using ambassador cards to recruit nurses, deploying staff vehicles as roving recruitment billboards, recruiting and interviewing top-level staff, posing legal inquiries when interviewing applicants, choosing a candidate, and measuring recruitment efforts. The next chapter provides important information on establishing a healthy environment.
Key Term Review

- **Ambassador cards** are like business cards and are provided to staff nurses to make it easy for them to invite outstanding colleagues to join the organization. The cards include recruitment phone numbers, the appropriate Web site address, and a space for nurses to insert their names and titles.
- The **Equal Employment Opportunity Commission** protects job applicants from discrimination.
- **Tailored incentives** such as flextime, more autonomy, specialized training, telecommuting, job sharing, an enhanced job title, child care, elder care, tying job goals directly to compensation, tying a financial incentive to completing a specific project, and offering a percentage of realized savings from innovative prevention programs can be offered to entice top staff to accept employment.

Leadership Development Exercises

- **Leadership Development Exercise 17-1**
  Develop questions you’d like to ask a member of your marketing department about how nursing and marketing can collaborate. If possible, ask the questions of someone in the marketing department or role-play it with at least one other colleague and then analyze the results.

- **Leadership Development Exercise 17-2**
  Develop an interview schedule for potential applicants. If possible, conduct an in-person, online, or phone interview with a marketing person or a colleague, using your interview schedule. Evaluate the results and obtain further practice if necessary.

- **Leadership Development Exercise 17-3**
  Evaluate the adequacy of your organization’s Web recruitment efforts. If your organization doesn’t have a Web site, go online and evaluate another organization’s site using information available in this chapter.

- **Leadership Development Exercise 17-4**
  Make a list of 10 ways you can strengthen recruitment in your community. Discuss your list with at least three other colleagues. Obtain feedback, and revise your list as needed.

  **Optional:** Collaborate with your colleagues, and share the best ideas with a nurse leader.
Leadership Development Exercise 17-5
Compose questions that you would use to survey nurses about their job satisfaction. Try them out with at least two other nurses, and obtain feedback. Revise your questions as needed. Compare your survey with other nurse satisfaction surveys in the nursing literature.

Optional: Interview at least two other nurses, and write up your results.

Leadership Development Exercise 17-6
Debate with a colleague whether using staff nurses’ cars for recruitment is a good idea or not. Flip a coin to see which side of the debate you will take. When you’re finished, switch sides and debate again. Write up what you learned from this exercise.

Leadership Development Exercise 17-7
Write your ideal job description.

Leadership Development Exercise 17-8
Write an advertisement to hire a nurse leader for your organization. Obtain feedback from two or more colleagues.

Leadership Development Exercise 17-9
Develop a professional portfolio for yourself. Share your completed portfolio with at least two other colleagues, and obtain feedback. Revise, if necessary.

Leadership Development Exercise 17-10
Work with two other colleagues to analyze the recruitment process.

a. Role-play a job interview with a colleague.
b. Using Table 17-1, have another colleague observe and make sure that the interviewer asks no discriminatory questions. Ask this observer to critique the mock interview.
c. Repeat this process two more times, each time with a different person in the roles of applicant, interviewer, and observer.
d. Write up your results, and share them with the class.

Optional: Complete the role-playing in front of the class, and ask your classmates to observe for discrimination and to analyze the process.

Leadership Development Exercise 17-11
Interview a nurse recruiter in person, on the phone, or online to find out how his or her organization measures recruitment efforts. Report your findings to at least two colleagues.
Advanced Leadership Development Exercises

Leadership Development Exercise 17-11
Teach peers or less experienced nurse leaders about recruitment and interviewing practices. Obtain feedback from learners.

Optional: Write up your results, and share them with at least two other colleagues.

Leadership Development Exercise 17-12
Design a problem statement to study a recruitment or interviewing issue. Obtain feedback from at least two other colleagues. Revise your problem statements as necessary.

Leadership Development Exercise 17-13
Develop a research project to study a recruitment or interviewing issue. Obtain feedback from at least two other colleagues. Revise as necessary.

References

Establishing a Healthy Environment

CHAPTER OBJECTIVES

After reading this chapter, answering the leadership challenges, and participating in the leadership development exercises, you will be able to:

- Describe physical factors that make for a healthy environment
- Discuss the hallmarks of a healthy, professional nursing practice environment
- Describe how authentic leaders create a healthy work environment
- Analyze how employee engagement relates to a healthy working environment

Advanced nurses will be able to:

- Teach peers or less experienced nurse leaders how to build a healthy environment
- Design a problem statement to study an aspect of a healthy environment
- Develop a research project to study an aspect of a healthy environment

Introduction

This chapter explores factors that make for a healthy environment (including physical, psychological, and social ones), the negative effects of
urban sprawl, and how to establish a working culture that includes a sense of belonging, engagement, and empowerment.

### LEADERSHIP IN ACTION

Constance, a nurse leader, just returned from a conference on healthy nurse environments. She’d heard about hospital-acquired infections, evidence-based design, urban sprawl’s potential effect on clients, work environments’ support of professional nursing practice, and nurse leaders’ responsibility to engage staff and create a healthy work environment. She also heard that if all that fails, nurses themselves can learn to promote self-caring and healing in their workplaces. Now that she is back, she is unsure of how to put all her learning into action.

### Factors That Make for a Healthy Environment

Some factors discussed in this section that can make for a healthy environment include reducing hospital infection rates, designing the environment for peak healing, and using the “look, think, and act” model.

#### Reducing Hospital Infection Rates

Hospital-acquired infections continue to rise at an alarming rate. Urgent steps are needed to reduce infections in the work environment and to avoid compromising the health of clients and staff. Although nurses may not be directly affected by the rise of hospital-acquired infection, their workload increases as clients get sicker.

In one study, factors associated with hospital-acquired infections included hospital beds being placed too close together, hospital staff working while having communicable symptoms, and the use of high-flow oxygen therapy and positive-pressure ventilation. Although this study focused on SARS, the senior author, Joseph Sung, MD, PhD, concluded that the findings are relevant for other infections transmitted by droplets. Providing hand-washing, showering, and changing facilities can also reduce the risk (“Study Identifies Risk Factors for Spread of Respiratory Infections in Hospitals,” 2007).

Fortunately, recent nursing research has identified another solution. Simple hand-washing videos can reduce hospital infection rates. See Box 18-1 for the details.

### LEADERSHIP CHALLENGE

How could Constance and the unit on which you work use hand-washing videos or posters with clients? Should videos and posters also be used for staff? Give a rationale for your answers.
Designing the Work Environment for Peak Healing

Client milieus affect both client and nurse satisfaction and, ultimately, RN retention. A boon in hospital construction has led to evidenced-based design concepts to create environments that enhance client outcomes and staff efficiency, increase comfort, and reduce stress, thereby speeding client recovery and improving nurse job satisfaction. For example, researchers found that clients in rooms facing the sunniest exposures recovered the fastest, used less pain medication, and were more satisfied with their hospital experience than clients in other rooms.

Architects include more private rooms, noise-reduction measures, calming gardens, separate hallways for service and delivery carts, and small nursing stations outside client rooms to reduce RNs’ travel time and fatigue. The nation’s military health systems will incorporate healing design features at outdated facilities, including Walter Reed Army Medical Center in Washington, DC (“Healing Designs Gain Popularity,” 2007).

BOX 18-1 REDUCING HOSPITAL-ACQUIRED INFECTIONS

**Summary.** The nurse researchers compared two simple, cost-effective measures to see how they could improve hygiene and reduce hospital-acquired infections like methicillin-resistant staphylococcus aureus (MRSA) in a pediatric intensive care unit. While this kind of infection occurs in about 10 percent of adults in general hospital wards, children in pediatric intensive care units have a 20% to 30% chance of becoming infected, according to Dr. Li-Chi Chiang from the China Medical University in Taiwan.

**Sample.** The sample included parents, grandparents, aunts, and uncles with similar profiles and education levels from 123 families who visited their children in a pediatric intensive care unit in Taiwan.

**Method.** For the first 2 months, 62 families were shown posters illustrating hand-washing techniques and discussed with staff the 10 key steps to avoiding the spread of infection. Family members were observed during subsequent visits to see if they washed their hands as suggested.

During the second 2 months, 61 different families were shown a hand-washing video and took part in the same discussions with staff and were observed.

**Findings.** Both groups’ compliance increased during each of the five visits after they saw posters or watched a video and discussed effective techniques with staff. Both groups significantly improved their hand-washing behavior, but the video initiative proved to be much more effective.

**Recommendations.** Dr. Chiang suggested that the video be shown repeatedly in such areas as intensive care unit waiting rooms and that staff should be trained to reinforce the information in the video when interacting with family members.

(Chen & Chiang, 2007)
For more information on healthcare design, visit http://www.healthdesign.org. While there, sign up for the newsletter, which will keep you updated about new information on evidence-based building design.

**LEADERSHIP CHALLENGE** What advice would you give Constance for finding out more about healing milieus and to start implementing them?

**Other Ways to Promote Self-Care and Healing in the Workplace**

Even in tense, hectic, and noisy surroundings, you can be a nurse leader and help improve your staff’s comfort and peace of mind. The way to start this process is to evaluate the environment, using the **“look, think, and act” model**, a problem-solving action research process (Brown, 2006; Stringer & Genat, 2003).

The first step is to assess your environment:

- Are the colors pleasing?
- Is the space cluttered?
- Is there any privacy?
- Is the space clean and orderly?
- Is the noise level tolerable?

The next step is to think about the findings:

- Is the space healing and peaceful for you and others?
- Do you come to work rested and ready for work?
- Do you add to the sense of peace or bring more tension?
- What would make the space more peaceful?
- Would a plant, a picture of a calming mountain or seashore setting, soothing music, a pleasant aromatherapy spray, a written guided imagery situation or affirmation, a statue or model, an inspiring poem, or some other calming addition bring peace?

The next step is to take action:

- Decide on what small part of your work environment to turn into an oasis of peace and comfort for others.
- Find a small bulletin board, a tiny corner, a desktop or table, a basket, or some other small but symbolic place.
- Encourage others in the environment to collaborate with you to make the space more peaceful.

**KEY TERM**

The “look, think, and act” model is a problem-solving action research process.
Ask each person to contribute an item or idea.
Prepare the space, and try it out for a few days or a week.
Consider adding an item to your desk or locker that signals healing and relaxation to you.

The next step is to evaluate your action:
- How do you and others react to the healing environment you’ve created?
- Should you add something to the space or keep it as is?

**LEADERSHIP CHALLENGE** What can Constance do to enhance self-care and healing on her unit? Give a rationale for your answer.

**Urban Sprawl**

Since the time of Florence Nightingale, nurses have been involved in the environmental aspects of health promotion. One of the most difficult issues facing the professional workforce today is obesity. It used to be thought that if nurses counseled clients to eat better and exercise, those clients would lose weight. Changing behavior is often more complex than that, especially when the environment in which the behavior occurs contributes to the problem.

The nation’s worsening obesity epidemic underscores the importance of the environment we’ve built for ourselves. **Urban sprawl** is a development pattern in cities that is characterized by decentralized, automobile-dependent neighborhoods. Its health implications include obesity, stress, mental health issues, and physical inactivity (Lopez & Welker-Hood, 2007).

Living in a neighborhood with unsafe streets or parks (which make exercising difficult) and with only fast-food restaurants (which offer options that contain too much fat and sugar and not enough fruits and vegetables) can lead to a life of obesity.

Community-oriented and health-promotion-oriented nurse leaders must play a critical role in combating urban sprawl’s effects by helping clients eat the nutritious foods they need to stay well. If this obesity-disease cycle goes uninterrupted, clients will continue to be ill and have to reenter hospitals for related conditions (such as diabetes, heart disease, and gallbladder disease) that can be prevented, or at least well controlled, by following a healthy eating regime and regularly exercising.
Urban sprawl affects nurses in other ways besides increased client workload because of hospital reentry. Working long hours while eating an improper diet and not taking sufficient time for exercise can lead to fatigue and practicing at less than full potential.

Some actions nurses can take themselves and help clients address include:

- Working shorter hours
- Scheduling breaks in the workday to seek out healthy meals and to take a short walk or exercise at a work-sponsored gym
- Carpooling with coworkers to decrease the stress of commuting
- Bargaining for a housing allowance in employment contracts and living closer to the job (Lopez & Welker-Hood, 2007)

**LEADERSHIP CHALLENGE** How could Constance use this information with her staff and herself? Give a rationale for your answer.

**Developing Environments to Support Professional Nursing Practice**

Many changes have occurred in the healthcare arena as a result of economic constraints, including reimbursement for care, rapid advances in clinical technologies and care modalities, and corporatization of healthcare systems (American Association of Colleges of Nursing [AACN], 2002).

Despite these problems, nurse leaders can take action to develop work environments that support professional nursing practice.

**Magnet Recognition Program**

Although the **Magnet Recognition Program** does nothing to improve staffing ratios (Massachusetts Nurses Association, 2004), the program does provide a framework to recognize excellence in:

- Nursing services management, philosophy, and practices
- Adherence to standards for improving the quality of client care
- Leadership of the chief nurse executive and competence of nursing staff
- Attention to the cultural and ethnic diversity of clients, their significant others, and care providers in the healthcare system (AACN, 2002)
Preceptorships and Residencies

Preceptorships provide opportunities for nursing students to work closely with staff nurses to gain role socialization and to increase clinical skills, knowledge, competence, and confidence. Preceptorships can also decrease the cost of lengthy orientation programs and reduce turnover rates (AACN, 2002).

Leadership Challenge: How can Constance use preceptorships and/or residencies to provide a more positive work environment?

Residencies or internships help new graduates transition into the practice arena. Residency experiences also facilitate recruitment, increase retention, and increase commitment to the organization (AACN, 2002).

Differentiated Nursing Practice

Differentiated practice models differentiate nurses by level of education, expected clinical skills or competencies, job descriptions, pay scales, and participation in decision making. Differentiated practice models foster positive outcomes for job satisfaction, staffing costs, nurse turnover rates, adverse events, nursing roles, and client interventions and outcomes. This model allows nurses to capitalize on their education and experience. This model is often supported by a clinical ladder, or defined steps for advancement within the organization based on experience, additional education, specialty certification, or other indicators of excellence (AACN, 2002).

Leadership Challenge: Should Constance try to initiate a clinical-ladder approach? Give a rationale for your answer.

Interdisciplinary Collaboration

The report “To Err Is Human: Building a Safer Health System” (Kohn, Corrigan, & Donaldson, 1999) summarized client safety problems in the United States and
recommended increasing interdisciplinary collaboration to reduce errors. As a result, many professional education programs for medical, nursing, and allied health students now require curricula that support interdisciplinary practice in a variety of clinical settings.

These programs emphasize teamwork, conflict resolution, and the use of informatics to promote collaboration in client care (Wakefield & O’Grady, 2000). Such an integrated health delivery system can evolve toward a model of interdisciplinary teamwork that delivers care to complex clients. Studies of environments that support collaboration provide evidence of improved outcomes for both acute and chronically ill clients (Pew Health Professions Commission, 1998).

**LEADERSHIP CHALLENGE** What might be a first step for Constance to establish interdisciplinary teamwork?

**Hallmarks of a Professional Nursing Practice Environment**

Characteristics of the practice setting that best support professional nursing practice and allow nurses to practice to their full potential include:

- A philosophy of clinical care with nursing input that emphasizes quality, safety, interdisciplinary collaboration, continuity of care, professional accountability, and adequate staffing patterns that speak to the complexity of care
- Differentiated nurse practice roles that are based on educational preparation, certification, and advanced preparation and that compensates and rewards role distinctions between staff nurses and other expert nurses based on those criteria
- Executive-level nursing leadership that promotes nurse participation in the governing body; reports to the high-level operations or corporate officer; has the authority and accountability for all nursing care delivery, financial resources, and personnel; and is supported by adequate managerial and support staff
- Empowered nurse participation in clinical decision making and the organization of clinical care systems by including nurses in systemwide committees and communication structures, giving them leadership roles to improve performance, involving them in reviews of clinical care errors and client safety concerns, and giving them the authority to develop and execute nursing care orders and actions to control their practice
- Clinical advancement programs, including financial rewards for clinical advancement and education; opportunities for promotion based on
education, clinical expertise, and professional contributions; annual (or
more often) peer review, client, collegial, and managerial input for perfor-
mance evaluation; and alignment between nurse leaders’ education and cre-
dentials and their roles and responsibilities
- Support for nursing that is demonstrated through resource support for
advanced education in nursing; preceptorships; refresher programs; resi-
dency programs; internships; incentive programs for registered nurse edu-
cation; long-term career support targeted at older, home care, and operating
room nurses and those from diverse ethnic backgrounds; specialty certifi-
cation and advanced credentials that are encouraged, promoted, and rec-
ognized; advanced practice nurses, nurse researchers, and nurse educators
who are employed and used in leadership roles to support clinical nursing
practice; and linkages between healthcare institutions and schools of nursing
to provide support for continuing education, collaborative research, and
clinical educational affiliations
- Collaborative relationships that are supported by members of the healthcare
provider teams
- Technological advances that are used in clinical care and information sys-
tems (AACN, 2002)

LEADERSHIP CHALLENGE Which of these hallmarks do you think Con-
stance should try to implement? What advice would you give to help her?
Give a rationale for your answer.

Developing an Engaged Nursing Workforce

The Health Resources and Services Administration (2002) estimates a shortage of
more than 1 million nurses by 2020. The nursing workforce is aging, and client
volume continues to grow as baby boomers demand more services.

As a nurse leader, you can play a critical role in creating and sustaining a cul-
ture of excellence in your healthcare facility. Research confirms that an employ-
ee’s relationship with an immediate supervisor is a primary determinant of his or
her job satisfaction and willingness to stay at the job (Hayes et al., 2006).

Rosabeth Moss Kanter’s (1993) model of organizational empowerment
offers a framework for creating a positive work culture. Kanter argues that when
employees have access to “power tools”—such as information, support, resources,
and the opportunity to learn and grow—they are motivated and more engaged
than those without this access.
Laschinger and Finegan (2005) found that nurses felt empowered when managers treated them with concern for their well-being in relation to organizational decisions and provided them with explanations to justify these decisions. Such empowerment led nurses to trust the organization, enjoy greater job satisfaction, and display a stronger commitment to the organization.

Building and sustaining a culture of excellence takes time and effort. There is a growing interest in moving beyond satisfying nurses to engaging them in the organization’s work. Nurses who are more engaged use their energy to drive an organization to top performance, which can impact absenteeism and client satisfaction, outcomes, and safety (Wagner, 2006).

The Healthcare Association of New York State received a grant from the New York State Department of Health to help hospitals develop the skills to engage nurses. The association surveyed 500 organizations, asking nurses in each hospital to complete a Web-based series of questions. According to this survey, the common factors of highly engaged nurses include:

- Feeling valued
- Believing that the organization practices what it preaches
- Willing to recommend the organization to others
- Feeling included in decision making
- Knowing that there are safe and effective ways to communicate complaints
- Trusting upper management to listen to employee ideas and opinions
- Believing that supervisors understand key issues in their departments
- Believing that the organization encourages and supports innovation
- Believing that their supervisor is an effective leader

When asked what engaged nurses, survey respondents commented that developing close relationships and mutual support with coworkers, deriving meaning and satisfaction from interacting with clients, receiving flexible work schedules, and having good working relationships with their nurse managers were important (Wagner, 2006).

In the most successful organizations, leaders believe that people matter. Nurse leaders who commit to seeing a change through to the desired results are a critical factor in engaging nurses. Leaders who help their teams manage daily work pressures; provide perspective, rationale, and encouragement for change; and are willing to make a difference are a critical component to successful change (Wagner, 2006).
LEADERSHIP CHALLENGE What advice do you have for Constance about empowering and engaging her staff? Give a rationale for your answer.

Summary

This chapter presented some environmental issues nurse leaders can address, including factors that make for a healthy environment and urban sprawl. It also provided information on fostering environments that support professional nursing and creating an engaged nursing workforce. The next chapter examines staff development and governance.
Key Term Review

- A **clinical ladder** includes defined steps for advancement within the organization based on experience, additional education, specialty certification, or other indicators of excellence.
- **Differentiated practice models** differentiate nurses by level of education, expected clinical skills or competencies, job descriptions, pay scales, and participation in decision making.
- The **“look, think, and act” model** is a problem-solving action research process.
- The **Magnet Recognition Program** does nothing to improve staffing ratios, but it does provide a framework to recognize excellence in healthcare provision.
- **Preceptorships** provide opportunities for nursing students to work closely with staff nurses to gain role socialization and to increase clinical skills, knowledge, competence, and confidence.
- **Residencies** or **internships** help new graduates transition into the practice arena; they also facilitate recruitment, increase retention, and increase commitment to the organization.
- **Urban sprawl** is a development pattern in cities that is characterized by decentralized, automobile-dependent neighborhoods. Its health implications include obesity, stress, mental health issues, and physical inactivity.

Leadership Development Exercises

- **Leadership Development Exercise 18-1**
  a. Survey your work environment to see the measures it follows to prevent hospital-acquired infections.
  b. Develop a protocol for reducing hospital-acquired infections with at least two other colleagues.
  c. Present your solutions to a group of colleagues.
  d. Ask for suggestions for implementing your recommendations.
  e. **Optional:** If possible, present your findings to a nurse leader or nurse executive.

- **Leadership Development Exercise 18-2**
  a. Design a model nursing unit, including a blueprint and self-healing measures.
  b. Share your design with at least two other colleagues, and obtain feedback.
  c. Adjust your design as needed.

- **Leadership Development Exercise 18-3**
  a. Observe a neighborhood for factors that contribute to obesity and other unhealthy conditions.
b. Share your findings with at least two other colleagues.

c. Come up with a way to use what you found to benefit clients or the neighborhood.

■ Leadership Development Exercise 18-4

a. Develop a clinical ladder for nurse advancement within an organization.
b. Share your ladder with at least two colleagues.
c. Obtain feedback.
d. Revise your ladder as necessary.

■ Leadership Development Exercise 18-5

a. Use the information in “Hallmarks of a Professional Nursing Practice Environment” to evaluate at least one healthcare organization or unit. Interview a nurse leader on the phone, in person, or online, if possible.
b. Present your findings to at least two colleagues.

■ Leadership Development Exercise 18-6

a. Use the information in “Other Ways to Promote Self-Care and Healing in the Workplace” to evaluate your work environment.
b. Decide on a way to make your personal space more of a peaceful oasis for you.
c. Collaborate with at least two colleagues to make that area more peaceful.
d. Evaluate the effect on your peace of mind.
e. Share your findings with your colleagues.

Advanced Leadership Development Exercises

■ Leadership Development Exercise 18-7

a. Teach less advanced nurse leaders about one aspect of a healthy nursing environment.
b. Obtain feedback from learners.
c. Write up your results, and share them with at least two colleagues.

■ Leadership Development Exercise 18-8

a. Develop a problem statement for a research study focused on establishing a healthy environment.
b. Obtain feedback from at least one other seasoned nurse researcher about whether the statement can be researched as stated.
Leadership Development Exercise 18-9

a. Develop a research project for your problem statement.
b. Obtain feedback from a more seasoned nurse researcher about your design.
c. Revise your research project as needed.

References


After reading this chapter, answering the leadership challenges, and participating in the leadership development exercises, you will be able to:

- Describe the elements in developing effective learning systems
- Discuss the developmental needs of new RNs
- Describe how a novice leader program develops new RNs
- Discuss research that details how nurse executives prepare new nurse leaders
- Analyze why training in computers and electronic resources should be part of staff development efforts
- Discuss the importance of developing nurse practitioners’ leadership skills
- Describe the LEAD Project for minority nurses
- Discuss the work of leadership development coordinators
- Analyze failure disclosure as a way to develop leaders

Advanced nurses will be able to:

- Teach less skilled nurse leaders about staff development
- Develop a problem statement for a research study focused on staff development
- Develop a research project for a problem statement focused on staff development
Introduction

According to the Magnet hospital studies (Scott, Sochalski, & Aiken, 1999), what nurses want in their leaders is someone who (1) is visionary and enthusiastic, (2) is supportive and knowledgeable, (3) maintains high standards and high staff expectations, (4) provides values education and professional development to all nurses within the organization, (5) is highly visible to staff nurses, (6) is responsive and maintains open lines of communication, and (7) is actively involved in state and national organizations.

The question is, how can organizations educate nurses to produce these qualities? This chapter attempts to answer that question by examining aspects of staff development that can help foster leadership.

LEADERSHIP IN ACTION

Georgette had been asked to develop a new leadership training program for nurses. She wasn’t sure how to begin or where to look. Her first action was to do a search on the Internet.

LEADERSHIP CHALLENGE  What other sources of information would you suggest to Georgette?

Designing Effective Learning Systems

Designing effective learning systems requires knowledge of learning theory, learning systems, and the learner. It also includes skills in writing behavioral objectives and learning contracts. Because people at all levels of management and all leaders have a responsibility to improve employee performance, they must be familiar with effective learning methods and the theory underlying those methods.

Social Cognitive Learning Theory

Bandura (1977, 1986, 1997, 2001) developed a social cognitive theory that has been widely used and accepted (Graham & Weiner, 1996). Bandura (1986) wrote that individuals possess beliefs about themselves that enable them to exercise control over their thoughts, feelings, and actions.

Self-efficacy, or the belief in one’s ability to perform adequately, has proved to be a more consistent predictor of
behavioral outcomes than other motivational constructs (Graham & Weiner, 1996). Learners with high self-efficacy expect higher grades and put forth the effort to get them. These learners approach difficult tasks as challenges, rather than as situations to be avoided.

Certain environmental characteristics can cause even highly self-efficacious and well-skilled learners not to behave in concert with their beliefs and abilities. This includes times when they:

- Lack the incentive
- Lack the necessary resources
- Perceive social constraints

Bandura (1977) wrote that learning would be laborious and hazardous if learners had to rely only on themselves. Luckily, learners have nurse leaders to model appropriate behavior for them. This vicarious learning permits individuals to learn novel behaviors without going through the arduous task of trial-and-error learning.

Bandura (1977) emphasized the importance of modeling behaviors, attitudes, and emotional reactions. He believed that it was the human capability to symbolize that allowed learners to:

- Extract meaning from the environment
- Construct guides for action
- Solve problems cognitively
  - Support well-thought-out courses of action
- Gain new knowledge by reflective thought
- Communicate with others at any distance in time and space
- Use self-reflection to make sense of their experiences
- Engage in self-evaluation and alter their thinking and behavior accordingly (Bandura, 1986)

**LEADERSHIP CHALLENGE** Based on what you know about Bandura’s theory, what is the role of staff development in relation to leaders?

**Learning Systems**

A learning system consists of:

- A learner
- A learning goal
- A procedure for achieving the goal
By this definition, self-paced or individualized materials, programmed instructional materials, and small-group exercises used by learners according to specified instructions are learning systems.

A learning system need not include an educator except in its design, but some learning systems do include visibly present educators or facilitators. A group of learners who have been given a learning goal and then hear a lecture compose one type of learning system. Many learning systems added together constitute a curriculum.

In the past, memorization of predigested amounts of information often composed the content of leadership courses. Now the process goals that are necessary to develop leaders—such as creativity, inquiry, and inductive thinking—require that objectives be tied to the curriculum, teaching/learning strategies, and learner needs (Joyce, Weil, & Calhoun, 2004; Kizlik, 2006).

Teaching/learning methods are chosen based on the purpose of instruction:

- If objectives such as learning to learn and the learner’s responsibility for learning are the focus, self-paced materials are appropriate.
- If learning objectives include prepractice in a safe environment and an integrated cognitive, affective, and perceptual-motor approach, simulations and simulation games are appropriate.
- When receiving immediate feedback and making presentations in front of others are important, audiotape, videotape, and videoconferencing methods can be used.
- When content can be broken down into small, sequential bits of knowledge and when learners learn individually, programmed materials are useful.
- When learning focuses on values, moral development or ethics, perceptual exercises, journal writing, and/or value clarification can be used.
- Peer supervision or small-group methods are helpful if processing input, collaborating with peers, and learning leadership qualities are essential objectives.

The Learner-Centered Syllabus

According to Diamond (1998), a learner-centered syllabus can help you when you’re trying to develop your staff. The syllabus should:

- Define learner responsibilities and help manage time by providing a clear idea of learning goals and a time frame for accomplishing them.
- Improve learner note-taking and studying skills by providing a detailed outline, essential diagrams and tables, and copies of overhead transparencies, case studies, and so forth.
- Reduce learner anxiety by providing sample review questions, readings that may be difficult to obtain, and important handouts.
Improve learner efficiency by including detailed descriptions of major ideas and behaviors with samples of expected responses.

Possible content for a learner-centered syllabus includes:

- The title and date of the course
- A welcome letter to the learner that describes the course’s intent, purpose, and overall goals
- A table of contents
- The purpose of the learner manual and how to use it
- An introduction, including how the course fits in the general program and for whom it was designed, general directions for learners, and where notices and related items will be posted
- A list of the personnel involved in the course, including their contact information, office hours, and e-mail addresses
- An overview of the course, including a course outline, a module outline, options, and course objectives
- Evaluation procedures (e.g., evaluation systems, scales, or forms)
- A list of textbooks or handouts, including where and how to get them and how to use them
- A calendar that includes topics by class meeting, projects, deadlines, and so forth
- A list of the facilities that will be used
- A checklist for assignment due dates
- Self-tests for learners to evaluate their ability to meet course objectives
- Additional information on using the library and computing center
- For online segments, a description of how to log on to the course, how to contact the help desk, how to use the e-mail system, the nurse educator’s e-mail address, where to find online postings of the class syllabus and schedule, and other information (such as details about forums, online exams, etc.)

Learning Contracts

The design of a learning system is influenced by the quantity of staff development and learner input. A major issue in instructional procedures is the educator/learner contract.

There are a number of basic contracts:

- The educator-made and educator-assigned contract. In this kind of contract, the teacher makes all the decisions concerning the content and sequence of learning activities. This contract is most commonly used in individualized instruction approaches.
The educator-made and learner-assigned contract. Learners are able to select a contract based on their own choices and preferences. The educator prepares a number of contracts, and learners choose those that appeal to them.

The learner-made and learner-assigned contract. This contract is based on areas identified by learners as those in which they are academically weak or in which they have a special interest. Learners begin to learn to assess their own instructional needs and areas of interest or nursing specialty. Such a contract has implied objectives and potential for learning to learn and lifelong learning.

The jointly written contract. This kind of contract is developed between the educator and learner during a series of meetings. The content of the contract and the procedures surrounding it are discussed and forged through discussion. This type of contract has potential for teaching cooperative and collaborative skills, for working through two-person teaching/learning difficulties, and for developing mentor or sponsor relationships where educators and learners are on a more equal level than in traditional learning situations.

A jointly written learning contract includes:

- An initial description of the learner’s work
- The specific goals, purposes, and time frame for the work
- A description of learning activities and resources
- The criteria that will be used to evaluate the attainment of the learning goals

Age Differences in Learning

A leader’s needs may differ by his or her age. For example, **Generation X learners** (born between 1965 and 1976) tend to:

- Be highly independent
- Challenge authority often
- Solve problems independently
- Multitask

**Generation Y learners** (who began entering college in 2000):

- Are the most culturally diverse group of all time
- Are self-reliant
- Question things
- Are technologically advanced
- Expect others to earn respect
- Are addicted to visual media
Leaders must ensure that learning methods align with the expectations, values, and needs of these learners (Walker et al., 2006).

**Active Learning Processes**

Active learning procedures are more apt to promote critical thinking. Active learning systems that enhance critical thinking include:

- Structured role-play
- Simulations and simulation games
- Peer supervision
- Self-paced learning materials
- Programmed instructional materials
- Audiovisual and computer methods of learning
- Perceptual exercises
- Journal writing, value clarification, and small-group methods
- Other novel strategies that work well even with large groups of learners

**A Novice Leader Program to Develop New RNs**

Research on the experience of new graduates reports the need for specialized transition programs. One study found that 30% of new nurses left within a year and that 57% quit within 2 years. Its authors cited unsafe nurse-to-client ratios as the most frequent reason why nurses left (Bowles & Candela, 2005).

Florida Atlantic University’s Christine E. Lynn College of Nursing in Boca Raton developed the Novice Nurse Leadership Institute. The program smooths the transition to full-time practice while nourishing leadership talent. About two dozen nurses participate in the yearlong leadership institute, which has them attending all-day educational sessions every 2 weeks, completing an evidence-based research project, and working with preceptors from their originating facilities (Wood, 2007).

The program includes:

- A self-assessment using the Myers-Briggs personality type test to help participants understand how their personality and their fit with their organizations affect their learning style
- Three credits toward either a BSN or MSN, depending on participants’ current degree
- Opportunities to share stories and support each other
- Teaching learners how to lead without holding a position of authority
- Cultural sensitivity training
- The business of health care and the economics of nursing
- The role of research, ethics, strategic thinking, working with other disciplines, horizontal violence, and advocacy to affect local, regional, and national policy
LEADERSHIP CHALLENGE  How could Georgette use this information to help develop staff? Give a rationale for your answer.

Research on How Nurse Executives Prepare New Nurse Leaders

In a survey, one-third of nurse managers reported that they expected to add nursing manager roles in the future. Six in 10 did not expect to add nursing manager roles (Denning & Associates, 2004).

When nurse executives were asked how they prepared new nurse managers, they mentioned:

- Planned orientation (scheduled meetings with agendas with their colleagues)
- A nursing leadership academy
- A manager mentoring program

Almost all nurse executives in the study reported that they prepared their new nurse leaders with on-the-job training. More than four-fifths reported using workshops, and almost two-thirds used continuing education classes (Denning & Associates, 2004).

When asked whether their organization had sufficient resources available to help prepare new nurse managers, nearly one-third of the nurse executives reported that they had enough resources to help them prepare new nurse managers and nurse leaders. More than 6 in 10 reported that there were not enough resources.

Nurse executives reported they would like to see the following added to their organizations:

- Ways to produce effective work environments with an emphasis on leadership development, especially transitioning from a clinical to a supervisory role, as well as ongoing professional information, resources, and support.
- A program that is accessible, affordable, flexible, able to meet a diverse audience (e.g., rural and urban learners, novice and expert learners), and culturally sensitive.
- Programming to accomplish enhanced leaderships can be curriculum based on on-site support, speakers bureaus, study guides, and/or Web-based formats (Denning & Associates, 2004).
LEADERSHIP CHALLENGE Which, if any, of this information could Georgette use to help develop staff? How, specifically, could she use this information? Give a rationale for your answer.

The Importance of Training in Computers and Electronic Resources

Nursing administrators and leaders should be aware of the large number of nurses who were educated before the Internet was such an important part of daily life. These nurses may be uncomfortable with, or may not even be familiar with, electronic searching processes.

Healthcare organizations should train employees on the use of computers and electronic resources. The increasing use of electronic healthcare records will make such training mandatory.

The amount of training necessary to increase nurses’ comfort levels with computers varies from nurse to nurse. One question nurse leaders can ask is, “What kinds of interventions can we develop to improve nurses’ search skills, research evaluation skills, and ability to apply evidence to practice?” There are many tools—including journals, reviews, and commentaries on research—to facilitate the use of evidence (Pravikoff, Pierce, & Tanner, 2005).

LEADERSHIP CHALLENGE How should Georgette use this information on training in computers and electronic resources to help develop her staff? Give a rationale for your answer.

Leadership Skills Development for Nurse Practitioners

Leadership skills are an increasingly important part of the nurse practitioner (NP) role. NPs must use leadership skills not only to provide optimal health care but also to navigate the healthcare system, advocate for sound policies, and guide multidisciplinary teams (Judkins & Friedrich-Cuntz, 2007).

An exploratory study evaluated NPs’ leadership skills before and after participating in a continuing education leadership training institute (LTI) program offered by the Center for Leadership in Nursing and Health Care at the School of Nursing at the University of Texas at Arlington. Researchers asked 225 NPs in northern Texas to describe their leadership skill needs. Participants identified conflict management, business management, negotiation, strategic planning,
change management, and human resource management as essential to effective leadership. Based on these topics, the institute developed a 2.5-day program.

The researchers used the Nurse Practitioner Leadership Questionnaire, a 37-item Likert-type (1=always/quite often; 5 = never) questionnaire to measure leadership. Paired t-tests showed immediate improvement in leadership skills. Statistically significant (P = <.05) changes were noted in actively exercising a leadership role, overcoming difficulties in achieving organizational objectives, and demonstrating creative problem solving.

Participants also reported taking new leadership roles (e.g., director of a clinic, serving on an influential committee, or becoming the NP liaison to a neonatal intensive care service). More than 70% of the NPs also expressed an understanding of the importance of networking. Although networking was not a planned topic, participants repeatedly mentioned the value of networking with other NPs when asked to evaluate the overall program.

Based on the findings, the researchers suggested that leadership development should be included as part of the NP curriculum by using a training format like the one described in their study (Judkins & Friedrich-Cuntz, 2007).

LEADERSHIP CHALLENGE  Explain how Georgette could use this information to help develop her staff. Give a rationale for your answer.

The LEAD Project for Minority Nurses

Minority nurses are underrepresented in leadership positions (Schmieding, 2000). Bessent and Fleming (2003) developed the Leadership Enhancement and Development (LEAD) Project for minority nurses based on a pilot project on leadership and race (which interviewed minority nurses on the faculty of a majority university and others from a historically black university in a collaborative relationship with a majority university) and a search of the literature.

Bessent and Fleming (2003) identified the following five essentials elements for the leadership model:

1. **Knowledge of self.** Black female nurses’ full leadership potential has gone untapped; their experiences have focused on others’ needs and not on trying to understand themselves.

2. **Integrity.** Minority nurses may have learned not to share their feelings, which can lead to not expressing what they really believe is pertinent to solving problems and handling issues.
3. Vision. Minority nurses think strategically but do not feel that they get credit for the information they provide.

4. Communication. Assisting minority nurses in communicating effectively is a challenge because many feel that they are not listened to in certain contexts.

5. Collaboration. Minority nurses may not be used to having power shared with them, but sharing power is an important skill to learn.

Bessent and Fleming (2003) suggested that this model has potential for research and service as well as for helping educate future leaders.

**LEADERSHIP CHALLENGE** How can Georgette use this information to help develop her staff? Give a rationale for your answer.

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**Shared Governance**

In a shared governance model, decisions are made at the point of service, and the nurses involved in care are part of the decision-making process and communication flow within an organization. In this philosophy, the nurse leader and staff address issues together. The focus is always on improving care.

A first step in putting this philosophy into action is to initiate staff meetings that include discussions of unit operations. During the discussions, each staff member should be asked for suggestions for improvement. As discussions proceed, natural leaders on each unit will emerge and set an example for others to follow (Anderson & Paden, 1998).

**Nursing Leadership Development Coordinators**

Some hospital administrators recognize the need for authentic leadership that fosters true collaboration and participatory decision making. Florida Hospital hired Sandy Swearingen, RN, PhD, as a leadership development coordinator to help clinically competent nurses acquire the leadership skills they need to reduce errors, maximize client outcomes, and increase job satisfaction.

**LEADERSHIP TIP**

Use the shared governance model to empower staff to make changes, enhancing the likelihood of success.

**KEY TERM**

In a shared governance model, decisions are made at the point of service, and the nurses involved in care are part of the decision-making process and communication flow within an organization.

**KEY TERM**

A leadership development coordinator is hired by an organization to help clinically competent nurses acquire the leadership skills they need to reduce errors, maximize client outcomes, and increase job satisfaction.
Swearingen is accountable for developing and implementing a nursing leadership curriculum on Florida Hospital’s seven campuses called Journey to Leadership. Much of the up to 200 hours of content (depending on individual needs) is taught by her, but external and internal experts are responsible for lessons on critical thinking, assertiveness, conflict resolution, and creating a culture of engagement. It is Swearingen’s belief that the vision of the organization can be best implemented when staff support one another and focus on delivering high-quality care.

The biggest challenge for the program is to change the top-down management style, in which top executives make decisions, to participative leadership, in which all nurses help decide the issues that affect them (Alfaro-LeFevre, 2006).

**Failure Disclosure as Leadership Development**

Everyone makes mistakes, but not everyone wants to admit them. Leaders especially may want to hide their errors, believing that the people they supervise may respect them less because of those errors.

Leaders who remain silent and refuse to take responsibility for their mistakes can be perceived as lacking integrity. Leaders who handle failure by openly admitting mistakes and offering an apology will most often be perceived as human and of high integrity.

**Failure disclosure** means admitting failure to employees, clients, and families. Leaders’ failures can be categorized into three areas:

1. **Failure of omission** occurs when leaders know about a situation, like a difficult employee or a toxic environment, but fail to speak up or intervene because they fear the consequences.

2. **Failure by commission** occurs when leaders do not hold the line against an unsafe staffing ratio: client results include death or another serious consequence.

3. **Failure by being accountable** occurs when employees give the wrong medication or disclose confidential client records; these are behaviors for which leaders must take responsibility even though they are not directly involved. (Kerfoot, 2006)

Kerfoot (2006) urges leaders to take the lead from clinical practice and move from an era of cover-up and nondisclosure to a culture where errors can be discussed openly and resolved. Saying “I’m sorry” opens the door to mend relationship breakdowns and has amazing healing properties. Attorneys, insurance companies, and hospital administrators often ask nurses and other clinicians to
avoid apologizing for medical mishaps. Yet, silence can lead to anger, hurt, and a sense of betrayal; and an apology returns respect and dignity, decreases anger, and promotes dialogue (Sparkman, 2005).

Apologies have a great power in the legal arena as well. Studies have shown that apologies encourage the settlement of grievances and avoid litigation (Vincent, Young, & Phillips, 1994). More lawyers are recommending apologies, too (Duffy, 2005).

In a study involving the Veterans Administration Medical Center in Lexington, Kentucky, administrators adopted a disclosure policy that included:

- Identifying an instance of an accident, possible negligence, or malpractice
- Notifying the client that there was a “problem” with the care they received
- Holding a face-to-face meeting to disclose all aspects of the event
- Offering continuing assistance to the client while he or she was obtaining compensation

Summary

This chapter focused on developing staff for leadership positions. Topics addressed included designing effective learning systems, developing a novice leader program, research on how nurse executives prepare new nurse leaders, the importance of training in computers and electronic resources, developing leadership skills in nurse practitioners, the LEAD Project for minority nurses, shared governance, the role of nursing leadership development coordinators, and failure disclosure as a way to develop leaders. The next chapter focuses on evaluating staff performance and quality assurance.
Key Term Review

- **Educator/learner contracts** can be educator or learner assigned or made.
- **Failure disclosure** means admitting failure to employees, clients, and families.
- **Generation X learners** are highly independent, challenge authority, problem-solve, and multitask.
- **Generation Y learners** are culturally diverse, are self-reliant, question things, are technologically advanced, expect others to earn respect, and are addicted to visual media.
- A **leadership development coordinator** is hired by an organization to help clinically competent nurses acquire the leadership skills they need to reduce errors, maximize client outcomes, and increase job satisfaction.
- The **LEAD Project** for minority nurses was based on a pilot project on leadership and race.
- A **learner-centered syllabus** defines learner responsibilities, provides detailed course outlines and essential written materials, includes sample review questions and detailed descriptions of major ideas and sample expected responses.
- A **learning system** consists of a learner, a learning goal, and a procedure for achieving the goal.
- **Self-efficacy** is the belief in one’s ability to perform adequately and has proved to be a more consistent predictor of behavioral outcomes than other motivational constructs.
- In a **shared governance model**, decisions are made at the point of service, and the nurses involved in care are part of the decision-making process and communication flow within an organization.

Leadership Development Exercises

- **Leadership Development Exercise 19-1**
  Analyze a learning system for its effectiveness for nurse leaders.

- **Leadership Development Exercise 19-2**
  a. Gather with a group of colleagues, and conduct a survey of new RN leadership needs.
  b. Share your findings with the class.
  c. **Optional:** Write up your findings, and present them to the staff development department or use the information in some other creative way.

- **Leadership Development Exercise 19-3**
  Plan a novice leader program based on the information in this chapter.
Leadership Development Exercise 19-4
Take a poll of staff on one unit to determine their computer and Internet skills.

Leadership Development Exercise 19-5
Interview at least two nurse practitioners, and find out which leadership skills they possess and which skills they believe they need to develop.

Leadership Development Exercise 19-6
Interview several minority nurses to see what they think of the LEAD Project and whether they agree with the essential five elements discussed in this chapter.

Leadership Development Exercise 19-7
Talk to at least one person in staff development at a hospital or medical center. Discuss the idea of a leader development coordinator covered in this chapter and whether the role might be beneficial in that hospital or medical center.

Advanced Leadership Development Exercises

Leadership Development Exercise 19-8
a. Teach a group of less skilled nurse leaders about staff development.
b. Obtain feedback from your learners.
c. Report your results to at least two colleagues.

Leadership Development Exercise 19-9
a. Develop a problem statement for a question related to staff development.
b. Obtain feedback on your problem statement from at least two colleagues with research know-how.
c. Revise your statement, if necessary.

Leadership Development Exercise 19-10
a. Prepare a research project to answer your problem statement/research question.
b. Obtain feedback from more skilled nurse researchers.
c. Revise your design, if necessary.

References


CHAPTER OBJECTIVES

After reading this chapter, answering the leadership challenges, and participating in the leadership development exercises, you will be able to:

- Try out performance appraisal approaches
- Discuss the use of simulations to improve performance leadership
- Describe a clinical practice development model to measure nursing practice
- Analyze nursing situations that can affect quality of care

Advanced nurses will be able to:

- Teach less skilled nurse leaders about evaluating performance and improving quality of care
- Develop a problem statement for a research study focused on evaluating performance and improving quality of care
- Develop a research project for a problem statement focused on staff performance and quality of care

Introduction

As a nurse leader, you may be expected to evaluate other employees or to help evaluate them. If the work setting includes teams, they may be able to
help evaluate individuals’ underlying traits, such as flexibility, adaptability, and the ability to get along with others—all of which are so critical to the job (Gross, 1995).

Quality care goes hand in hand with excellent performance. This chapter examines both and the relationship between them.

**LEADERSHIP IN ACTION**

Henry, a new clinical leader, was asked to participate in performance appraisals. He had mixed feelings about performance appraisals and was not sure exactly how to conduct this semiannual review at his agency.

**LEADERSHIP CHALLENGE** What advice would you give Henry? Give a rationale for your answer.

**KEY TERM**

**Performance Appraisals**

Performance appraisals are semiannual or annual evaluations of employee accomplishments and are often tied to rewards.

Performance appraisals were first used annually or semiannually to identify the best-performing employees (who were usually rewarded with promotions and bonuses) and the worst-performing employees (who were counseled to perform better and, in extreme cases, demoted or docked pay). Today, a development approach is often used that helps employees meet organizational objectives; employees are recognized as individuals who can participate in the goal-setting and evaluation process.

**Performance Appraisal Requisites**

Some of the qualities needed to perform performance appraisals in an effective way are:

- Translating the organization’s goals into individual job objectives
- Communicating the organization’s expectations regarding employee performance to the employee
- Providing feedback to the employee about job performance
- Diagnosing employee strengths and weaknesses without prejudice
- Collaborating to determine developmental activities that will help employees perform better or meet their objectives

**Performance Criteria**

Major criteria for measuring the performance of individuals or teams include behavioral competencies, demonstration of skills and knowledge, achievement of specific objectives, and results (Gross, 1995).
Hospitals and agencies may develop a list of behavioral competencies, skills, and knowledge based on job descriptions, or that may be left to the manager or leader to develop. Management by objectives, now somewhat out of vogue, can be a highly efficient approach to evaluating an employee’s performance. Objectives can be short range, long range, related to routine tasks, organizationally developed, problem oriented (such as reducing medical errors), innovative (i.e., to stimulate creativity), or developmental (Gross, 1995).

Results may appear to be the best choice for evaluating performance, but they are not always within the employee’s control. Many other factors contribute to whether a person obtains the required result (Gross, 1995).

The Performance Appraisal Process

There are four steps to the performance appraisal process:

1. **Perform an assessment of the employee using a performance appraisal form.** Depending on the institution, the evaluator and/or the employee may complete an assessment. Peers may also be asked to provide an evaluation, especially for the purposes of advancement.

2. **Share evaluation materials with the employee.** Meet in a private area with the employee. Establish a common understanding about expectations, the work accomplished by the employee, and how that work is evaluated. Draw out the employee, asking for reactions to the items being evaluated, and then listen to responses without becoming defensive.

3. **Discuss the evaluation materials, and devise a developmental plan.** The employee usually has the right to respond to the evaluation in writing. To provide the best experience, the leader asks for input from the employee, and they agree on a plan to enhance the employee’s work. This plan often includes new objectives, timelines for meeting the objectives, and other ideas for enhancing the employee’s work.

4. **Set up a follow-up meeting.** Conduct this meeting in about a month to discuss what the employee has accomplished. It is important to find a way to praise any movement toward the objectives and express confidence in the employee.

Performance Appraisal Techniques

Numerous performance appraisal techniques exist, including essays, rating scales, forced-choice ratings, critical incident reviews, and employee collaboration.

**Essays**

Essays by evaluators include information about the employee’s strengths, weaknesses, and potential. Although an essay may provide more valid information than other methods, a big drawback is that it is difficult to compare essays because one evalu-
ator may report observations that other evaluators have not witnessed. The essays' length and content may also vary greatly, making it difficult to compare them.

**Rating Scales**

Rating scales can be more consistent; thus, they are more reliable than essay methods. Through this approach, an employee’s quality and quantity of effort can be assessed, as can his or her personal traits, such as reliability and willingness to cooperate. This method takes less time and effort than writing an essay.

A rating scale usually has four levels of performance:

1. Exceptional performance
2. Fully meets expectations for performance goals and competencies
3. Does not meet standard
4. Not measurable/not observed

Behaviors are weighted, giving more points to the more complex actions (Gross, 1995).

**Forced-Choice Ratings**

Forced-choice ratings may be less biased than rating scales or essays. In this method, raters are asked to choose from among groups of statements those that best fit and least fit the individual employee. The statements are then scored.

**Critical Incident Reviews**

Critical incident reviews are based on factual incidents. Supervisors or leaders keep a record for each employee and record actual incidents of positive and negative behavior. During a performance appraisal, the discussion with the employee focuses on actual behavior, not on traits or personality, and on ways to perform differently to receive a higher rating next time.

**Employee Collaboration**

Employees can be asked to assess their work, provide evidence of their accomplishments, and devise their own work objectives based on their job description. This method encourages leadership behavior in employees and respects their opinions.

**Roadblocks When Using Performance Appraisals**

Nurse leaders must be aware of the following obstacles when trying to implement an effective appraisal system:

- Personal bias can interfere with appraisals, and less competent employees may get preferential treatment.
- Appraisers may not have good communication skills and may not inform employees that they are being judged and why.
Negative feedback to employees can result in lower morale and lack of motivation.

Performance appraisals can be viewed as inconsistent by employees in an organization that claims to use participative management.

**Overcoming Difficulties with Performance Appraisals**

Adding space on evaluation forms for specific examples and asking for written input from employees on their behavior can help make the appraisal a more collaborative effort. This one action alone may help overcome many of the obstacles that performance appraisals present.

Simulation is a learning technique that can provide practice in a safe learning environment. To gain practice in helping employees align their goals and behavior with the organization’s strategic goals, see Rachman-Moore and Kenett (2006).

**A Model to Measure Nursing Practice**

Performance appraisal is not the only method of evaluating nursing performance. Clinical narratives and nursing theory can provide solutions.

At St. Luke’s Medical Center in Milwaukee, nurses use their own clinical narratives to describe individual nursing practices as evaluation and promotion procedures.

**LEADERSHIP CHALLENGE** Is there a way for Henry to use clinical narratives at his work site? Give a rationale for your answer.

Nursing theory can also provide a base for evaluating staff. In addition to using Benner’s (1984) Novice to Expert theoretical framework (Nedd, Nah, Galindo-Ciocon, & Belgrave, 2006) to recognize the level of nursing expertise, Haag-Heitman and Kramer (1998) also used three recurring domains of practice along Benner’s five-stage continuum (novice, advanced beginner, competent, proficient, and expert) including caring, clinical knowledge and decision making, and collaboration.

The **caring domain** includes:

- Establishing trust with the client and family based on being with them, not doing something for them
- Demonstrating to the client and family a deep understanding of health and disease
KEY TERM

The clinical knowledge domain includes recognizing patterns, anticipating problems, obtaining a timely response from physicians, prioritizing and adjusting strategies, and applying appropriate technology.

The collaboration domain includes coordinating resources with team members, providing support for colleagues, and encouraging teamwork.

Quality of Care

Nursing actions shown to contribute to quality of care include staffing ratios, nurse-specific outcome measures, evidence-based practice, facial photo capture, nursing home processes, appropriate use of technology, discharge planning, results-driven rounding, and providing support and helping clients navigate the healthcare system.

LEADERSHIP IN ACTION

Samantha, a nurse leader, worked in a nursing home and was asked by her boss to help improve the quality of care. She went right to the Internet and searched for “quality of care.” She wasn’t surprised to find that staffing ratios affected quality of care because she’d seen increased errors when nurses were assigned too many clients.

Staffing Ratios

A study examining the effects of nurse staffing and organizational support on nurse reports of quality of client care focused on an international sample of more than 10,000 nurses working in US, Canadian, English, and Scottish hospitals. Nurse reports of low-quality care were three times as likely in hospitals with low staffing and support for nurses as they were in hospitals with high staffing and support.
The researchers concluded that adequate nurse staffing and organizational/managerial support for nursing are key to improving the quality of care (Aiken, Clarke, & Sloane, 2002). Recent surveys of consumers reporting on their most recent hospitalizations found substantial public dissatisfaction with the quality of health care (Donelan, Blendon, Schoen, Davis, & Binns, 1999; Donelan et al., 2000). Physicians concur that the quality of hospital care was threatened by shortages of nurses (Blendon, Schoen, & Donelan, 2001). Based on this finding, perhaps nurses and physicians should rally together to increase nurse ratios.

LEADERSHIP CHALLENGE How could Samantha use the information from this study to enhance the quality of care? Give a rationale for your answer.

Nurse-Specific Outcome Measures

The Joint Commission is in the final phase of selecting hospitals to evaluate 15 nurse-specific measures endorsed by the National Quality Forum (NQF), a non-profit membership organization created to develop and implement a national strategy for healthcare quality measurement and reporting (Leighty, 2007). (Additional information about the NQF appears at http://www.qualityforum.org.) The Joint Commission will likely validate nursing-specific measures as important standards for hospitals to use in improving client care.

Mary Blegen, RN, PhD, FAAN, is the director of the Center for Patient Safety at the University of California, San Francisco School of Nursing. She won a Robert Wood Johnson Foundation grant to examine how nurse staffing levels in client care units affect client-centered measures. The results of Blegen’s and the other grantees’ nursing studies can provide consumers a broader view of a hospital’s quality of care (Leighty, 2007).

Because nursing services are not billed, figures estimating nursing costs are not available for examining quality performance. Perhaps Blegen’s research (as well as the research of other nurse grantees at universities, colleges, and clinics across the country) will provide hospitals the impetus to use nursing outcomes in quality-of-care data.

LEADERSHIP CHALLENGE How could Samantha use this information to improve the quality of care? Give a rationale for your answer.
Evidence-Based Practice
Interest in quality care has led hospitals to focus on evidence-of-practice variability, to identify best practices, and to apply those best practices to improve client outcomes. Evidence-based practice means integrating a clinical approach with the best available research findings. One way evidence-based practice has been introduced into care is through clinical practice guidelines, which set out appropriate health procedures for specific clinical situations.

Problems remain with clinical practice guidelines. Practitioner adherence with practice guideline recommendations is inconsistent and highly variable (Mor, et al., 2000; Roghmann & Sexton, 1999; Srinivasan & Fisher, 2000; Taylor, Auble, Calhoun, & Mosesso, 1999). Another problem with practice guidelines is that most have been developed to measure physician and primary care provider attitudes, adherence, and practice. Studies of practice guideline use often contain confounding variables. Dykes (2003) suggested sound measures of adherence and impact and methods of controlling for confounding variables be addressed. She also pointed out that questions remain about the most useful format for practice guidelines. Until these are developed, it may be difficult to measure adherence to practice guidelines and determine quality of care.

LEADERSHIP CHALLENGE How can Samantha use this information about practice guidelines to improve the quality of care? Give a rationale for your answer.

Facial Photo Capture
Electronic bar codes and radio-frequency microchips are being used to prevent medical errors and increase the quality of care. Researchers with the MedStar Health network are experimenting with software that can pick human faces out of photo images. Nurses can permanently tie a client’s face to the corresponding electronic health record with just one click. The software can associate the right face to any medication order or blood product before it goes into a client. Anyone who approaches a MedStar triage desk is photographed. To help with privacy issues, the system quickly erases images that a nurse does not attach to a medical record (Zwillich, 2007).

LEADERSHIP CHALLENGE How could Samantha use this information to enhance the quality of care? Give a rationale for your answer.
Nursing Home Processes

Health services research findings have demonstrated the critical importance of having RNs on the staff of nursing homes to improve the quality of care (Harrington, 2005).

Most nursing homes show widespread quality-of-care problems, including inadequate assistance with eating (an average of 3 minutes to 7 minutes of assistance per meal); little verbal interactions during mealtime (18% to 25% of the time); false charting; inadequate toileting assistance and turning of residents; residents who are left in bed most of the day; little walking assistance; untreated pain; and untreated depression (Cadogan, Schnelle, Yamamoto-Mitani, Cabrera, & Simmons, 2004; Schnelle, Bates-Jensen, Chu, & Simmons, 2004; Schnelle, Simmons, et al., 2004; Simmons et al., 2004).

A study funded by the Centers for Medicare and Medicaid Services (CMS) found that high staffing levels for short-stay nursing home residents led to fewer rehospitalizations for avoidable diagnoses, including congestive heart failure, electrolyte imbalances, respiratory infections, urinary tract infections, and sepsis (CMS, 2001).

As in other settings, staff turnover rates can affect the quality of care in nursing homes. A study of 1,100 nursing homes in California showed that high turnover is associated with low staffing levels and low wages (Harrington & Swan, 2003).

Other factors that can reduce the quality of care in nursing homes include inadequate education and training and the use of registry personnel (CMS, 2001; Institute of Medicine, 2003; Wunderlich, Sloane, & Davis, 1996). One study found that residents in nursing homes with more LVNs than RNs were at a greater risk for hospitalization (Carter & Porell, 2003). Experts also point to the poor management of nurses and their lack of adequate training to supervise care in nursing homes (Institute of Medicine, 2003; Wunderlich, Sloane, & Davis, 1996).

Not all the problems occurring in nursing homes may be identified because Medicaid uses resource utilization groups. This system is based on a uniform nursing home resident report called the Minimum Data Set, or MDS, that seriously understates certain clinical problems, such as pain and depression (Cadogan et al., 2004; Schnelle, Simmons, Harrington, Cadogan, Garcia, & Bates-Hensen, 2004; Simmons et al., 2001).

Some nursing home residents wonder why nursing homes exist. Corbet (2007) points out that the residents are there because they need temporary or permanent care but that in-home help could provide quality care and save taxpayer money. Since the 1999 Supreme Court decision in Olmstead v. L.C., the law has recognized that disability services should be in the “most integrated setting,” yet the distribution of federal money continues to be heavily biased in favor of institutional services. Until that money is redirected, nursing homes may be the only option for many Americans. A resource to share with clients to help them choose a nursing home appears at http://www.aarpmagazine.org.
Chapter 20: Evaluating Staff Performance and Ensuring Quality

**LEADERSHIP CHALLENGE**  How can Samantha use this information? Provide a rationale for your answer.

**Appropriate Use of Technology**

Healthcare settings are in dire need of technology to help nurses manage the tasks and activities that disrupt direct client care. Some activities that could be handled by new technology include reporting on the change of shifts or new client admissions, verifying medication orders, preparing medications, completing charting and other paperwork, following up via telephone on test results or orders, confirming dietary orders, scheduling procedures, transporting clients, housekeeping, ordering and restocking supplies, retrieving critical items needed on the unit, planning discharges, offering education, providing competency training and certification, and communicating with family members, visitors, and multidisciplinary teams (Sipe, Marthinsen, Baker, Harris, & Opperman, 2003).

**LEADERSHIP CHALLENGE**  How could Samantha use this information to improve the quality of care? Give a rationale for your answer.

**Discharge Planning**

Despite the importance of discharge planning (Collier & Harrington, 2005), several studies have shown faulty discharge planning and case management in hospitals. In one study, discharge planners overrated their adequacy in providing information, and family members and clients believed they had been given little or no information, were not meaningfully involved in the planning process, and were pressured, forced, badgered, or bullied to opt for nursing home placement (Clemens, 1995).

A similar study found caregivers had often been required to make decisions about a nursing home within a short time period. The authors suggested that the use of Web-based resources can help family and caregivers make satisfactory decisions (Travis & McAuley, 1998).

**LEADERSHIP CHALLENGE**  How could Henry use this information at his work site? Give a rationale for your answer.
Results-Driven Rounding

Results-driven rounding allows nurses to spend less time answering call lights, freeing them for other tasks. A growing number of hospitals across the country are involved in following the protocol. Results include less stress for nurses, more productive shifts, and higher client safety and satisfaction scores. Checking on hospitalized client needs reduces call light use by 18%, falls by 50%, and cases of skin breakdown by 14%.

Initiating hourly rounds for clients is like adding one full-time RN to the staff for a week because nurses’ time is not used answering call lights. Clients stop leaning on their call lights because they know a nurse will be there to give them special attention every hour.

Nurses use the three Ps on their rounds:

1. **Positioning.** Make sure the client is comfortable, and assess for pressure ulcers.
2. **Personal needs.** Schedule trips to the bathroom to avoid falls.
3. **Pain.** Ask clients to describe their pain level on a scale of 0 to 10, and then take action accordingly. (Leighty, 2006)

Providing Support and Helping Clients Navigate the Healthcare System

Nurses are among the most verbal advocates for the quality of care. Mary Macklin, MSN, ARNP, related how staff refused to answer questions, would not let her accompany her friend during procedures or be an overnight guest (even though the Patient Bill of Rights allows it), discussed their weekend plans, and complained about their jobs in front of her (Macklin, 2007).

Another nurse, who asked to have her name withheld, recounted the events of a hospitalization and reported that she was not given a breakfast she could eat; she was not listened to when she told the nurse that the arm being used for blood pressure checks was injured; the nurse would not discuss her medications with her; every time an aide answered her call light and told her that a nurse would be informed, no nurse ever responded; and her discharge instructions had the wrong doses of medication (“Hospital Stay a Nightmare,” 2007).

These are only two instances, but they underline some of the problems nurses face if clients are to receive quality care. Although problems do exist, some organizations are working to fix the communication problems like those in the two previous examples.

The responses to a survey completed by parents who experienced the death of a child in a pediatric ICU at Children’s Hospital Boston about what helped them most while their children were dying show the way for nurses to offer spiritual
comfort to grieving mothers and fathers. Comfort includes being fully present in
the moment, listening carefully (even to angry words and affirming what they are
feeling, e.g., “You’re feeling angry now”), being comfortable with long silences,
not providing explanations unless asked for information, offering to help if a
parent wants to wash an unconscious child’s hair or shave her legs, and noticing
cues about when and if to inform the parents of resources (Wilder, 2006).

A study of older women with breast cancer showed that community-based
nurse case managers improved quality of care by helping manage coexisting
medical conditions, providing support and education, assisting with the activities
of daily living, and helping navigate the healthcare system (Jennings-Sanders &

Summary

This chapter focused on evaluating staff performance and ensuring quality and
covered such topics as performance appraisals, measuring nursing practice, and
measuring quality of care. The next chapter provides information on coaching
and mentoring staff.
Key Term Review

- The **caring domain** includes developing trust, understanding, and a healing environment. The **clinical knowledge domain** includes recognizing patterns, anticipating problems, obtaining a timely response from physicians, prioritizing and adjusting strategies, and applying appropriate technology.
- **Clinical narratives** are stories nurses tell in evaluation conferences about their level of expertise.
- **Clinical practice guidelines** set out appropriate health procedures for specific clinical situations.
- The **collaboration domain** includes coordinating resources, supporting colleagues, and encouraging teamwork.
- **Evidence-based practice** integrates a clinical approach with the best available research findings.
- **Performance appraisals** are semiannual or annual evaluations of employee accomplishments and are often tied to rewards.
- **Results-driven rounding** allows nurses to spend less time answering call lights, freeing them for other tasks.

Leadership Development Exercises

- **Leadership Development Exercise 20-1**
  a. Pair off with a colleague.
  b. Flip a coin to see which of you will conduct a performance appraisal of the other, using information in this chapter.
  c. Discuss your findings.
  d. Replay the performance appraisal, using whatever you learned from the first role-play.

- **Leadership Development Exercise 20-2**

- **Leadership Development Exercise 20-3**
  Analyze nursing situations that can affect quality of care.
  a. Go to a nursing home, and observe for assistance with eating, verbal interactions during mealtimes, toileting assistance and turning of residents, walking assistance, and untreated pain and depression.
  b. Compare your findings with what you read in this chapter.
  c. Share your findings with at least two other colleagues.
  d. Brainstorm a way to share your findings with the public and/or improve the quality of care.
  e. If possible, implement one or more of your ideas.
Leadership Development Exercise 20-4

a. Brainstorm with a group of at least two other colleagues to develop ideas for technological answers to reducing time nurses spend:
   - Reporting on the change of shifts or new client admissions
   - Verifying medication orders
   - Preparing medications
   - Completing charting
   - Doing paperwork
   - Following up via telephone on orders and test results
   - Making dietary orders
   - Scheduling procedures
   - Transporting clients
   - Housekeeping
   - Ordering and restocking supplies
   - Retrieving critical items
   - Planning discharges
   - Providing education, competency training, and certification
   - Communicating with the interdisciplinary team, family members, and visitors
b. Share your findings with at least two colleagues.
c. Write up your findings.
d. Talk to a technology expert about putting your ideas into action.
e. Optional: Publish your findings.

Leadership Development Exercise 20-5

Work with a group of colleagues to develop information for a Web site related to quality indicators for nursing homes and the nursing home decision. Use http://www.calnhs.org as a template.

Leadership Development Exercise 20-6

a. Role-play being physically present with a mother whose child has died. Use the suggestions for listening, waiting out silences, and not explaining that are discussed in this chapter.
b. Role-play helping a woman with breast cancer who is having difficulty making an appointment to see her oncologist.

Advanced Leadership Development Exercises

Leadership Development Exercise 20-7

a. Teach a group of less experienced nurse leaders about some aspect of quality of care.
b. Obtain feedback.
c. Write up your results.

- **Leadership Development Exercise 20-8**
  
a. Write a problem statement for some aspect of quality care.
b. Share your statement with a nurse researcher, and obtain feedback about whether your statement is doable or needs refinement.
c. Revise your problem statement as needed.

- **Leadership Development Exercise 20-9**
  
a. Design a research study to answer your problem statement.
b. Obtain feedback on your project from a more experienced nurse researcher.
c. Revise your project as necessary.

**References**


**Resource**

Coaching and Mentoring

CHAPTER OBJECTIVES

After reading this chapter, answering the leadership challenges, and participating in the leadership development exercises, you will be able to:

- Discuss the difference between coaching and mentoring
- Describe coaching interventions with staff nurses
- Discuss Kramer’s reality shock theory and its relationship to coaching and mentoring

Advanced nurses will be able to:

- Teach less skilled nurse leaders about coaching and mentoring
- Develop a problem statement for a research study focused on coaching or mentoring
- Develop a research project for a problem statement focused on coaching or mentoring

Introduction

Nurse leaders have been identified by staff nurses as a crucial link in creating an environment of improved quality of care, safety, performance, and nurse retention. Coaching and mentoring are ways to help staff nurses develop their potential.
As a nurse leader, you may be expected to coach and/or mentor staff nurses, so you will need to know the difference and the process for each. This chapter focuses on coaching and mentoring staff nurses and provides a theory, research findings, and specific steps to take as a coach or mentor.

LEADERSHIP IN ACTION

Alice, a clinical leader, had been observing the staff for several weeks. She noticed that several nurses might be able to benefit from coaching and/or mentoring. She wasn’t exactly sure of the difference between the two interventions, so she consulted with a clinical specialist who provided coaching to several nurses on another unit.

LEADERSHIP CHALLENGE What do you think the clinical specialist told Alice about coaching and mentoring?

Coaching versus Mentoring

Mentoring is an exclusive long-term relationship oriented toward nurses who are focused on moving forward in nursing administration or advanced clinical education. Mentoring focuses less on tasks and more on learning more complex ways of thinking and problem solving. In most cases, the mentor is not the nurse’s immediate supervisor (Yoder, 2007).

Coaching is geared to all nursing staff and focuses on enhancing immediate professional development. Coaching is an ongoing two-way process in which an immediate supervisor or manager shares knowledge and experience to help the staff nurse achieve agreed-upon goals (Yoder, 2007).

Coaching can have more wide-ranging effects for a team or organization because it affects more nurses. Coaching is also an essential link to ongoing development because the employee is guided in a positive, encouraging environment, which is more apt to lead to growth in the staff nurse and more engagement with the manager or leader (Yoder, 2007). The overall goal of coaching is to achieve measurable change or improved development in staff nurses’ skill development, teamwork, leadership, and preparation for increased responsibility. Because the coach takes the time to listen and to provide support and helpful information,
staff nurses start to feel valued and heard. Staff will also be more loyal to a leader who takes the time to help them grow (Hill, 2007).

**LEADERSHIP IN ACTION**

Alice overheard Delilah complaining that no one on the team ever helps her even though she’s always helping them. Alice wasn’t sure whether to intercede or wait for Delilah to bring up her problem later.

**LEADERSHIP CHALLENGE** What would you tell Alice? Give a rationale for your answer.

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**The Teachable Moment**

Teachable moments are times when a nurse leader recognizes that employees are open to receiving developmental feedback (Yoder, 2007). Teachable situations include when staff nurses ask for feedback, express puzzlement or concern about an outcome, ask directly or indirectly for information about a new position, experience a poor job fit, or want to talk about a promotion.

It is not necessary to wait for a teachable moment. Clinical nursing specialists (CNSs) often schedule individual 10-minute coaching sessions with each nurse on a unit. To initiate a plan, each staff nurse is asked to identify areas that need improvement. Later sessions focus on priorities for the unit, including evidence-based practice (Ervin, 2005).

To create an environment for self-learning, staff nurses are asked to set aside a half hour each week to scan current journals, or their nurse leader can provide study abstracts for them based on client assignments (Ervin, 2005).

Because not all information in journals is accurate, current, or meant to be translated into practice, CNSs encourage staff nurses to discuss and debate which studies provide the best evidence. CNSs can also conduct unit-level in-service programs that use case studies and other activities that encourage staff nurses to actively analyze and synthesize literature. CNSs may conduct group coaching, using listening exercises and assertiveness training, and writing workshops and may provide critiques of written work to assist staff nurses in developing their writing skills (Ervin, 2005).
Coaching Behaviors

Coaching follows a predictable process:

- **Observing.** Observing a staff nurse provides information about how coaching may be helpful. Observe behavior both informally (e.g., during a report or a staff meeting) and formally (e.g., while the nurse is performing a nursing procedure). While observing, ask yourself, “What is the nurse doing or not doing effectively? What impact does his or her action have on team, organizational, or individual goals?” If you’re unsure of how to answer those questions, observe the nurse some more.

- **Examining coach motives.** When coaching someone you believe might not be performing effectively, ask yourself, “Am I expecting too much? Is my anger or frustration with this person interfering with my observation and analysis? Have I made several attempts to listen actively to this person? Have I remembered to give this person positive feedback often enough so I’m not contributing to a problem behavior or attitude? Do I model excellent listening skills?” Become aware of your own development needs by doing a reality check with a trusted peer. It will help you become a better leader and coach (Hill, 2007).

- **Creating a discussion plan for the coaching session.** Think about what you will discuss, including the following questions: What is the purpose of the session? What outcomes do I desire? What potential difficulties might arise, and how would I handle them? Share your plan with the nurse you’re coaching, and ask for input and other suggestions. Treat coaching as a partnership (Hill, 2007).

- **Initiating.** Keep the tone positive and focused on personal development. Emphasize your wish to be helpful. Discuss your observations with the nurse (e.g., “This is what I observed. If I were in that team member’s shoes, I might think . . .”). Be sure to describe the behavior and its impact in a truthful and straightforward way that is both calm and supportive. Make good eye contact, listen first and evaluate later, avoid interrupting the other person except to ask questions for clarification, repeat back to the person what you heard, and ask, “Here’s what I heard; is it correct?” or “How might you handle that differently in the future?” You can also suggest, “Let’s role-play that and see what we can come up with.” Avoid planning your responses in advance. Use open-ended questions to explore alternatives (“What would happen if . . .?”), to uncover attitudes or needs (“How do you evaluate your progress to date?”), and to establish priorities (“What do you think are the major issues?” or “What can I help you with?”). Include a timetable and an agreed-upon measure of success (Hill, 2007).

- **Providing and eliciting feedback.** Present your ideas and advice in a clear and balanced way. Define or express the desired behavior in specifics (e.g., “I’m
going to work with you to help reduce medication errors [improve your charting, set limits with other staff, work together as a team, etc.]). Use initiating comments such as (“You sound interested in that; I’d like to suggest you give an in-service program on that topic”) or (“I saw a video on that topic; I’ll get the information for you to watch”). Make the observations behind your suggestions explicit (“I observed you interrupting Jerry three times during our last staff meeting”; “The support you gave Mrs. Johnson was effective”). Encourage the nurse you’re coaching to provide feedback (“What did I do that made you think that?” “How were my suggestions helpful to you?” or “Give me an example of that”) (Hill, 2007; Yodor, 2007).

Follow-up meeting. Be sure to meet at specific checkpoints to evaluate progress. Ask what is going well and what requires more assistance. Share your observations, emphasizing progress toward the goals; identify possible modifications in the plan; and obtain feedback on what was helpful in the coaching session (Hill, 2007; Tudor, 2007).

**LEADERSHIP CHALLENGE** How can Alice use this information to coach her staff? Give a rationale for your answers.

**Studies Demonstrating the Positive Effects of Coaching**

Two studies set in business settings demonstrated positive individual and organizational outcomes because of coaching (Ellinger, 1999; Patton, 2001). Evidence that coaching can improve employee and customer satisfaction and retention and the success and financial performance of the organization has also been presented (Kepler & Morgan, 2005). Coaching has been related to increased individual and team performance and to enhanced employee autonomy and organizational performance (Savage, 2001). Research completed in Magnet hospitals supports the idea of coaching by showing that ongoing organizational support improves quality of nursing care, job satisfaction, and retention (Kramer & Schmalenberg, 2004).

**Kramer’s Reality Shock Theory**

In her book *Reality Shock: Why Nurses Leave Nursing*, Marlene Kramer (1974) coined the phrase “reality shock” to explain why new nursing graduates leave the profession. She studied the way new graduates adapted to the professional role after they discovered the difference between nursing school ideals and the reality of working as a nurse.
She identified four phases that all new graduates experience as they try to adapt to being a professional nurse:

1. **The honeymoon phase.** New graduates are excited, idealistic, and enthusiastic about being nurses.

2. **The shock phase.** With the realization that nursing is not what they expected, new graduates experience anger, frustration, disappointment, and negativism, and they may show signs of depression and fatigue.

3. **The recovery phase.** New graduates begin to realize there may be more than one perspective on the nursing profession, and their sense of humor and enthusiasm for nursing may return.

4. **The resolution phase.** New graduates may adapt to their current job, seek employment elsewhere, quit nursing, go back to school, develop full-fledged burnout, or integrate the two conflicting value systems of school and work into a successful framework for practice.

**LEADERSHIP CHALLENGE** What advice would you give nurse coaches to help new nurses bypass reality shock?

**Mentor Programs**

Mentor programs can help reduce the chance of reality shock. Developing a relationship with an experienced nurse mentor who is not evaluating performance can help new nursing graduates glimpse a broader perspective on what it means to be a nurse and can offer a venue for expressing feelings, venting frustration, and exploring career options (Pesut, 2004).

It’s not just new nurses who need mentoring; mentoring relationships offer support and professional development for nurses at all levels of practice (Kanaskie, 2006). But different generations may require different types of coaching and mentoring.

**Coaching and Mentoring Different Generations**

Different generations have had unique experiences that can affect their coaching and mentoring needs and preferences. Veteran nurses (born 1925–1945) may be more comfortable with one-on-one coaching and mentoring. They value seniority and experience in a coach and may want handwritten notes, plaques, and pictures of them with the chief nursing officer to recognize their achievements (Duchschere & Cowin, 2004; Weston, 2001).

Baby boomer nurses (born 1946–1964) enjoy collegiality and participation and prefer being coached by peers. They like to reach consensus. Boomers are
optimistic and tend to think big. They like to feel empowered in the work setting and to be asked for their feedback. Baby boomers value lifelong learning and are interested in participating in situations that improve their performance. They are motivated by public recognition for jobs well done and perks, such as employee parking spaces, newsletter recognition, and professional award nominations (Duchscher & Cowin, 2004; Halfer, 2004; Siela, 2006; Weston, 2001).

Generation X staff (born 1965–1980) prefer opportunities to demonstrate their expertise when learning and prefer not to be micromanaged or to attend meetings. They want to see rapid progress toward their goals and think that career advancement and recognition ought to be based on merit. Xers are flexible and informal. Give them freedom in setting their schedules, and offer them the latest tech tools. They should be valued for their innovative ideas and creative approaches to unit issues. They are often instrumental in designing new approaches to nursing care delivery. When selecting a coach or mentor, avoid putting an Xer and boomer together; they are apt to clash. When rewarded, Xers value paid time off, cash awards, or a part in cutting-edge projects (Karp, Fuller, & Sirias, 2002; Sherman, 2006; Siela, 2006).

The Millennial generation (born 1981–2000), sometimes called Nexters or Generation Y, accepts multiculturalism, terrorism, violence, drugs, and cell phones as a way of life. They were raised by parents who nurtured and structured their lives and expect more coaching and mentoring than any other generation. Specifically, they want structure, guidance, and extensive orientation, coaching, and mentoring. They value internships and formalized clinical coaching and mentoring (Halfer, 2004), but they may turn down a last-minute request to cover an extra shift. Millennials like quick personal feedback and flexible scheduling. They also enjoy teamwork and team meetings as a forum for communication, and they do not appreciate reading policies and procedures. E-mails and chat rooms are good ways to provide coaching and mentoring to them. Ensure that coaches and mentors learn about the Millennials’ goals and are able to provide close support. If Millennials’ needs are not met, expect high staff turnover (Clausing, Kurtz, Prendeville, & Walt, 2003; Howe & Strauss, 2000; Siela, 2006).

A nurse is not a nurse is not a nurse. All nurses have individual talents. Instead of trying to fix a nurse’s weaknesses, focus on helping individuals cultivate their talents and empower them to be who they have the potential to become. This may require you to (1) overcome your own fears about nurturing nurses who may become better nursing professionals than you are and (2) to move away from training nurses to obey rules and follow instructions so that their creativity and innovation can thrive.

Encourage nurses to set challenging goals and strive for what they believe in. To do that, you must foster a climate of
trust, one that allows nurses to try out their talents and skills and provides them with coaching and mentorship opportunities that broaden their perspectives and abilities (Tan, 2006).

Summary

This chapter focused on coaching and mentoring. It provided information about the difference between coaching and mentoring, teachable moments, coaching behaviors, studies demonstrating the positive effects of coaching, Kramer’s reality shock theory, and mentoring programs. The next chapter focuses on workplace violence.
**Key Term Review**

- **Coaching** gives staff nurses the sense of being valued, heard, and encouraged as they develop clinical, teamwork, and leadership skills and prepare to take on increased responsibility.

- **Mentoring** is an exclusive long-term relationship, with someone other than one’s direct supervisor, that is oriented toward nurses who are focused on learning complex thinking and problem-solving skills and want to move forward in nursing administration or advanced clinical education.

- **Reality shock** is the conflict new graduates face when presented with the differences between nursing school ideals and the realities of professional nursing.

- **Teachable moments** are times when a nurse leader recognizes that employees are open to receiving developmental feedback.

**Leadership Development Exercises**

- **Leadership Development Exercise 21-1**  
  Find a nursing coach, and speak together in person, on the phone, or via e-mail or fax.

  a. Ask how that person coaches nurses, find out whether he or she uses teachable moments or some other method, and obtain any other information about coaching you can.
  
  b. Write up your findings (take notes during the interview if possible, unless you fax or e-mail).
  
  c. Share your findings with at least two other colleagues.

- **Leadership Development Exercise 21-2**

  a. Identify a mentor, and interview him or her in person, on the phone, or via e-mail or fax.
  
  b. Find out what specific things the mentor does to help other nurses.
  
  c. Ask him or her for examples of how mentorship helps nurses.
  
  d. Write up your findings.
  
  e. Share your findings with at least two other colleagues.

- **Leadership Development Exercise 21-3**

  Obtain permission to shadow a nurse for at least 3 hours, and if possible, provide feedback to that person.

  a. Answer as many questions as you can from the section in this chapter entitled “Coaching Behaviors.”
  
  b. What did you observe?
c. What else did you find out about coaching?
d. What feedback would you, or did you, give the person you shadowed?

- **Leadership Development Exercise 21-4**
  Talk to several nurses in each of Kramer’s reality shock stages.
  a. How did you know which stage each was in?
  b. Share your findings with at least two other colleagues.

- **Leadership Development Exercise 21-5**
  Speak with a nurse from each of the different generations mentioned in this chapter.
  a. Using the categories mentioned in this chapter, compose a questionnaire.
  b. Using the specific questions on your questionnaire, ask your participants how they prefer to be coached or mentored.
  c. Tally your findings.
  d. Explain any discrepancies from the behaviors mentioned for each generation in this chapter.
  e. Share your findings with at least two colleagues.
  f. **Optional**: Speak to four nurses, and see whether you can identify which generation they belong to from their answers.

**Advanced Leadership Development Exercises**

- **Leadership Development Exercise 21-6**
  a. Provide a brief in-service or in-class teaching session on some aspect of coaching or mentoring.
  b. Obtain feedback from your learners.
  c. Share your findings with at least two colleagues.

- **Leadership Development Exercise 21-7**
  a. Develop a problem statement suitable to test some aspect of coaching or mentoring.
  b. Share your problem statement with at least one more experienced nurse researcher, and obtain feedback on whether your statement is feasible.
  c. Revise your problem statement as needed.

- **Leadership Development Exercise 21-8**
  a. Develop a research project to test your problem statement.
b. Consult with a more seasoned nurse researcher about your research project.
c. Revise your project.
d. Share your findings with at least two colleagues.

References


CHAPTER OBJECTIVES

After reading this chapter, answering the leadership challenges, and participating in the leadership development exercises, you will be able to:

- Discuss the statistics on workplace violence
- Describe environmental designs that can reduce workplace violence
- Analyze administrative controls to reduce workplace violence
- Discuss how to respond to an immediate threat of workplace violence
- Describe suggested ways to deal with the consequences of workplace violence
- Discuss measures nurses can use and teach staff to use to reduce workplace violence

Advanced nurses will be able to:

- Teach less advanced nurse leaders about workplace violence
- Design a problem statement focused on workplace violence
- Prepare a research project focused on some aspect of workplace violence

Introduction

Physical violence often starts when individuals do not have the words to express their negative emotions. They must learn how to identify and give name to their feelings and learn to listen.
A careful analysis of violent behavior reveals that violent episodes are often the culmination of long-standing identifiable problems, conflicts, disputes, and failures. When materialism reigns, product is more important than people, distancing individuals from their feelings. To reduce workplace violence, policies must be based on employee-employer collaboration and communication, or they will result in scapegoating, denial, and even violence (Braverman, 1999).

**LEADERSHIP IN ACTION**

Wanda, a nurse leader, had noticed staff arguing and drugs missing since the board of directors of the hospital had voted to downsize and restructure. Wanda wasn’t sure what to do about her observations, but she did find out that the hospital had no violence prevention program.

**LEADERSHIP CHALLENGE** What would you tell Wanda to do? Give a rationale for your answer.

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**Facts and Statistics about Violence**

The causes and nature of violence are complex, but social and environmental factors play major roles. Every day in the United States, three children die of abuse and neglect. An estimated 3 million to 4 million women are abused by their partners annually (Capaldo & Lindner, 1999). And 25% to 40% of all women in the United States have been physically assaulted by a spouse or male partner (Abner, 1995), and battering or abuse during pregnancy is a widespread problem (Campbell, 1998, 1999).

Two out of every five American households with children contain guns, and 15% of those guns are either loaded or unlocked. It’s not surprising that 15 children are killed with guns in this country every day. Only 29% of parents with guns in their house believe that the most important message about gun safety is that “guns kept in the home kill family members more often than they kill in self-defense” (Sutherland, 1999).

Witnessing a violent event can lead to trauma and future violence. Witnessing violence can create aggression and anxiety disorders (e.g., acute and posttraumatic stress) and disrupt the ability to develop empathy for others (Osofsky, 1995). In one study of a major city, up to 90% of elementary school children witnessed violence, and 33% witnessed a homicide (Groves, Zuckerman, Maran, & Cohen, 1993).
Between 1993 and 1999, 429,100 nurses were victims of violent crimes in the workplace annually, according to the Bureau of Justice Statistics (2001). The most prominent incidents are deaths, stabbings, and shootings, but nurses are easy targets for clients who hit, shove, kick, spit, and bite. Because of their high visibility, nurses are also the most likely target of screaming, threatening, and verbally abusive relatives (Hemmila, 2003).

A national survey of registered nurses sponsored by NurseWeek and the American Organization of Nurse Executives found that 28% of the nurses who responded had experienced episodes of violence in the workplace within the past year (Hemmila, 2003).

Another survey of emergency room nurses found that 56 had experienced violence in the previous year but that 29% did not report it. Only 2 of the 55 nurses said they felt safe all the time at work, and 73% said being assaulted is part of the job (Hemmila, 2003).

The fact that such a large percentage of nurses believed being assaulted is part of the job demonstrates the depth of the problem. Preventing violence should be a unit’s number one goal. Designing safer work settings is a prime example of how to do that.

**LEADERSHIP CHALLENGE** How could Wanda use this information to show the need for a violence prevention program?

**Physical Design Strategies**

To protect against violence in the workplace, more hospitals are using physical barriers, electronic surveillance, security guards and metal detectors, doors with access cards, two-way mirrors, panic-bar doors locked from the outside only, and trouble lights or geographic location devices; they are also shortening visiting hours (Hemmila, 2003; National Institute for Occupational Safety [NIOSH], 1996).

Physical separating workers from clients through the use of bullet-resistant barriers or enclosures has been proposed for hospital emergency departments. The height and depth of counters and whether they are bulletproof are also important considerations. Leaders must weigh the safety factor versus the frustration such measures cause for workers and clients (NIOSH, 1996).

Visibility and lighting are important environmental design considerations. Making high-risk areas visible to more people and installing good external lighting can decrease the risk of workplace assaults (NIOSH, 1996).

Access to and egress from the workplace are also important. The number of entrances and exits, the ease with which nonemployees can gain access to work
areas because doors are unlocked, and the number of areas where potential attackers can hide are issues to consider (NIOSH, 1996).

**LEADERSHIP CHALLENGE** Wanda has asked to start a violence prevention committee. What should she suggest in the way of environmental design to the other members?

**Administrative Controls**

Causes of workplace violence range from an accident that kills or maims, to an episode or pattern of abuse or harassment, to continuing stress from organizational restructuring. Nurse leaders who are prepared for crisis know that stress directly affects their employees and clients and will be alert to the following danger signals:

- Conflicts occur between employees, or between employees and clients, and include fights, threats, harassment, or the breakdown in work group and nurse-client functioning.
- An increasing diversity in the workforce results in discrimination and sexual harassment claims.
- Downsizing and restructuring occur in a climate of disrespect without expressions of positive gratefulness for employee contributions.
- Drug and alcohol abuse and even domestic violence occur in the workplace.
- Unstable and problematic employee and employer behavior is on the rise.
- Clients or staff are taking antidepressants. (Braverman, 1999; Healy, Herxheimer & Menkes, 2006)

**LEADERSHIP CHALLENGE** Which of these factors should Wanda pursue first? Give a rationale for your answer.

Increasing the number of staff on duty may be an appropriate first step, as may meeting with small groups in a respectful and encouraging way. The use of security guards or receptionists to screen persons entering the workplace and controlling access to actual work areas has also been suggested by security experts (NIOSH, 1996).

Policies and procedures for assessing and reporting threats and violent incidents must be in place. Such policies should indicate a zero tolerance of workplace violence and provide mechanisms for reporting and handling incidents. Nurses must report violent incidents so the information can allow employers to
assess whether prevention strategies are appropriate and effective. Without this information, safety needs will not be addressed. These policies should also include guidance on how to recognize the potential for violence, methods for defusing or de-escalating potentially violent situations, and instruction about the use of security devices and protective equipment. Detailed procedures for obtaining health care and psychological support following violent incidents should also be available (NIOSH, 1996).

A threat assessment team must be developed to receive reports of threats and violent incidents. This team should include representatives from human resources, security, employee assistance, unions, workers, management, and perhaps the legal and public relations departments. The mission of this team is to assess threats of violence, to determine how specific a threat is and whether the person threatening the worker has the means to carry out the threat, and to determine the steps needed to prevent the threat from being carried out. This team should also review violent incident reports periodically to identify ways that similar incidents can be prevented in the future. When violence or the threat of violence occurs between coworkers, firing the perpetrator may or may not reduce the risk for future violence. Retaining control over the perpetrator and requiring counseling may be more appropriate. Whatever is decided, the violence prevention policy should explicitly state the consequences of making threats or committing acts of violence in the workplace and should be available to all employees.

A violence prevention policy must state:

- Procedures and responsibilities to be taken in the event of a violent incident
- How the response team is to be assembled and who is responsible for the victims’ immediate care
- How to carry out stress debriefing sessions with victims, their coworkers, and perhaps the families of victims and coworkers

Employee assistance programs, human resource professionals, and local mental health and emergency service personnel can provide assistance in developing these strategies (NIOSH, 1996).

Other measures to prevent workplace violence include an analysis of:

- Relationships in the work setting. How do workers treat each other? How are they treated by their supervisors and others? Are security and respect promoted?
How standards are enforced. Violence policy should be prominently posted and distributed to staff, identifying inappropriate or abusive behavior, with a zero-tolerance statement. What disciplinary action will be taken if staff show violent behavior? How consistently, impartially, and fairly are the standards enforced?

How employee grievances are handled. Are employee grievances acted on quickly and responsibly and not allowed to escalate? Are human resource and employee assistance personnel or a mental health clinical nurse specialist available for consultation to defuse dangerous situations? Are employees encouraged to seek assistance when needed?

How staff is hired. Do hiring procedures need to be overhauled to pay attention to applicants’ past history of violence? Do group screenings and thorough background checks need to be done for signs of hostility, anger tendencies, and problems with conduct? Are there reports of argumentative behavior or multiple transfers and terminations? Should personality tests be used as screening tools?

Supervisory and nurse leader training. Do supervisors and nurse leaders receive special training to identify volatile employees (i.e., those who have temper outbursts, make threats, or are inappropriately sensitive and overreact to criticism) and in using fair and consistent discipline?

Violence aftermath counseling. Is aftermath debriefing instituted within 12 hours following the incident to minimize posttraumatic stress disorder? (Rosch, 1994)


LEADERSHIP CHALLENGE How can Wanda use this prevention analysis on her unit?

Responding to the Immediate Threat of Workplace Violence

All legal, human resource, employee assistance, community mental health, and law enforcement resources should be used to develop a response to any situation that poses an immediate threat of workplace violence. The risk of injury must be minimized. Threats that refer to a specific time or place may require you to shift workplace procedures and time frames. For example, if a client or employee has leveled a threat such as “I know where you park and what time you get off work!” it may be advisable to change or even stagger departure times.
Training Sessions

Training sessions that teach specific defense strategies must also be available. Some topics to include are:

- How to approach an employee or client suspected of violent or self-destructive behavior
- How to conduct a face-to-face investigation and gather all related information (including asking for permission to talk to a client’s past treatment sources)
- How to inform the employee or client that agency policy requires a danger-of-violence assessment and that results will be shared with him or her and with the appropriate human resource, medical, nursing, and mental health representatives
- How to establish a nonpunitive violence education, assessment, or counseling situation that the client/employee manages and finances

Threat-of-Violence Assessment

The threat-of-violence assessment includes a process for gathering information and making appropriate decisions. An assessment proceeds step-by-step and involves determining the risk, establishing a time-out period, and engaging the at-risk client or employee as an active, willing participant in the process. Box 22-1 can be used to complete the assessment and decision-making process once an at-risk individual has been identified.

LEADERSHIP CHALLENGE

Should Wanda develop her own threat-of-violence assessment, or should she and her committee develop a customized form? Give a rationale for your answer.

Dealing with the Consequences of Workplace Violence

When someone is injured, it is important to report the incident and document everything right away before details are forgotten. Assault should not be considered part of any job. Nurses must demand protection and better training so they can defend themselves.

Once an attack is reported, hospitals and other organizations should offer follow-up support with debriefing sessions as well as the vigorous pursuit of criminal prosecution.
When clients come in who have been using alcohol or drugs or who have been involved in any kind of resistance with police, they should be put into point restraints, according to Mary Alexander, MSN, RN, director of emergency services at Gnaden Huetten (Hemmilla, 2003).

Not everyone may agree with this evaluation. Nurses must tune in to clients who might act out. Someone who is being uncooperative and uses threatening body language should be approached with caution. Nurses often go it alone. They must learn to call for assistance if they cannot calm a client (Hemmilla, 2003).

Physical Defense Methods

Many hospitals now require staff members to attend violence management training to learn about potentially dangerous situations and how to defend themselves. A training film may have saved Lori Cline, MNSc, RN, from serious injury. When she leaned over an Alzheimer’s client, the women sat up and put her hands around Cline’s neck and started to choke her. The nurse remembered how to release herself, something she had seen in a training film. She slipped both of her hands between the client’s hands and applied pressure on the inside of the attacker’s wrists, giving her leverage to break the hold and call for help. Cline believes hospitals are not doing enough to keep staff safe and blames staffing shortages for increasing nurses’ risks (Hemmilla, 2003).

**BOX 22–1**  **THREAT-OF-VIOLENCE ASSESSMENT AND DECISION MAKING**

- **Determination of risk**
  - Has a weapon been displayed?
  - Has a clear intent or plan been expressed?
  - Does the individual have the means to carry out the plan?
  - How imminent is the threat?

- **Involvement of employee or client in the assessment plan**
  - If an employee is involved, defer decisions, and put that person on leave with pay.
  - Ask the individual to be an active, willing participant and to meet with the nurse leader and a human resource representative or mental health specialist.
  - Explain that no decision will be made until the conclusion of fact finding.

- Explain the assessment process.

- Examine multiple sources of information: the employee’s/client’s words, other employees or family members with relevant information, medical records, personnel records (but obtain the employee’s consent first).

- Questions to be answered include the following: Where is the record of discipline or client history for past problems? Where is the employee documentation of performance or claims for medical disability? What is the history of changes, morale/emotional issues, or complaints? What is known about what else may be going on in the client’s or employee’s life?
Anger Control Skills

Violence is the acting out of anger. Learning communication skills can help reduce the tendency to act out anger. Rules that you should learn and practice include:

- **Taking a time-out whenever you feel yourself getting angry.** Make a contract with yourself to take a time-out. Simply walking away when you’re angry will not work unless you clearly communicate with the other person. For example, say, “I’m going to leave before I hurt someone or break something. I will return when I can talk without losing my temper.”

- **Practicing prevention by learning to relax.** Listening to relaxation tapes and learning relaxation skills will help you reduce body tension and the tendency to get angry. Some words you can use are “I am not going to let this upset me” and “I can stay in control and keep relaxed.”

- **Quitting trying to control other people.** You can let go of an idea and not argue. Some ideas for loosening control include forgetting about trying to make everyone agree; learning to say what you have to say once and only once; realizing that difference is good; making requests or suggestions, not demands and threats; never asking yes-or-no questions unless you can accept the answer; learning to live with other people’s choices; and being grateful when you get what you want and being polite even when you don’t.

- **Rewarding people when they do what you want.** Examples include praising them, giving them food, letting them use something you have, doing something for them, being understanding, or just listening.

- **Speaking softly without cursing or threatening.**

- **Taking responsibility for everything you say and do.** You can stop saying, “You make me angry” and start saying, “I make myself angry.” You can stop giving people the silent treatment and let them in on what you think and feel so you can solve the problems that bother you.

- **Telling others what bothers you in a direct, specific, and polite way.** For example, you can say, “I’m angry that I’m being asked to work overtime again when I’m exhausted and need to get home to my family; please set up a schedule so this kind of thing doesn’t happen again.”

- **Using “I” statements.** Voice a specific behavior that bothers you (“I want to be listened to when I say I have pain”); report the feeling you’re experiencing (“I feel angry when I’m not listened to”); or request a change in behavior (“Please listen to me in the future when I say I’m in pain”).

- **Challenging irrational thoughts that keep you angry.** You can avoid “awfulizing” by refusing to turn disappointments into disasters and by asking, “If this were the last moment of my life, would this really matter?” or saying, “Compared to the worst thing that’s ever happened to me, this isn’t that bad.” You can also:
Realize that the world is neither good or bad, that it just is
Accept that despite your background, you’re responsible for how you behave
Refuse to make excuses and realize that you can and will control your anger
Vow to avoid blaming past experiences for your current anger
Understand that just because somebody makes a request doesn’t mean they’re bossing you around, that you can say no if you want to
Challenge your ideas that make you angry because you’re in charge of what you think

Preventing resentment. Measures to prevent resentment include sticking to the issue and not bringing in old hurts, asking yourself what the problem is and figuring out what to do to fix it, getting help when you need it, and taking responsibility for your own happiness.
Learning to forgive for the sake of your own health, not someone else’s. Make a list of people you need to forgive (including yourself), and start doing it. Write down the reasons you need to forgive, remembering how forgiving those people will help you and how your hatred is hurting you. List the angry thoughts you have most often and the things you do because of your hate (making late-night calls and hanging up, starting rumors, putting sugar in others’ gas tank, threatening them, hitting them, avoiding them, etc.). Promise to stop hateful thoughts and actions, and begin to do it with the first person on your list. Write down two or three good things about each person you resent, pray for them, or think of one nice thing that could happen to them. (Potter-Efron, 1994)

LEADERSHIP CHALLENGE  How could Wanda use this information with her staff? Give a rationale for your answer.

Research Questions on Workplace Violence
Although research about workplace violence is accumulating, a number of questions remain:

- What are the specific tasks and environments that place workers at greatest risk?
- What factors influence the lethality of violent incidents?
- What are the relationships of workplace assault victims to offenders?
- Are there identifiable precipitating events?
What safety measures might reduce violence?
How do victims' actions influence the outcome of attacks?
Which prevention strategies are most effective?

Summary

This chapter presented information on reducing workplace violence and included violence facts and statistics, physical design strategies, administrative controls, responding to the immediate threat of workplace violence, training sessions, threat-of-violence assessment, dealing with the consequences of violence, physical defense methods, anger control skills, and research questions on workplace violence. The final chapter deals with planning succession.
Key Term Review

- A **threat assessment team** assesses threats of violence, determines how specific a threat is and whether the person threatening the worker has the means for carrying out the threat, determines the steps needed to prevent the threat from being carried out, and reviews violent incident reports periodically to identify ways that similar incidents can be prevented in the future.
- The **threat-of-violence assessment** includes a process for gathering information and making appropriate decisions.
- A **violence prevention policy** states procedures and responsibilities to be taken in the event of a violent incident, how the response team is to be assembled, who is responsible for the victims’ immediate care, and how to carry out stress debriefing sessions.

Leadership Development Exercises

- **Leadership Development Exercise 22-1**
  a. Compare the violence statistics in your hospital or organization with the statistics discussed in this chapter. How does your institution compare?
  b. If you’re unable to obtain statistics, interview a nurse leader about violence in your institution or another one.
  c. Share your findings with at least two colleagues.

- **Leadership Development Exercise 22-2**
  Describe any environmental changes your institution has made to reduce violence. If no changes have been made or some are lacking, develop a plan for the ideal violence prevention unit.

- **Leadership Development Exercise 22-3**
  Analyze administrative controls to reduce workplace violence in your institution. If many are missing, devise the controls needed to reduce violence. Share your findings with at least two colleagues.
  
  **Optional:** Share your findings with a nurse leader in your institution.

- **Leadership Development Exercise 22-4**
  How does your institution respond to an immediate threat of workplace violence? What steps are missing? Which ones would you add to make your institution better prepared for workplace violence?

- **Leadership Development Exercise 22-5**
  Find out how your institution deals with the consequences of workplace violence. Based on this chapter, what other actions would you suggest?
**Leadership Development Exercise 22-6**
Discuss measures nurse leaders can use and teach staff to reduce workplace violence.

**Advanced Leadership Development Exercises**
**Leadership Development Exercise 22-7**
Teach a group of less advanced nurse leaders about workplace violence.

**Leadership Development Exercise 22-8**

a. Design a problem statement focused on workplace violence.

b. Consult with a more advanced nurse researcher.

c. Revise your problem statement as necessary.

**Leadership Development Exercise 22-9**

a. Prepare a research project focused on some aspect of workplace violence.

b. Consult with a more advanced nurse researcher.

c. Revise your design as necessary.

**References**


Campbell, J. C. (1999). If I can't have you no one can: Murder linked to battery during pregnancy. *Reflections*, 25(3), 8–12.


CHAPTER OBJECTIVES

After reading this chapter, answering the leadership challenges, and participating in the leadership development exercises, you will be able to:

- Describe the challenges of succession planning
- Discuss the statistics on succession planning
- Describe different perspectives on succession planning
- Analyze strategies and tactics for effective succession planning

Advanced nurses will be able to:

- Teach less advanced nurse leaders about succession planning
- Design a problem statement focused on succession planning
- Prepare a research project focused on some aspect of succession planning

Introduction

As many as 55% of current nursing leaders will retire between 2011 and 2020. What will happen to the profession if younger nurses, so few of whom seem interested in leadership positions, are not mentored? The success of the profession may hinge on the ability to recruit and develop future leaders (Sherman & Bishop, 2007).
LEADERSHIP IN ACTION

Norm, a current nurse leader, turns 67 next year. If it weren’t for health problems, he would continue to work. He knows he may be a little late, but he wants to do all he can to find and train a successor before he leaves.

LEADERSHIP CHALLENGE  What advice would you give Norm?

Facts and Statistics about Succession Planning

According to a 2004 survey of 34 nurse executives and 78 nurse managers conducted at the annual Minnesota Organization of Leaders in Nursing conference, three-quarters of nurse managers reported that they had no succession plan. Of the ones that did, most reported having an informal succession plan (Denning & Associates, 2004).

The results are not surprising. Healthcare systems today are challenged by the lack of consistent workforce planning, which affects succession planning. Disruption in leadership continuity can have unfortunate consequences, including reduced confidence from the community and employees and a negative impact on image and financing (Blouin, McDonagh, Nelstadt, & Helfand, 2006).

Not making succession a priority may result from nursing’s short-sighted view of the process. Success planning extends well beyond the search for a nurse executive. Succession planning includes leadership development programs, mentoring, performance assessment, and overall workforce planning (Blouin et al., 2006).

The Challenge of Succession

With the nursing shortage, the importance of strong nursing leadership at all levels is being recognized. Innovative programs such as the clinical nurse leader role, designed to provide leadership at the critical point of client care, is developing momentum (Sherman & Bishop, 2007).

As baby boomers holding leadership roles prepare to retire, younger nurses have clear and mostly negative opinions about leadership, especially about the salary and 24/7 accountability that go with the job. To encourage nurses to take on leadership roles, succession planning must provide adequate compensation and a better work-life balance (Sherman & Bishop, 2007).

KEY TERM  The clinical nurse leader role is designed to provide leadership at the critical point of client care.
Perspectives on Succession Planning

Beyers (2006) interviewed six nurse executives from five different settings about the process of succession planning in nursing. Here is what she learned from a chief nursing officer:

- Ask everyone reporting to a new leader to participate in clarifying the role and in defining attributes for the person who fills that role.
- Ensure that the successor can be self-directed in establishing his or her identity.
- To reduce tension between the incoming leader and the outgoing leader and between staff members, only use overlapping roles for a brief period of time.
- Conduct regular open discussions with the current leader, CEO, and successor about the succession plan experience.
- Negotiate a role for the current leader to assume leadership for special projects, allowing the successor space to learn about his or her talents, strengths, and need for learning.
- Take time to recognize the sense of loss about the outgoing leader’s departure.

Beyers (2006) also spoke to an RN who is the vice president of patient care services at a hospital and part of an organization-wide change to succession planning. That interviewee made additional suggestions:

- Appoint a talent manager to support succession processes in the organization.
- Team the identified successor with the talent manager to develop a leadership development plan.
- Work with each of the directors to identify a consistent approach for succession planning and to identify the right nurse leader or nurse manager for those roles.
- Arrange for interested nurse leaders to work with the talent manager.
- Arrange for staff nurses to work with nurse leaders on their own succession-planning processes. (Beyers, 2006)

A nurse with the title of chief quality officer added the following ideas:

- No matter what level of succession, nurses must be encouraged to develop their own leadership style.
- The culture must support succession planning.
- Leaders should engage staff nurses in leadership by encouraging them to participate in special projects and arrange for them to attend workshops and conferences.
A nurse president and CEO added some ideas about barriers to succession:

- Some leaders worry that emerging leaders will become better than they are.
- Succession planning is very time consuming.
- There are currently resource constraints and downsizing.

The same CEO also added her ideas about educating staff nurses:

- Let staff nurses attend finance committee meetings and help prepare documentation for a waiver and other papers that are important to the organization.
- Nurses have to learn to put their plans into executive jargon that businesspeople can understand. They understand client safety, but the same connection business has made between viewing human resources as assets to be invested in must be made continuously.

Beyers (2006) concluded that succession planning is a complex set of processes that must be tailored to the specific organization. According to her, succession planning is about developing nurses as leaders wherever they are in the organization.

**Strategies for Innovative Succession Planning**

Strategies and tactics for effective nursing succession can be learned from business examples. Colgate-Palmolive, for example, starts formal leadership evaluation in the first year of employment (Charan, 2005). Other organizations have found essential skills for tomorrow’s leaders in health care. Those skills include knowing how to affect strategic growth and improve revenues; managing quality, cost, and service expectations; using effective communication and negotiation; balancing human and capital investment requirements; managing physicians and community relationships; and developing leaders for the future (Conger & Fullmer, 2003).

**Demand forecasting** is when an organization anticipates the leadership workforce that it will need to carry out its mission (Pynes, 2004). Nursing leaders must use demand forecasting to know where, when, and what type of leaders are essential. High-performing nurse leaders should be visible in the organization and take on challenging assignments that expand their responsibilities as they mature in the leadership role (Blouin et al., 2006).

Although many organizations believe they can find more qualified candidates outside the organization, research has shown that internally developed and promoted candidates are more successful in the long term (Charan, 2005). Why? Perhaps because internal candidates understand the organization’s cultural norms and values and have long-standing loyalty and support networks (Blouin et al., 2006).
Mentoring and coaching are crucial components of succession planning. Career broadening is a gift senior leaders can bestow on future leaders by giving them the time, energy, advice, and experiences needed to gain competencies (Blouin et al., 2006).

Examples of career-broadening activities include sitting on a key task force or committee, presenting key initiatives to the hospital board, taking the lead on an important project, participating in an internship or fellowship, taking a leadership position in a professional organization, and participating in an advanced continuing education leadership program (Blouin et al., 2006).

Sherman and Bishop (2007) suggested four strategies for developing leaders:

1. Create expectations of leadership. Work in collaboration with each staff nurse to create a development plan, including leadership expectations in job descriptions; incorporate leadership behaviors into annual performance evaluations; and make employees part of career planning.

2. Assess leadership potential during job interviews. Evaluate candidates’ ability to communicate and build relationships, plan, be accountable, provide examples of leading, and show interest in leadership positions.

3. Expose new graduates to leadership. Let them attend nursing leadership meetings and continuing education sessions, sit on task forces for unit-based projects, cochair committees with seasoned nurse leaders, and take part in residency programs that give them visibility; help them become known in the organization. Let them vie to attend the Aspiring Nurse Leader Institute sponsored by the American Organization of Nurse Executives.

4. Identify and develop talent. Give nurses feedback on their strengths and areas for development, discuss behaviors that can derail a nursing career, and provide them with a mentor.

Summary

This chapter focused on succession planning and included statistics and facts about succession, the challenge of succession, perspectives on succession planning, and strategies for innovative succession planning. Part V, “Nurse Leaders Speak,” provides a rare view of how real-life nurse leaders handle leadership challenges.
**Key Term Review**

- **Career broadening** is a gift senior leaders can bestow on future leaders by giving them the time, energy, advice, and experiences needed to gain competencies.
- The **clinical nurse leader role** is designed to provide leadership at the critical point of client care.
- **Demand forecasting** is when an organization anticipates the leadership workforce that it will need to carry out its mission.

**Leadership Development Exercises**

- **Leadership Development Exercise 23-1**
  a. Interview a nurse leader about his or her succession plan.
  b. Share your findings with at least two colleagues.

- **Leadership Development Exercise 23-2**
  a. Pair off with a classmate, and role-play a job interview to develop a nurse leader using suggestions found in this chapter.
  b. Obtain feedback from the other person about what you played well and what you need to improve.
  c. Replay the scene.
  d. Switch role and discuss.
  e. Replay the scene again, if needed.

- **Leadership Development Exercise 23-3**
  a. Identify which of the four strategies suggested by Sherman and Bishop (2007) operate in your organization.
  b. Devise a plan to integrate the missing strategies in your organization.
  c. Share your findings with at least two colleagues.
  d. **Optional:** Identify a plan to help integrate the missing strategies in your organization.

**Advanced Leadership Development Exercises**

- **Leadership Development Exercise 23-4**
  a. Teach a group of less experienced nurse leaders about succession planning.
  b. Obtain feedback from your learners.
  c. Share your findings with at least two colleagues.
Leadership Development Exercise 23-5

a. Develop a problem statement for a research study related to succession planning.
b. Share your problem statement with a more skilled nurse researcher, and obtain feedback.
c. Revise your problem statement, if necessary.
d. Share your problem statement with at least two colleagues.

Leadership Development Exercise 23-6

a. Develop a research project for testing some aspect of succession planning.
b. Share your project with a more experienced nurse researcher, and obtain feedback.
c. Revise your project as necessary.

References