Interpersonal, Teamwork, and Self-Management Skills

THIS CHAPTER AT A GLANCE...

LEARNING OUTCOMES

After completing this chapter, you should be able to:

1. Explain the relationship between having interpersonal, teamwork, and self-management skills and thriving in today's health care setting.
2. Demonstrate achievement of the outcomes listed at the beginning of each skill in this chapter.
3. Use specific strategies that help you succeed as a team member or leader.

KEY CONCEPTS

Empowered partnerships, constructive criticism, feedback, conflict, customer service, time management, navigating and facilitating change, mistakes, teamwork.

HOW TO USE THIS CHAPTER

This chapter helps you develop interpersonal, teamwork, and self-management skills—for example, managing your time and learning how to get past "the sting" of criticism so that it helps you grow. When you know how to communicate effectively and build positive relationships with patients and team members, you spend less time getting sidetracked by interpersonal and "human nature" problems—and more time fully engaged in progress.

Many nurses consider the skills addressed in this section to be leadership skills. Today, every nurse must be a leader. Advocating for your patients, yourself, your peers, and your community requires highly developed interpersonal and communication abilities.[1,2] Patient-centered care in the context of interprofessional teams is the standard for excellence. No matter what type of nursing you choose to do, it's as important to develop the skills in this section as it is to develop your clinical skills.

HOW THE SKILLS ARE ORGANIZED

Listed in alphabetical order, each skill is presented in the following format: (1) name of the skill, (2) definition of the skill, (3) learning outcomes, (4) thinking critically about the skill, (5) how to accomplish the skill, and (6) critical thinking exercises. Because all the exercises are *Think, Pair, Share* exercises, there are no example responses in the back of the book.

To complete exercises, partner with at least one other person. To promote in-depth discussion and learning, content is presented in a way that can help you plan a seminar for each skill. As part of the seminar requirements, each participant should read at least two up-to-date articles on the topic.

SKILL 7.1. COMMUNICATING BAD NEWS

Definition

Knowing how to convey honesty, empathy, and responsibility when giving information that may have a negative impact on someone.

Learning Outcomes

After completing this section, you should be able to:

1. Explain what happens when you avoid giving bad news.
2. Help patients deal with the impact of getting bad news.
3. Determine how you can reduce your stress when faced with giving bad news.
4. Improve your ability to give bad news.

Thinking Critically About Giving Bad News

No one likes to give bad news because no one likes to get it. Too often, we avoid this unpleasant task altogether (and run the risk for making things worse). With health-related bad news, you may not be the one who actually gives the bad news—for example, cancer diagnoses are given by physicians only; organ donation is requested by organ transplant team members—but you're likely to be the one who needs to be there to help patients deal with the impact of the bad news.

Keep in mind that getting bad news may be better than getting *no* news. Researchers report that uncertainty about a diagnosis causes more anxiety and can be more stressful than actually knowing that you have a serious illness. Once people have a diagnosis, they usually gain some understanding and control. Without the diagnosis, all they have is anxiety and they don't know how to

handle it. Whether you're dealing with customer service or life-threatening issues, knowing how to handle yourself and help others can make the difference between making a difficult situation worse and building the supportive relationship that's so important to patients and families.

How to Give Bad News

The following gives guidelines for giving bad news in two different situations: (1) giving bad news related to health status (Table 7-1), and (2) giving bad news related to customer service issues (Table 7-2).

TABLE 7-1 Giving Bad News Related to Health Status

Steps	Rationale
1. **Determine who has the authority and qualifications to give the bad news**. Usually this is the primary care provider, such as the doctor or nurse practitioner.	**Most organizations have policies related to who can give patients certain information.** Depending on the impact of the news (e.g., if the news is about biopsy results, severe illness, or death), the patient and family are likely to have questions that must be answered by the most qualified professional. Always check your facility's policies regarding patient confidentiality and HIPAA privacy laws.
2. **Have the professional who is best qualified (or who has developed the best relationship with the person) give the news**.	**The messenger matters.** Bad news is often met with powerful emotions of disappointment and anger. Receiving bad news in a caring, straightforward way from trusted professionals softens the blow. It's easy to feel that a provider who is too busy to give the bad news has betrayed you. It takes a strong, logical mind not to want to "shoot the messenger." Making sure that those who know the patient best—for example, a trusted nurse or a chaplain—are present helps reduce feelings of being abandoned or helpless.
3. **Choose the setting—ensure privacy, and avoid using the phone**.	**How and where the person gets bad news matters.** Using the phone doesn't allow for appropriate assessment and support.
4. **Find out what the person already knows or suspects**.	**This simplifies the process** and helps clarify what you need to say.
5. **Give a warning shot**.	Saying things like, "This isn't what we wanted to hear." "I have bad news." or "I'm sorry to have to tell you this." prepares people for the emotional blow they are about to receive.
6. **Be direct, tell the news, and give time for it to sink in**. (Silence is golden.)	**Being direct helps people to get the main information first, in a logical way.** Bad news takes time to digest—patients often need to get through shock and anger before they can move on to dealing with the impact of the news. Sometimes, all that is needed is someone to remain present, listening quietly as feelings are sorted out. You have to name the feelings before you can tame them.
7. **Respond to emotions with empathy**. Continue to use silence as a strategy. Use nonverbal gestures, as appropriate (e.g., put a hand on the person's shoulder). Help the	**Each person is unique, with a range of emotional responses.** Letting people know that their emotions are understood helps them deal with strong feelings. Think about this analogy: Aspirin reduces fever and physical discomfort. Being allowed to express thoughts and feelings reduces anxiety and psychological discomfort. Bad news often brings feelings of blame. *Examples that may help:* "I'm sorry this is happening."

TABLE 7-1 Giving Bad News Related to Health Status—cont'd

Steps	Rationale
person deal with feelings of blame.	"There's nothing that could have been done." "This is no one's fault." "It's not worth blaming . . . it will only make things worse . . . we need to deal with the problem." "We'll help you through this." *Examples of statements that don't help:* "I know how you feel." "It's God's will." "God only gives you what you can bear."
8. **Ask whether there are any questions or special requests**, especially related to spiritual and cultural needs.	**Hearing their questions and special requests helps you identify their most important needs.** Nurses are accountable for paying attention to spiritual and cultural needs. *Examples:* "Tell me what we can do right now for you." "Is there someone we can call?" "Do you have a specific religion?" "Can I get the hospital chaplain?" "What can I do?"
9. **Keep a positive tone, be realistic, and give hope**. End with a plan, and be sure the person has a printed list of resources.	**Having hope and hearing a realistic positive attitude sets the tone for dealing with the bad news.** Hope is the "tonic" that sustains people through difficult times. *Examples:* "This is tough news . . . but having a positive attitude is important." "Don't jump to conclusions or let yourself be driven by worst-case scenarios." "Don't give up hope . . . we'll use all our resources." Having a plan mobilizes the patient and team toward dealing with the problem. A printed list of resources is essential for later, when the patient goes home, the information sinks in, and the patient starts thinking independently about how to handle the problem.
10. **Follow up** to see how things are going.	Some people may need more direction and support than others. Don't assume. Find out how they're doing.

HIPAA, Health Insurance Portability and Accountability Act.
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TABLE 7-2 Giving Bad News Related to Customer Service Issues

Steps	Example
Give bad news in a timely way. Offer an apology, and don't try to hide the situation.	"I'm sorry to tell you we won't be able to do your x-ray today."
2. **Showing accountability, explain what happened and why**.	"Your appointment card says today, but somehow we have you scheduled in our book for next week. I'm not sure how this happened, but you can be sure that I'll find out."
3. **Pause to give the person a chance to express thoughts and feelings**. Listen attentively.	Silence of 3–5 seconds encourages the person to gather his thoughts and speak his mind and tell you what's most important.
4. **Present alternative solutions, and give pros and cons of each**. Get the patient's point of view.	"I could schedule the x-ray for later today, but we get better pictures if you fast for 12 hours before the x-ray. I realize you'd have to go home and come back, and that you'd like to get it over with. I think it's worth waiting to be sure we get a good-quality x-ray. Would that be okay for you?"
5. **Recommend a course of action**. Include (a) how the plan addresses the problem, and (b) how the plan addresses hardships resulting from what happened.	"I think the best solution is to schedule the x-ray as soon as possible. Because you've already had enough problems, I'll do my best to schedule you whenever it's convenient for you. I'll also find out who made this mistake and see what we can do to prevent this from happening again."

TABLE 7-2 Giving Bad News Related to Customer Service Issues—cont'd

Steps	Example
6. **Reaffirm your goals and vision for the future**. Include (a) key points that give confidence to those involved, and (b) time frame for expected results.	"We're here to serve you the best way we can. Soon we'll have a system that allows you to confirm appointments over the phone. We hope to have the system in place by May. Everyone will be encouraged to call and confirm their appointments when they get home."
7. **Follow up** to see if results were satisfactory.	"I'm notifying our community relations department. They'll call you to see if everything was resolved to your satisfaction. Please feel free to call and discuss anything you'd like with them too. We want you to feel satisfied with your experience with us. Please let me know if you still have problems."

Source: Alfaro-LeFevre handouts. Copyright 2015. http://www.AlfaroTeachSmart.com.

CRITICAL THINKING EXERCISES

Think, Pair, Share

With a partner, in a group, or in a journal entry:

1. Describe the following:
   - Your best and worst experiences with how someone gave you bad news
   - The emotions you feel when giving bad news
   - Your experiences with responses to getting bad news
   - The differences between giving bad news related to customer service and giving bad news related to health status
2. Imagine that you have to tell someone that his mother has been admitted to the intensive care unit after a car accident. Using the steps for giving bad news related to health status in Table 7.1 develop a plan for how you will do this.
3. Imagine you have to tell someone that he has to wait 2 hours to see the doctor because the doctor has other urgent problems. Using the steps for giving bad news related to customer service issues in Table 7-2, develop a plan for how you will do this.
4. Decide where you stand in relation to achieving the learning outcomes listed at the beginning of this skill.

Recommended

Lachman, V. (2011). Delivering bad news. Retrieved from http://nursing.advanceweb.com/Article/Delivering-Bad-News-3.aspx

Lynch, J. (2014). TEDx Talk: Being present, not perfect. Retrieved from http://news.nurse.com/article/20141024001/NATIONAL06/141024001#.VPIjl19XfLW

Vestal, K. (2014). Delivering bad news the right way. *Nurse Leader, 12*:14-15.

See also Recommended in the next skill.

SKILL 7.2. DEALING WITH COMPLAINTS CONSTRUCTIVELY

Definition

Using complaints as an opportunity to improve consumer satisfaction and problems with how you or your organizational systems work.

Learning Outcomes

After completing this section, you should be able to:

1. Explain the value of complaints.
2. Identify strategies for dealing with difficult patients and consumers.
3. Express more confidence about dealing with complaints in positive ways.
4. Observe an improvement in how your patients respond when they come to you with a complaint.

Thinking Critically About Complaints

Dealing with complaints makes most of us uncomfortable—often defensive. But, complaints are actually an opportunity to improve both patient satisfaction and system problems. If no one complains, you're unlikely to pick up issues early. Knowing how to deal with complaints helps sooth angry patients and keeps them from becoming angry in the first place. Think about the last time you complained about service. Was it because you wanted your situation corrected? Did you complain only for yourself, or did you think it might help them improve service for others?

Complaints help you:

1. Correct problems before they become worse or happen to someone else.
2. Identify trends in unmet needs of patients and consumers.
3. Respond in ways that let consumers know their experience matters to you and your organization.
4. Find out about complaints before people start complaining to others.

Whether you're dealing with mildly frustrated patients—or aggressive people who seem to be looking for a reason to be mad—keeping your emotions in check, using specific strategies, and staying focused on common goals can help you achieve the following results.

1. Patients feel relieved that someone is willing to listen, cares about their issues, and does whatever can be done to help.
2. You can prevent a bad situation from getting worse.
3. You can resolve issues more quickly, allowing you to get on with the rest of your work.
4. Your stress is reduced because you know you handled the situation professionally and in the best way you could.

When someone complains, listen carefully and do something about it: Restate the person's issue, acknowledge your understanding of the issue, and offer to do your best to correct the problem.

How to Deal with Complaints Constructively

1. **Pay attention to what is being said.** You don't have to agree—just try to understand the person's view of what is happening.

GUIDING PRINCIPLE

You often can sooth angry people with just a little affirmation of their problem. Angry, frustrated people need to know that there's a sensible person who really wants to help them resolve their issues. For example, you can say "Mr. Garcia, I understand how upsetting this is. I will do my best to fix it for you."

2. **Don't take things personally.** Rein in the natural tendency to be defensive, and assume there's a very good reason for the complaints (these reasons may be unclear at first).
3. **Find out what the person really needs and wants.**

- Ask the person to clarify his issues.
- To clarify your own understanding, repeat back what you hear.
- Aim to give the person what he wants (this requires that you get a clear understanding from your boss about what rules you can bend or break to immediately resolve issues).
- If you come in late to the situation, remain quiet, listen, and ask to verify your understanding of the problem.
- Remember, you are the professional at work. Patients are there on their own time—often with few choices—and need your help.

4. **Focus on the person's issues and try to learn from them.**
5. **If anger explodes, take a deep breath and keep your own anger in check** (remember that people requiring health care often have extenuating circumstances that cause them to have "short fuses"). For example:
   - Previous bad experience with health care providers or treatment plans
   - Effects of illness or disability on self, family, and work
   - Problems of being "in limbo" (the patient may not be responding as quickly as expected)
6. **Don't defend yourself—swallow your pride and bite your tongue.** Apologize and avoid weak excuses (e.g., we're shorthanded, nobody's perfect). Successful apologies require you to be humble, specific on the issues, and sincere.
   - Keep in mind that some people cope in ways you consider negative (abrasive or manipulative).
   - Think about whether having your manager come and talk with the person would help.

GUIDING PRINCIPLE

When anger explodes, avoid "forcing interaction" or trying to control the situation. Listen and give the person time and space needed to cool off on his own.

7. **Involve the person in problem-solving** (ask for solutions). Report and record special needs.
8. **Take immediate steps to resolve the problem.** Explain what you're going to do, and let people feel like they're winning in some way.
9. **When explaining solutions,** point out how it benefits the patient.
10. **Keep the person informed** (e.g., "I promise to let you know the minute I know more"). Follow up to see if solutions are working.

For more strategies, see *Patient and Consumer Satisfaction Strategies* (Chapter 5, Box 5-6).

GUIDING PRINCIPLE

You do get a second chance to make a good impression. When things go wrong, don't hide. Open discussion by saying something like, "I'm sorry this happened. Let me see what I can do to fix it." (Or, ask, "What can I do to fix it?")

OTHER PERSPECTIVES

How to Give Five-Star Service

Treat patients or clients as though they were your favorite celebrity, hero, friend, or neighbor, or your grandma.

—Author unknown

CRITICAL THINKING EXERCISES

Think, Pair, Share

With a partner, in a group, or in a journal entry:

1. Imagine this: Someone tells you one of your patients has numerous complaints. You go to the room, introduce yourself, and ask about the problem. The patient's wife immediately becomes hostile and tells you to "just get out." What do you do and why?
2. Share how you feel when you have made complaints (e.g., angry, guilty, frustrated?).
3. Give an example of a time when you thought about complaining but decided it wasn't worth it. How did this make you feel? Who lost the most in this situation?
4. Describe your best and worst experiences with making a complaint.
5. Explain how you usually deal with other people's complaints, and then determine some ways to improve your response.
6. Decide where you stand in relation to achieving the learning outcomes listed at the beginning of this skill.

Recommended

Bombard, C., & Jordan, C. HCAHPS is all about patient satisfaction. Retrieved from http://ce.nurse.com/course/ce559/hcahps-is-all-about-patient-satisfaction/

Goleman, D. (2006). *Emotional intelligence: why it can matter more than IQ,* 10th anniversary edition. New York: Bantam Books.

Sherman, M. Dealing with a difficult customer. Retrieved from http://www.healthsystem.virginia.edu.

Texas Medical Association. How to handle patient complaints. Retrieved from http://www.texmed.org/Template.aspx?id=4110

See also Recommended in Skill 7.1 *(Communicating Bad News)* and Skill 7.5 *(Managing Conflict Constructively).*

SK 7.3. DEVELOPING EMPOWERED PARTNERSHIPS

Definition

Building mutually beneficial relationships based on the belief that people have the right and the responsibility to make their own choices and to grow in their own way.[1]

Learning Outcomes

After completing this section, you should be able to:

1. Compare and contrast a parental model and an empowered partnership model.
2. Explain the benefits of empowered partnerships.
3. Identify ways to deal with barriers to developing empowered partnerships.
4. Build empowered partnerships with patients, families, colleagues, and peers.

Thinking Critically About Building Empowered Partnerships

Developing empowered partnerships with peers, colleagues, and patients requires a shift in thinking from a parental model ("I'll take care of you.") to an empowered partnership model ("It's your life, and you have rights and responsibilities as well as I do; we both should grow and learn from our experience together."). Table 7-3 lists phrases that demonstrate these two models.

TABLE 7-3 Parental Versus Empowered Partnership Model

Parental Model	Empowered Partnership
I want to look after you.	How can I empower you to be able to be independent?
I know what's best for you.	You know yourself best. Tell me what you'd like to see happen, what's most important to you.
You should do as I say.	I want you to be able to make informed choices.
I'm responsible for you.	We share a common purpose, and we're both responsible for what happens.

Because partnering with patients and families is the key to getting the results you need, it's also central to critical thinking. From getting mutual agreement on desired outcomes to identifying care approaches, apply the saying, "nothing about me without me." Keep patients involved in all decision-making.

How to Develop Empowered Partnerships

1. **Be sure you can explain the concept of an empowered partnership.** While you can't balance power in all relationships—for example, in adult-child partnerships, adults have more power—the goal is to balance the power *as much as possible.* The following are examples of empowered partnerships:
   - Nurse-patient (or client) / Nurse-family
   - Educator-learner / Preceptor–new nurse
   - Nurse-nurse / Nurse manager–staff nurse / Nurse–unlicensed worker
   - Nurse-physician / Nurse-dietitian.
2. **As much as possible, get agreement from partners on the following statements:**
   - "We're both clear about our joint purpose, and we're both responsible."
   - "I can be trusted; I promise to be honest."
   - "We should make decisions together as much as possible."
   - "We'll both agree to rules for resolving conflict between us."
   - "We both should expect to grow and learn from our experience together."
   - "We're each responsible for our own emotional well-being (if I feel bad about something, it's my responsibility to do something about it)."
   - "We both have the right to say no, so long as no harm is done."
   - "I choose to be here, so nobody's to blame."
   - "If one of us sees the other engage in unsafe or unethical conduct, we have the responsibility to address it appropriately."
   - "We're both responsible for the outcomes (consequences) of our actions."

   Note: In the context of nurse-patient relationships, the preceding statements aren't always so, because nurses are often held more accountable than patients. For example, nurses don't have the right to say no if it jeopardizes patient care. Patients often have few choices about where they are (they can't choose to leave).
3. **Make the choice to:**
   - Rise to the challenge of taking charge over the comfort of remaining dependent.
   - Give up some of the power; take calculated, thoughtful risks; and be willing to do the work needed to be independent.
4. **Aim to provide the following:**[1]
   - Nonjudgmental acceptance
   - Space for self-expression

- Structure for conflict resolution
- Respect for each other's boundaries
- Support and encouragement for growth in the areas where one is limited
- Coaching skills that transform (coaching that truly affects the learner's attitudes and skills)
- Growth on the part of both partners

5. **Recognize that people may be uncomfortable in an empowered partnership for the following reasons:**
   - They are used to being taken care of and aren't accustomed to taking responsibility.
   - They are unwilling to accept the responsibility that comes with power.
   - They are unwilling to give up some of the power they're accustomed to having.
   - They haven't made the required shift in thinking (they don't truly believe in the benefits of partnership).
6. **Coach those who aren't accustomed to the roles and responsibilities of being in a partnership (this change takes time).**
7. **Keep the focus on mutually agreed-upon outcomes**—these are what inspire you both to work together.

CRITICAL MOMENTS

Rewarding Partnership: Teacher-Learner

Teacher-learner partnerships are rewarding personally and professionally. No one can know it all. Create a learning culture, and work to build partnerships that support learning every day.

OTHER PERSPECTIVES

Patients Must Be Partners

Patients have to be partners, equally responsible for treatment.

—Tommy Lasorda, former Los Angeles Dodgers' manager

CRITICAL THINKING EXERCISES

Think, Pair, Share

With a partner, in a group, or in a journal entry:

1. Discuss how establishing partnerships with peers is different from establishing partnerships with patients.
2. Address how establishing an empowered partnership is affected by the following:
   - How long you have contact with the patient (e.g., 1 day versus 1 week)
   - The patient's health state
   - Growth and development (e.g., How do you partner with a child or an elderly person?)
3. Explain what's meant by the following statement: Partnership is an attitude as much as a model for relationships.
4. Think of a time that you had to complete a complex task with someone. How did it go? What were the dynamics? Would you consider the experience of an empowered partnership? What went well, and what would you do differently if you did it again?
5. Decide where you stand in relation to achieving the learning outcomes listed at the beginning of this skill.

Recommended

Block, P. (1996). *Stewardship: Choosing service over self-interest.* San Francisco: Berrett-Koehler.
Habel, M. (2014) Building collegial nurse-physician relationships. Retrieved from http://ce.nurse.com/course/CE662/building-collegial-nurse-physician-relationships/
London, F. Health care providers do not empower patients (BLOG). Retrieved from http://www.patienteducationupdate.com/2012-03-01/article3.asp
The Empowered Patient Coalition (Web page). Retrieved from http://empoweredpatientcoalition.org/
Yoder, L., & Restifo, V. (2015) Partnership: Making the most of mentoring. Retrieved from http://ce.nurse.com/course/ce190-60/partnership-making-the-most-of-mentoring/

SKILL 7.4. GIVING AND TAKING CONSTRUCTIVE CRITICISM

Definition

Being able to give (and respond to) feedback and suggestions in ways that promote growth and improvement.

Learning Outcomes

After completing this section, you should be able to:

1. Discuss the effect of emotional responses to criticism.
2. Determine how you can turn criticisms you receive into opportunities to grow.
3. Explain why being uncomfortable with giving constructive criticism can lead to unsafe patient care and stunted growth.
4. Identify strategies for giving constructive criticism.

Thinking Critically About Giving and Taking Constructive Criticism

Giving constructive criticism is not easy. Receiving it can be devastating. Yet there are times when offering constructive criticism is essential to maintaining excellence and strong relationships.

Your ability to give and take constructive criticism is crucial to:

- Avoiding letting little issues become big ones
- Improving performance
- Keeping patients safe

Consider the following scenarios, from *Silence Kills.*[2]

SCENARIO RESULTS OF AVOIDING INCOMPETENT PEERS

"**A group of nurses describe a peer as careless and inattentive.** Instead of confronting her, they double-check her work—sometimes running into patient rooms to re-take blood pressures or re-do safety checks. They've 'worked around' this nurse's weakness for over a year. The nurses resent her, but never talk to her about their concerns. Nor do any of the doctors who also avoid her and compensate for her."

"A group of eight anesthesiologists agree a peer is dangerously incompetent, but they don't confront him. Instead, they go to great efforts to schedule surgeries for the sickest babies at times when he is not on duty. This problem has persisted for over 5 years."

Nothing makes people bristle more quickly than unfair, unskillful, or unsolicited criticism. Knowing how to give constructive criticism in a supportive way can make the difference between alienating others and motivating them to improve. Knowing how to respond to criticism—to be objective and work through the negative aspects of criticism—reduces our stress and helps us understand exactly what we need to work on.

GUIDING PRINCIPLE

Whether or not criticism is useful depends on the relationship you have with the person giving or taking the criticism. Without mutual trust, criticism is unlikely to be viewed constructively.

How to Give and Take Constructive Criticism

The following gives strategies for giving and taking constructive criticism.

Giving Constructive Criticism

- **Before giving criticism,** think about how you can give it in a supportive, concerned way that stays focused on the goal of improvement and success. Aim to give the criticism in the way a mentor would give it, rather than a critic.
- **To give feedback in a positive way,** state the behavior you observe (what you see or hear) and the *results* of the behavior. *Example:* "I'm not sure if you realize this, but when I care for the same patients you do, there's a lot of clutter at the bedside. I get overwhelmed because I need to feel organized when giving patient care."
- **Be sensitive to personality differences** (personalities of both the giver and the receiver of criticism greatly affect whether the criticism is viewed as constructive).
- **Give feedback frequently** and in a timely way (this way it's viewed as being more sincere).
- **Start with what's being done right** (e.g., "Here are the things I see you do right"). Next, focus on what could be improved (rather than on what's wrong).
- **Stay fully engaged in the communication;** listen actively to avoid misunderstandings and making false assumptions.
- **Give positive feedback often** to reward growth ("catch" people being effective and surprise them with positive feedback).
- **Be aware that constant negative feedback can hinder progress** by making the person focus on fear of failure.
- **Consider the following strategies** to determine whether it is Constructive Criticism, Feedback, or Advice.
  - Replace the word *criticism* with *advice, recommendation, suggestion, observation,* or *opinion* (e.g., "May I give you some advice?").
  - Change the word *constructive* to *practical, helpful,* or *useful* (e.g., "May I give you some practical advice?").
  - Ask for permission or clarification ("May I give you some constructive criticism?" or "Are you asking for . . . . ?").

Taking Constructive Criticism

- **Keep in mind that receiving constructive criticism is a complex issue** that's closely linked to self-esteem. Being told we could improve or do things differently often brings up feelings of being wrong or not good enough. These gut reactions cloud key issues and paralyze our ability to be objective.
- **If you find yourself getting the intense negative feelings** that come with receiving criticism, say to yourself, "I'm getting upset. I'd better take a deep breath, calm down, and listen. If I work to be objective and not take things personally, I might learn something when I think about this later when I'm less stressed."

- **Learn to befriend criticism,** evaluating it objectively. Someone wants you to succeed, or she would not have bothered to share her thoughts. Not all criticism is given constructively, but try to focus on what you can learn.
- **Ask yourself, "Have I heard this same criticism** from other people?"
- **If you agree with the criticism,** acknowledge that the critic is right and think about what you can do about it.
- **Don't make excuses,** don't be defensive, and try to see the benefits of the criticism.
- **Practice personal feedback** by monitoring your own behavior and paying attention to how others respond to you.
- **Don't let false pride, rationalization, or other negative feelings get in the way** of your growth.
- **Remember that no one's perfect,** but we can all improve. Be prepared to expend some physical and emotional energy to change.
- **Don't dwell on negative criticism when you're tired**—wait until a day or two later when you're refreshed and more likely to be objective. *Example:* Suppose you give a group presentation. If you wait a day or two or re-visit the evaluations a week after the presentation—when you're rested—you'll probably see what was valid criticism from the *group as a whole* and what was simply *one or two attendees' points of view.*

OTHER PERSPECTIVES

Compliments Feed the Soul

I can live for two months on a good compliment.

—Mark Twain

Make the Best of Piercing Criticisms

Poor speaker . . . . Too nervous . . . . Your writing is too vague . . . . There was a time when barbs like these went straight to my heart, piercing it through and through. For days and sometimes weeks, I walked around mortally wounded, sure I would never dare to write or speak in public again. It was only after the sting subsided that I began to think about the criticism. And once I did, if I thought it hit the mark, I acted on it, and as a result ended up a better editor or writer. [When you get criticism,] distance yourself and give yourself time. Thank the person if appropriate . . . . Someone cared enough to take time . . . . Let's face it. Compliments feel good, but they're often fleeting and may be about as sincere as, "Love your dress." It's criticism that has the potential to make you grow. I doubt that any of great ideas came as a result of the statements, "You're doing a great job" or "I wouldn't change a thing."[3]

—Phyllis Class, RN

CRITICAL THINKING EXERCISES

Think, Pair, Share

With a partner, in a group, or in a journal entry:

1. Think about the following statement, and decide what you would do if you had to give feedback to someone you don't get along with.
   - Without mutual trust, feedback is unlikely to be viewed constructively.
2. Discuss the following article, which addresses a new nurse manager's struggle to give nurses direct feedback without making them feel judged, frustrated, and like they've failed.

• Menchel, H. (2014). The 5 rights of a healthy team. *Nursing Management, 45,* 51-55.

3. Think about a time when someone gave you criticism. What happened, and how did you feel? What made things better or worse? What did you learn in the long run?
4. Recall a time when you tried to give constructive criticism to someone to help him improve. What happened and how did you feel? Would you do it differently if you had to do it again?
5. Decide where you stand in relation to achieving the learning outcomes listed at the beginning of this skill.

Recommended

Alfaro-LeFevre R. (2008). Giving and taking criticism (PowerPoint). Retrieved from http://www.alfaroteachsmart.com/powerpoint.html

Langlois, B. (2014). Making peer-to-peer feedback doable (Webinar Recording). Retrieved from http://www.barblanglois.com/making-peer-to-peer-feedback-doable/

McKay, D. Employee performance reviews: How to prepare for a performance review and what to do if you get a bad one. Retrieved from http://careerplanning.about.com/od/performancereview/a/reviews.htm

Receiving criticism. (Web page). Retrieved from http://www.youmeworks.com/receivingcriticism.html

Access the following from: *http://woman.thenest.com/deal-criticism-workplace-7127.html*

- Constructive Criticism for Team Contribution in the Workplace
- Giving & Taking Constructive Criticism in the Workplace
- How to Give Effective Criticism in the Workplace
- How to Deal with Conflict in the Workplace
- How to Deal with Bad Behavior in the Workplace

See also Recommended the next skill.

SKILL 7.5. MANAGING CONFLICT CONSTRUCTIVELY

Definition

Being able to make conflict work in positive ways (learning, growth, and improvement).

Learning Outcomes

After completing this section, you should be able to:

1. Compare and contrast your usual approach to dealing with conflict with that of your friends, family members, and peers.
2. Analyze what is happening to you and the other person when you're faced with conflict.
3. Use conflict resolution strategies to make conflict work in positive ways.

Thinking Critically About Conflict

Conflict comes from human instinct. From the beginning of mankind, when survival of the fittest reigned, humans instinctively protected their territory and reacted with suspicion to people different from themselves. Today, many of us subconsciously protect our territory and react negatively toward others when things aren't going the way we expect.

Conflict can be mild, taking the form of subtle opposition to an idea or action, or it can be severe, taking the form of sharp disagreement and fighting. For many, the word *conflict* has negative connotations, bringing feelings of discomfort and dread. Most of us want to live in a world where everyone gets along and everything goes smoothly. Critical thinking requires being able to understand and exchange different viewpoints, wants, and needs and to come to a sincere agreement about what's most important. When you know how to manage conflict constructively,

TABLE 7-4 Outcomes of Conflict

Negative Outcomes	Positive Outcomes of Managing Conflict Constructively
Increased stress	Reduced stress
Decreased productivity	Increased productivity; performance improvement
Poor relationships and feelings of isolation	Better relationships and interactions; increased harmony
Wasted time and energy	More time and energy for real progress
Frustration, anger, and hopelessness	Improved ability to clarify main issues and find creative solutions
Lack of growth	Opportunity to improve bothersome things
Poor self-esteem	Improved self-esteem

you're more likely to have positive outcomes and spend less time dealing with the negative outcomes of conflict (Table 7-4).

How to Manage Conflict Constructively

1. Gain insight into your natural style of dealing with conflict (Box 7-1). Make a commitment to use your strengths and work on weaknesses in an objective, purposeful way.
2. Learn to recognize patterns and appearances of conflict early. Be aware of verbal and nonverbal behaviors that signal that conflict may be developing (e.g., withdrawal, verbalization of problems with current state of affairs).
3. Practice using conflict management strategies (Box 7-2).
4. Use a comprehensive approach to assessing and managing conflict:
   - **Don't jump to conclusions:** Hold your opinions until you're sure of all the facts. Check your strong feelings and assume the person has good intentions (it may not seem like it, but most people don't intend to offend or do wrong).

BOX 7-1 Managing Conflict: What's Your Style?

AVOIDERS pull away. They ignore issues or withdraw from people they feel are causing conflict. Avoiders often get along well with others because they focus on promoting peace and harmony. However, they tend to allow problems to persist and place little importance on their own needs. As a result, they miss opportunities to make improvements and tend to "explode" when things finally get to be too much, even though the trigger issue may be minor.

ACCOMMODATORS (SMOOTHERS) give up their own needs and try to make others feel better. Members of this group often struggle with inner conflicts because they secretly wish to speak their minds. They, too, can explode, damaging relationships because of failure to honestly confront issues that are important to them.

FORCERS try to get their way even if it means others have to give up what they want or need. They're minimally interested in or aware of what others need and don't really care if they are liked.

COMPROMISERS give up part of their wants and needs and persuade others to give up part of their wants and needs. They think they get win-win solutions but may be settling for minimally acceptable solutions that continue the conflict (because they assume everyone has to lose something in negotiations rather than persisting to find answers that fully satisfy everyone involved).

COLLABORATIVE PROBLEM SOLVERS make it a rule to fairly face issues together. This group has equal concern for both the issues and the relationship. They see conflict as a means of improving relationships by gaining understanding and reducing tension. They look for solutions that allow everyone to win by identifying areas of agreement and differences. They evaluate alternatives and choose solutions that have the full support of the key parties involved.

BOX 7-2 Mad About You: Managing Conflict

1. Listen with the intent to understand the other person's points of view before presenting your own.
2. Take a deep breath, and keep a lid on your emotions. It's hard to think clearly when your adrenaline is flowing.
3. Using "I" messages and a nonthreatening tone of voice explain how the problem is affecting you and what you'd like to happen. *Examples:*
   - "I feel [name the feeling]."
   - "When I see or hear [state the problem]."
   - "I would like [state the change you want to happen]."
4. Ask yourself: "What can I find in this situation that I'm doing to contribute to the problem?" You have more control over things that you're doing to contribute to the problem than over things that others are doing to contribute to the problem.
5. Get rid of old baggage (feelings and preconceptions you have because of things that have happened in the past); for example, thinking, "I'm just not the type of person who can handle conflict, so she knows she can get her way."
6. Look for deep issues. For example, say, "Tell me what's really bothering you." (Keep repeating this if the answer is "I don't know.")
7. Be willing to hear things you don't like to hear. You need honest feedback to work through the issues.
8. Ask for help from those involved. For example, "Can we agree to not be so hard on one another?"
9. Change your approach to managing conflict depending on the situation (one size doesn't fit all). For example, many nurses use avoidance as their main approach to resolving conflicts.
   - Use collaborative problem-solving as the overall, optimum way to manage conflict. Because this approach takes more time than you may have at the moment, initially you may need to use one of the following approaches. You also may need to use all the following methods as stepping stones to collaborative problem-solving.
   - Use avoidance only when trying to delay confrontation until a more appropriate time, when a time-out is required, or when issues are of minor importance in relation to overall goal.
   - Use accommodation or smoothing when the goal is to preserve relationships or encourage the others to express themselves.
   - Use compromise when time is too limited for a full collaborative approach and there are two equally empowered sides that must reach agreement yet maintain a positive relationship. Find a common ground to achieve temporary settlement that at least satisfies each side's main objectives.
   - Use forcing only when there isn't time for discussion (e.g., in an emergency), when you must implement unpopular changes, or when all other strategies have failed and the change is required.

- **Remember that there are three ways to view the situation:** (1) the way you see it, (2) the way the other person sees it, and (3) the way it really is.
- **Stay focused on the relationship and common values and goals.** Don't nitpick on small issues—look at the big picture, and address the impact that the major behaviors have on achieving goals.
- **Choose an appropriate time and place to open discussion** (ensure privacy and find a convenient time for those involved).
- **Foster an atmosphere of trust and sincere desire to face issues fairly together;** encourage free exchange of ideas, feelings, and attitudes.
- **Be willing to persevere** until you clearly understand the issues, values, and goals of the key players involved.
- **Look for win-win solutions** (you may have to compromise a little bit). Try to find several solutions to the problems, evaluating each solution with the key players involved.
- **Make a conscious effort to stay calm,** help others stay calm, and keep the focus on the positive outcomes of resolving the conflict and building the relationship.

BOX 7-3 Being Assertive Without Being Aggressive

- Try to understand completely before responding. To be sure you understand correctly, paraphrase what you heard.
- State your own feelings, thoughts, and needs clearly, in a nonthreatening way.
- Stand up for your own rights while showing respect for the rights of others.
- Pay attention to cultural and personality differences.
- Convey needs and wants by using "I" messages to address how you feel about the specific behavior that disturbs you (e.g., "I was embarrassed and hurt when I saw you walk away from our conversation." rather than, "You made me feel like such a jerk when . . . .").
- Value yourself and act with confidence—don't feel guilty when you say "no" ("I'm sorry, but I can't do that.").
- Own responsibility and speak with authority—use eye contact, a direct body posture, and a controlled voice volume and tone (you may need to adapt this if cultural differences are involved).

BOX 7-4 How to Negotiate

1. Clarify the results you want to achieve.
2. Build and maintain a communication climate that supports problem-solving under stress.
3. Let other parties know your interests, and actively work to discover theirs.
4. Be willing to explore the needs of all parties and find mutually agreeable solutions.
5. Determine common interests as well as conflicting needs and desires.
6. Think about various proposals, and decide whether to reject, reframe, or accept them.
7. Decide the worst-case scenario (what you're willing to accept even if it's not exactly what you want). Don't accept anything that's below your worst-case scenario. Consider and discuss any offer that's less than you'd like but better than your worst-case scenario.

- **Take a break,** or get help from outside sources as needed. Allow for time out, but keep interacting until all parties agree to the solution.
- **Set up a time to re-visit issues** to see if the solutions are actually being carried out and helping reduce the problem.

6. Use the strategies in Box 7-3 to be assertive without being aggressive.
7. Apply principles of negotiation (Box 7-4).

OTHER PERSPECTIVES

It Takes Courage to Confront

Confrontation takes considerable courage, and many people would rather take the course of least resistance (belittling and criticizing, betraying confidences, or participating in gossip about others behind their backs). But in the long run, people will trust and respect you if you are honest and open and kind with them. You care enough to confront.[4]

—*Stephen Covey*

CRITICAL THINKING EXERCISES

Think, Pair, Share

With a partner, in a group, or in a journal entry:

1. In relation to Box 7-1 (Managing Conflict: What's Your Style? on page 196), identify your usual way of dealing with conflict. After considering your own style, think about what styles you've encountered and how they affect you and the conflict resolution process.
2. Recall a time when you had a difficult conflict. What could you have done to handle the situation better? What style(s) may have achieved a better outcome?
3. Share your stories about conflict with others, asking for a different viewpoint on what was going on in the conflict and what styles and strategies might help.
4. Practice using "I" messages. Change the following statements to ones that send "I" messages.
   - "You never listen to me."
   - "I wish you wouldn't be so sloppy all the time."
   - "You make me feel like I'm the one who causes all the problems."
   - "You make me feel insignificant when you ignore me like that."
   - "Why are you always attacking me?"
5. **Use role-playing to practice assertive communication and conflict resolution.** Get a partner. Have one of you be the manager in the following situation and the other be the staff nurse. **Here's the situation:** A staff nurse is angry because he didn't get a specific day off, even though he had put in a written request well ahead of time. He needs the weekend off for his daughter's birthday. The manager spent hours trying to find proper coverage but couldn't honor his request because two other nurses also needed to be off and were turned down for their requests the previous month.
6. Decide where you stand in relation to achieving the learning outcomes listed at the beginning of this skill.

Recommended

Deschene, L. Twenty things to do when you're feeling angry with someone. Retrieved from http://tinybuddha.com/blog/20-things-to-do-when-youre-feeling-angry-with-someone/
Mind Tools. Conflict resolution: Resolving conflict rationally and effectively. Retrieved from http://www.mindtools.com/pages/article/newLDR_81.htm
Restifo, V., & Jackson, M. Surviving and thriving with conflict on the job. Retrieved from http://ce.nurse.com/course/ce112-60/surviving-and-thriving-with-conflict-on-the-job/
See also Recommended in Skill 7.4, *Giving and Taking Constructive Criticism.*

SKILL 7.6. MANAGING YOUR TIME

Definition

Making the most of the time you have by getting organized and staying focused on major priorities (working smarter, not harder).

Learning Outcomes

After completing this section, you should be able to:
1. Explain how an activity diary (or log) helps you manage your time.
2. Describe how to set priorities based on your personal and professional goals.
3. Identify ways to organize your life to make the most of your time.
4. Determine ways to improve your ability to manage your time in the clinical setting.

Thinking Critically About Managing Your Time

Have you ever felt like your days are like an endless race to catch a fast-moving train? If so, you need to learn to be on that train at the controls! Taking control to manage your time helps you

avoid stress and frustration. It improves self-confidence and job satisfaction because you get better results with less effort.

How to Manage Your Time

This section is organized by the following headings: (1) Determining What Must Be Done, (2) Ranking Priorities, (3) Organizing Your Schedule and Work, and (4) Streamlining Work in the Clinical Setting.

Determining What Must Be Done

1. **Determine and record your personal, professional, and work goals.** Keep them in a readily accessible place. These goals serve as a guide to help you prioritize and organize.
2. **Start an activity diary (or log).** For several consecutive days, write down everything you do. Include what you do, the amount of time you spend doing it, and the time of day you do it. It should look something like this:

Activity Log

Time	Activities and Tasks
8:00 to 8:30 AM	Drive to health club
8:30 to 9:00 AM	Work out
9:00 to 9:45 AM	Drive to class
10:00 to 11:15 AM	Class
11:15 AM to 1:00 PM	Have lunch, hang out with friends
1:00 to 2:15 PM	Class
2:15 to 5:00 PM	Miscellaneous unscheduled tasks

3. **After a few days, analyze your log and arrange each of the activities and tasks** according to the following categories:
   - Must do (essential) activities and tasks
   - Should or could do (or can be delegated to someone else) activities and tasks
   - Nice to do (if you had more time) activities
   - Not necessary (time waster) activities and tasks
4. **Be sure that things under your "must do" category reflect your personal and professional or work goals.** If they don't, decide whether you truly must do them.
5. **Determine if there are things missing on your "must do" list.** Add these to the list.
6. **Find ways to spend most of your time each day on the "must do" list.** Figure out how to get rid of time wasters. *Example:* In the preceding activity log, you could get rid of an hour's driving by working out at home instead of at the health club.
7. **Review the list of "nice to do" activities.** Ask, "Are there things on this list that I could be delegating to someone else?" If so, who is the best person(s) to do the tasks? What would be the results in the long run?
8. **Consider whether you could combine some activities.** For example, if you have specific educational goals, you might listen to educational tapes while driving.

Ranking Priorities

1. **Determine first, second, and third order priorities** and clarify the rationale for your choices:
   - First-order priority: Must do—important and urgent

- Second-order priority: Must do—important but not urgent
- Third-order priority: Nice to do—not important and not urgent

2. **For each priority, consider the following:**
   - How much time you have
   - Whether you (and only you) can do what needs to be done, or whether you can delegate the task(s) or parts of the task(s) to others
   - Whether technology can help you be more efficient (e.g., mastering computer skills)
   - Whether paying someone to get things done better or more quickly will improve your results or give you more time to spend on tasks related to major goals
   - Whether there is a cheaper way of accomplishing the task

Organizing Your Schedule and Work

1. **Review your personal, professional, and work goals.** Organize your time to get the tasks related to your *most important goals* done *first.*
2. **Work on major priorities when you perform best** (e.g., some people work better in the morning; others do better at night).
3. **Plan break time, eat healthily, drink lots of water, and sleep regular hours.** Include time for exercise and stress reduction (this helps you be more productive by avoiding low energy levels).
4. **Organize your environment for optimum productivity.**
5. **Make a "to do" list for each day, and estimate the time each activity on your list will require.** Be sure that your list includes only those activities that you must or should do.
6. **Reserve time in your daily schedule for unexpected events.** Life is unpredictable.
7. **For long-term (or large) projects, keep a master list to refer to periodically.** For each project, map out interim target dates that ensure you will complete the project in a timely way or by the designated deadline.
8. **Avoid the human tendency to put off large projects** or find excuses to avoid things you don't enjoy. Procrastination is a major time waster.
9. **Don't expect or demand perfection.** Letting go of a task once it's done is crucial for managing time. Perfectionism can also be a time waster!
10. **Look for ways to streamline work,** as in the following section.

GUIDING PRINCIPLE

To avoid oversights, keep all scheduled activities within the same organizing system (e.g., an electronic calendar), rather than keeping multiple or duplicate systems. For example, don't keep separate work and social calendars.

Streamlining Work in the Clinical Setting

1. **Be sure you're familiar with principles of delegating and setting priorities in the clinical setting** (see *Delegating Safely and Effectively,* Chapter 4, page 108, and Skill 6.13, *Setting Priorities,* Chapter 6, page 169).
2. **Reduce your stress and improve your performance:** Get to work early enough to get organized and plan your day before you're "under the gun" to perform.
   - Use a legible, organized daily worksheet (don't rely on memory).
   - Cluster activities before entering a room—think ahead and anticipate needs (e.g., a need for pain medication).

- Avoid charting the same thing in two places. Focus most on charting what's *different* in each patient.
- Organize supply and medication carts so that the commonly used items are easily found.
- Label all supply shelves and cabinets clearly for easy access.

3. **Use tools and technology to organize your personal and professional work.** *Examples:*
   - Use a personal digital assistant (PDA) or another electronic organizer to keep your schedule and other important information handy.
   - A paper system, such as the Franklin-Covey planner, also works well. The advantage of a paper system is that it is usually less expensive and doesn't require interaction with a personal computer (PC).
4. **Set limits on what you agree to do;** ask for more staff if needed.

GUIDING PRINCIPLE

If you "hit the ground running" the minute you get to work, you are arriving too late. Give yourself at least 10 to 15 minutes to gather your thoughts, get the big picture of what's happening on the unit, and focus and plan your day (30 minutes early is even better).

CRITICAL MOMENTS

Take Care of Yourself: Time Management Priority

Many nurses feel guilty about making time to care for themselves. When making your list of priorities, health promotion activities should be high on the list. As Jim Loehr—author of *The power of full engagement: Managing energy not time is the key to high performance and personal renewal*—says, keep your "engine" in top form by making time for things like eating well, meditating, getting enough rest, and exercising regularly.[5]

OTHER PERSPECTIVES

Learn to Say No!

Saying "no" if the request for your time is not a "must do" or "should/could do" activity is good time management. Saying something like "I wish I could help you, but I'm overloaded right now" works very well. In some cases, you may also have to say something like, "I need a bit more time if you want me to do a good job." Does this mean shirking responsibilities or procrastinating? Not at all. It means that when you have a track record of showing responsibility, and want to do a good job, asking for more time or simply saying "No" may be good time management.

—Donna D. Ignatavicius, RN, MS, ANEF
(personal communication)

CRITICAL THINKING EXERCISES

Think, Pair, Share

With a partner, in a group, or in a journal entry:

1. Identify three personal or professional goals that you want to accomplish within the next year.

2. Keep an activity diary for 3 consecutive days during the week. Be sure to include all activities for work, school, and home. In relation to the goals you identified in number 1, analyze the diary and:
   - Determine the "must do" activities that will help you achieve your goals for the next year.
   - Identify time wasters, and decide how you might eliminate them.
   - Rank the "must do" activities by assigning priorities (first-order, second-order, or third-order priorities).
   - Ask yourself whether there are some things you should be doing to achieve your personal and professional goals. Add these to the list.
   - Share what you learned from doing the above.
   - Share time-management strategies that work in your personal life.
3. Describe strategies that help you manage your time in the clinical setting—include how you deal with things that are time wasters.
4. Decide where you stand in relation to achieving the learning outcomes listed at the beginning of this skill.

Recommended

Alfaro-LeFevre, R. (2014). Managing your time: Work smarter, not harder. Retrieved from http://ce.nurse.com/course/ce712/managing-your-time/

Arevalo, J. Getting a grip on time management. Retrieved from http://www.nursezone.com/student-nurses/student-nurses-featured-articles/Getting-a-Grip-on-Time-Management_18496.aspx

Loehr, J., & Schwartz, T. (2003). *The power of full engagement: Managing energy, not time is the key to high performance and personal renewal.* New York: Free Press.

McGuinness, M. Time management for creative people. Retrieved from http://media.lateralaction.com/creativetime.pdf

MindTools. Time management. (Website). Retrieved from http://www.mindtools.com/pages/main/newMN_HTE.htm

SKILL 7.7. NAVIGATING AND FACILITATING CHANGE

Definition

Knowing how to chart a course to successfully adapt to change (and help others do the same).

Learning Outcomes

After completing this section, you should be able to:

1. Recognize your usual response to change.
2. Identify strategies to help you navigate change.
3. Determine how to facilitate change in others.

Thinking Critically About Change

As Will Rogers said, "Even if you're on the right track, you'll get run over if you just sit there." Change is a part of life. Knowing how to plot a course through the many changes we face—and how to help others do the same—helps you move from feeling disrupted and frustrated to feeling a sense of progress and accomplishment.

How to Navigate and Facilitate Change

This section first gives strategies to help you navigate change, and then it gives strategies to help you help others deal with change.

Strategies to Navigate Change

1. Curb the tendency to keep the status quo just because it's easy and comfortable.
2. When first faced with change, suspend judgment and explore reasons for the required change. Navigating change doesn't mean embracing change uncritically—it means clarifying the pros and cons and making reasoned decisions about whether the change is worthwhile.
3. Make sure you understand why the change is being made and how you feel about it. If you can get something out of the change, it helps you accept it. If you have strong feelings against making the change, you need to explore and work through them.
4. Identify barriers to making the change and find ways to deal with them. *Example:* Make yourself a "cheat sheet" when learning new technology.
5. Ask for help. If you express the problems you have, others may be able to help. You also may identify concerns that are bothering everyone.
6. Expect the natural sequence of events often associated with adapting to change, seen in Box 7-5.

Strategies to Facilitate Change in Others

1. Include key stakeholders to determine how the change will affect those involved. Be clear about the positives and negatives from their perspectives (e.g., "This will require effort and time on your part, but when we're done we'll all have it easier.").
2. Clearly describe both the required changes and the expected benefits.
3. Clarify changes in roles and responsibilities.
4. Get support from formal and informal group leaders (they can make or break progress).
5. Allow people to explore how the change will affect their daily lives (e.g., when one group moved to electronic health records, several nurses said, "You know how we love our paper!").
6. Encourage involvement in finding ways to make the change easier.
7. Convey an understanding of negative feelings and extra work associated with having to make changes. Provide necessary resources and support (e.g., technical support) until the change has been fully implemented.

BOX 7-5 Adapting to Change: Four Stages

1. **LOSING FOCUS.** Expect some confusion, disorientation, and forgetfulness at first. You may be unsure about boundaries and responsibilities. Ask for clarification, keep notes, and use to-do lists.
2. **DENIAL.** You may want to minimize or deny the effect the change has on you. However, connecting with and dealing with feelings helps you move forward. Acknowledge how you feel about what you lose and gain by making the change.
3. **ANGER OR DEPRESSION.** If you feel angry, discouraged, or frustrated:
   - Vent your anger in a safe place. Be careful with whom, how, and where you ventilate. Your words can come back to haunt you. Find someone who'll listen without being affected by your feelings (e.g., someone who has gone through the change you're experiencing, not someone who also is struggling and who may be pulled down by your negativity).
   - Use stress management strategies (e.g., exercise helps diffuse anger and frustration).
   - Keep away from negative people, or soon you'll feel the same way.
   - Stay focused on what you'll gain from making the change. Be patient with yourself, let go of the past, and take it one step at a time. Make a conscious effort to think critically and not emotionally.
4. **MOVING FORWARD.** Seek opportunities to use the new skills and procedures you've learned. Celebrate small successes, recognizing how far you've come and what you learned along the way.
   - Share your experience with those who may not have come as far as you have.
   - Remember to represent your organization positively in public, even if you don't feel that way at the moment.

8. Involving key stakeholders, identify barriers to making the change, and find ways to deal with them. For example, if workers are expected to take time to practice using a new computer system, provide extra personnel to do ordinary chores.
9. Be clear about time lines. Key players must know exactly what change is expected to occur and by when.
10. Ask for ownership of responsibility for change (both leaders and subordinates own some of the work). Be patient. Adapting to change takes time.

CRITICAL MOMENTS

Transform Rather Than Conform

When facilitating change, aim to transform rather than conform. Inspire, show benefits, encourage, and support. When people are transformed, they change because they *want* to.

OTHER PERSPECTIVES

Sometimes in the winds of change we find our true direction.

—Unknown

CRITICAL THINKING EXERCISES

Think, Pair, Share

With a partner, in a group, or in a journal entry:

1. Share your best and worst experiences with navigating and facilitating change. Discuss what made them your best and worst experiences.
2. Describe a personal or work change that you experienced that wasn't your choice (e.g., moving to a new home, a change in job description). Think about how you felt at the time and the effect it had on your ability to make the change. Identify some things you could have done to make the change easier.
3. Share a time you tried to help someone else change.
   - How successful were you?
   - What, if anything, would you do differently?
4. Study Box 7-6 on transformational change. Discuss the difference between change that transforms versus change that conforms.
5. Decide where you stand in relation to achieving the learning outcomes listed at the beginning of this skill.

Recommended

Clemmer, J. Navigating change and adversity. Retrieved from http://www.hodu.com/change2.shtml

Johnson, S., & Blanchard, K. (1998). *Who moved my cheese?* New York: Putnam Publishing Group.

Managing change by empowering staff http://www.nursingtimes.net/nursing-practice/specialisms/management/managing-change-by-empowering-staff/5033731.article

Robinson-Walker, C. (2015). Coaching: An essential skill for nurses. Retrieved from http://ce.nurse.com/course/60107/coaching-an-essential-skill-for-nurses/

BOX 7-6 Transformational Change

Four Ways We Change

1. **Pendulum change:** I was wrong before, but now I'm right.
2. **Change by exception:** I'm right, except for . . . .
3. **Incremental change:** I was almost right before, but now I'm right.
4. **Paradigm change:** What I knew before was partially right. What I know now is more right, but still only part of what I'll know tomorrow.

Paradigm Change Is Transformational

Paradigm change combines what's useful about old ways with what's useful about new ways, and keeps us open to looking for even better ways. We realize:

- Our previous views were only part of the picture.
- What we now know is only part of what we'll know later.
- Change is no longer threatening: It enlarges and enriches.
- The unknown can then be friendly and interesting.
- Each insight smoothes the road, making the change process easier.

Paradigm Shift

A paradigm shift occurs when there's a change from one way of thinking to another. It's a transformation, almost a metamorphosis. It doesn't just happen—it's driven by agents of change (leaders and staff who support the change).

Modified from Ferguson, M. (1980). *Aquarian conspiracy: Personal and social transformation in our time.* New York: GP Putnam's Sons.

SKILL 7.8. PREVENTING AND DEALING WITH MISTAKES CONSTRUCTIVELY

Definition

Knowing how to prevent, detect, correct, and learn from errors.

Learning Outcomes

After completing this section, you should be able to:

Define the *terms error, sentinel event, near miss, hazardous condition,* and *safety culture.*

1. Explain how to determine the seriousness of a mistake.
2. Identify circumstances that lead you and others to make mistakes.
3. Identify strategies that help you be a safety net for your team members.
4. Decide what to do when you make (or witness someone else make) a mistake.
5. Explain the importance of creating a culture in which the reporting of errors is encouraged more than punished.

Thinking Critically About Preventing and Dealing with Mistakes

Mistakes can be our worst nightmare, or they can be stepping-stones to learning and improvement. And, sometimes, they can be both. Dealing with mistakes is a complex issue that includes considering legal consequences (in some states, it's the law that patients be informed of errors; mistakes sometimes end up in malpractice litigation). This section addresses how to know what constitutes a serious error, why errors happen, and how to prevent, detect, correct, and learn from errors.

There are two major types of errors:

1. **Commission**—doing the wrong thing
2. **Omission**—failing to do the right thing

There are three common reasons for mistakes:[6]

1. **Execution errors**—doing the right thing incorrectly
2. **Rule violation**—going against current rules or policies
3. **Wrong plan**—when actions proceed as planned, but fail to achieve the intended outcome because the planned action or original intention was wrong

Too many people have a one-size-fits-all mindset when it comes to dealing with mistakes. Deep down, they believe that all errors are bad, that all errors happen because of lack of knowledge or laziness, and that the best way to deal with people who make mistakes is to punish them. However, this approach shames those involved, doesn't examine the real causes of errors, and does little to reduce the incidence of mistakes—it only reduces the *reporting* of mistakes. When errors aren't reported, opportunities to fix related problems are missed and mistakes are likely to be repeated.

Most mistakes happen for many reasons and in spite of good intentions. To promote a safety culture, we must change the mindset from "mistakes shouldn't happen" to "when dealing with humans, mistakes will happen for various reasons." We must share our mistakes freely so that we can work together to find ways to prevent future mistakes. Box 7-7 shows four common reasons for medication errors.[7–11]

BOX 7-7 Common Reasons for Medication Errors

1. **Communication failure:** These include transcription errors, use of abbreviations, illegible handwriting, incorrect interpretation of physician's orders, use of verbal orders, failure to record medications given or omitted, and unclear medication administration records. Studies show that nearly three in four medical errors are caused by mistakes in interpersonal communication.[7] Communication issues are major causes of mistakes and adverse patient outcomes (e.g., falls, injuries, and care omissions).[8]
2. **Errors or omissions in medication reconciliation** when patients are admitted or transferred from one unit to another (medication reconciliation is a formal process for creating the most complete and accurate list possible of a patient's current medications and comparing the list to those in the patient record or medication orders).[9]
3. **Failure to ensure the "Rights of Medication Administration"**

Right patient	Right assessment	Right to refuse
Right drug	Right route	Right evaluation (follow-up)
Right dosage	Right time	Right documentation
Right reason	Right patient education	

4. **Not complying with policies and procedures:** Lack of attention to safeguards in medication administration procedures intended to prevent errors
5. **Human and system problems:** These include things like nurses with little experience being assigned patients with complex conditions; nurse fatigue (sleep deprivation;[10] consecutive hours worked without brakes or little time off); rotating shifts; poor staffing; distractions and interruptions; the practice of floating nurses to unfamiliar units; hospital and pharmacy design features; and drug manufacturing problems (e.g., look-alike and sound-alike drug names, look-alike packaging, confusing and unclear labeling, failure to specify drug concentrations on dose-calculation charts)

Key Terms Related to Examining Mistakes

The following terms are important to understand in the context of developing and maintaining in-depth approaches to error prevention (definitions are adapted from various documents available at http://www.jointcommission.org).

- **SENTINEL EVENT:** An unexpected occurrence involving death or serious physical or psychological injury (or the risk thereof). Serious injury specifically includes loss of limb or function. The phrase "or risk thereof" means any variation from the usual process of care such that, if it happens again, there is a significant chance of causing a serious adverse outcome. *Example:* A break in procedures that causes nurses to omit checking that the correct leg is marked for amputation. Whether the wrong leg is amputated or not, a sentinel event has occurred. The term *sentinel* is used because of its relationship to a sentinel guard—a soldier who stands guard to keep his people safe. Sentinel events are so serious that they signal the need for immediate investigation to ensure they don't happen again.
- **NEAR MISS:** Anything that happens during the process of care that didn't affect the outcome but poses a significant chance of a serious adverse outcome if it happens again. *Example:* If a physician almost operates on the wrong site, but this is caught just in time, it's a near miss. Near misses are considered sentinel events, but they may not be reviewed by the Joint Commission under its sentinel event policy.
- **HAZARDOUS CONDITION:** Any set of circumstances (exclusive of the disease or condition for which the patient is being treated) that significantly increases the likelihood of a serious adverse outcome. *Example:* Nurses who have too many acutely ill patients to give appropriate care.
- **ROOT CAUSE ANALYSIS (RCA):** The process for identifying deep underlying cause(s) of a mistake—the "root(s)" of errors. Requires examining in detail what happened, why it happened, who was involved, all factors that contribute to the mistake, and what can be done to prevent it. *Example:* Not assuming a drug error was due to one nurse's lack of knowledge. Rather, the error is examined deeply to identify all possible contributing factors and deciding the deepest causes (e.g., the root cause of the nurse's lack of knowledge could be that there's no policy in place to ensure that new drugs aren't introduced unless all nurses have the required knowledge; this is considered a system problem).
- **FAILURE MODE EFFECT ANALYSIS (FMEA):** An approach to error prevention that aims to build systems that promote safety and prevent accidents. FMEA assumes that errors are not only possible but also even likely, despite knowledgeable and careful health care professionals. FMEA assumes that it's too much to ask individuals alone to be responsible for errors. Instead the responsibility is placed on an interprofessional group that engages in a never-ending process of quality improvement to assess and correct areas in which errors are likely. FMEA also aims to design a system in which critical or catastrophic errors can't happen. *Example:* Wrong-site surgeries that are prevented by a strict policy that includes several "check points" to ensure that the correct surgery in the correct person in the correct body part is done.

How to Prevent and Deal with Mistakes Constructively

1. **Make patient and caregiver safety a part of the health team code of conduct.** Box 7-8 shows an excerpt from the code of conduct in Chapter 2 (page 23).
2. **Make it a point to look for errors and flaws in thinking.** In important or emergency situations, check, check, and check again—the more you check, the more you find.
3. **Remember that all mistakes aren't created equal**—in addition to knowing the difference among a sentinel event, near miss, or hazardous condition, you should know the following different types of mistakes, what things cause them, and how you can prevent them.

BOX 7-8 Safety and Error Prevention: Code of Conduct

As a member of this group/team, I agree to keep patient and caregiver safety and welfare as the primary concern in all interactions, including:

- Being vigilant and monitoring for care practices that increase risks for errors
- Remembering that no one is perfect and all humans are vulnerable to making mistakes
- Taking responsibility for being "a safety net" when helping co-workers, anticipating what they may need and pitching in to prevent mistakes (e.g., "I think that glove is contaminated, let me get you a new one." "Here's a new needle.")
- Making it a team principle that "If we witness unethical or unsafe practices, it's our responsibility to address it (first directly with the person, then through policies and procedures if warranted)."

- **MENTAL SLIPS:** These mistakes happen when there's a lapse in your attention to what you're doing or when there's a lapse in short-term memory. *Example:* You're on the way to check an IV, but you're interrupted to help lift someone up in bed. You then forget that you were on the way to check the IV and go on to another task. *Prevention:* Keep a personal worksheet that prompts you to do important tasks (e.g., check IV every hour). Get your charting done as soon as possible to help you notice when you've forgotten to do something. Checklists, protocols, and computerized decision aids all help reduce mental slips because they relieve you from relying on short-term memory, the aspect of memory that becomes most imperfect under stress or fatigue.
- **COMMUNICATION ERRORS:** These mistakes happen when people misunderstand each other. *Example:* You're working in the emergency department and just spoke to Dr. French about one of your patients, Mrs. Moran. A few minutes later, Dr. French comes to you and says, "Would you send her to x-ray?" nodding in the direction of another patient. You don't see him nod in the other direction and assume Dr. French is referring to Mrs. Moran. *Prevention:* Repeat what you hear to clarify verbal interactions ("You want me to send Mrs. Moran to x-ray?"). Check written orders to clarify verbal orders.
- **KNOWLEDGE ERRORS:** These mistakes are due to insufficient knowledge. *Example:* You cause unnecessary side effects by giving an IV drug too quickly because you didn't know it should be given slowly. *Prevention:* Be sure you find out the answers to who, what, why, when, and how in context of each individual patient situation before you give any drug or perform any intervention.
- **LEARNING ERRORS:** Although these mistakes often include knowledge errors, learning errors usually are related to several different factors associated with being in a learning situation (e.g., doing something for the first time or being stressed). *Example:* You change sterile dressings for the first time. You contaminate your glove by slightly touching an unsterile field. You don't notice it because you're focused on assessing the wound. *Prevention:* A surefire way to avoid learning errors is not to try anything new, which makes no sense. Many students hide from new experiences because they're afraid of making mistakes. This just postpones the inevitable. The best way to avoid learning errors is to be prepared and to practice, practice, practice in as safe an environment as possible (e.g., in a skills lab). In risky situations, it's best to have a more experienced nurse guide performance, give advice, or actually handle the task at hand.
- **RELYING TOO MUCH ON TECHNOLOGY:** These mistakes happen when you allow technology to think for you, without wondering if there's a flaw in the system. *Example:*

Someone complains that a heating pad is too hot. You check the setting and see that it's in the "low" position. Instead of carefully feeling the pad yourself, you explain that it's probably okay because it's set on low. *Prevention:* Read all instruction manuals carefully. Don't trust machines more than your own knowledge and perceptions. Don't allow technology to think for you: think with it.

- **SYSTEM ERRORS:** These mistakes are related to something wrong with the way things are accomplished within the facility as a whole. *Examples:* Drugs that aren't given because the pharmacist is overloaded and unable to dispense the drug in a timely manner; errors that happen because a policy or procedure is unclear; or errors that happen because a facility uses a lot of per-diem personnel who are more at risk for making mistakes. *Prevention:* Report possible system problems to the risk management or quality assurance department. Create a multidisciplinary panel to examine possible and actual system problems.

4. **Always determine how serious the error is.** Serious errors need to be examined more closely, prevented more meticulously, and detected and corrected more quickly than less serious errors.

GUIDING PRINCIPLE

To determine the seriousness of a mistake, answer two questions:

1. **What harm could this mistake cause?** (Primarily consider harm in terms of human morbidity, mortality, and suffering. Secondarily, consider harm in terms of inconvenience, cost, and lost time. If you're unable to decide what harm could result, get help.)
2. **Should this mistake be classified as a sentinel event, near miss, or hazardous condition?**

5. **Follow policies and procedures,** and be sure you understand the rationale behind them. These are designed by experts to prevent, detect, and correct errors early.
6. **When using checklists, think about each item carefully.** Checklists are supposed to jog your brain, not replace it.
7. **Involve patients and families.** Educate them and encourage them to become participants in preventing errors by verifying that they're getting the right treatments and medications and by speaking up when they have questions (see Improve Safety: Urge Your Patients to Speak Up, Box 4-3, page 85).
8. **Never give a medication or perform an intervention without knowing why it's indicated for each particular person.** Be careful about multitasking.
9. **Involve experts** (e.g., if you're unsure about the best way to give medication, ask a pharmacist).
10. **Look after yourself.** If you're rested and use stress management strategies, you're less likely to make mistakes.

What to Do When Mistakes Happen

1. **Determine the seriousness of the error** as soon as it's recognized, and take immediate steps to prevent or reduce harm (get help if needed).
2. **Follow policy and procedures for dealing with mistakes,** including how to report and record the mistake. Standards and some state laws mandate that patients be informed when mistakes happen. Some policies also require that an apology be made (see Skill 7.1, *Communicating Bad News*).
3. **Chart actions taken to address the error** (e.g., increasing the frequency of monitoring or a transfer to another unit).

BOX 7-9 Key Safety Websites

- Agency for Healthcare Research and Quality (AHRQ): http://www.ahrq.gov/qual/errorsix.htm
- Hospitals in Pursuit of Excellence: http://www.hpoe.org/
- National Patient Safety Foundation: http://www.npsf.org
- Partnerships for Patients: http://partnershipforpatients.cms.gov/
- The Joint Commission (TJC): http://www.jointcommission.org
- TJC Center for Transforming Healthcare: http://www.centerfortransforminghealthcare.org/
- The Institute of Medicine: http://iom.nationalacademies.org/
- Quality & Safety for Nursing Education (QSEN): http://www.qsen.org/
- Canadian Patient Safety Institute: http://www.patientsafetyinstitute.ca
- Canadian Institute for Health Information: http://www.cihi.ca
- Accreditation Canada: http://www.accreditation.ca

4. **Curb the tendency to focus too much on guilt** and not enough on what can be learned from the mistake.
5. **Explore the specifics of the incident objectively, examining the procedures and circumstances leading to the errors.** Consider the value of sharing the mistake with others to alert them of the possibility of its happening again. If procedures were followed and a mistake still happened, maybe the procedures should be revised to make them more error-proof.

Note: **For more information on error prevention,** check the index for the following topics: Quality and Safety Education for Nurses, competencies, safety culture, standard tools, miss-communication, read-back rules, repeat-back rules, time-outs, nursing surveillance, dangerous situations, and failure to rescue. Also see Chapter 4, *Strategies to Identify, Interrupt, and Correct Errors* (page 104) and Figure 4-4, which shows how to monitor for technical, human, and system failures (page 104). Box 7-9 shows key organizations involved in preventing errors and promoting safety.

CRITICAL MOMENTS

Empowering Patients Is Key to Safety

Empower your patients by teaching them what to expect and telling them that the main thing they can do to prevent mistakes is to become actively involved in managing their own care.

Applying Nursing Process Prevents Mistakes

The nursing process steps and principles help you prevent mistakes and improve efficiency. Remember to assess (step 1) and analyze (step 2) before you act (step 3). To pick up problems early, pay attention to patient responses as you implement interventions (step 4). Evaluate (step 5) to check for mistakes and identify ways to reduce the likelihood of future errors.[12]

Distractions Cause Mistakes

Distractions are a major cause of mistakes, especially during medication administration. Just as pilots maintain a sterile cockpit—no socializing on landings and takeoffs—find a quiet place to do important activities like preparing medications. Don't interrupt other caregivers when they are doing the same.

OTHER PERSPECTIVES

We All Make Mistakes

Competitive cyclists have the saying, "If you're a cyclist, you've already crashed or you're going to." Perhaps you could substitute any other title for cyclist. If you're a nurse, you've either made a mistake or you're going to . . . . Crashes occur for many reasons. You can crash if you don't have the necessary knowledge, skill, or equipment. Or conditions unexpectedly become too complex, and in haste you do something you otherwise would not do. Or you or a competitor breaks the rules in an effort to gain advantage. The former would be called errors; the latter are ethical or legal violations. Sometimes that distinction is important, though not always clear . . . . I propose that errors and ethical misconduct are not a dichotomy of unrelated entities; they are two ends of a continuum. Some errors can be excused; misconduct is not.[13]

—Sue Thomas Hegyvary, PhD, FAAN, Editor, Journal of Nursing Scholarship

Errors: Usually System Failures, Not Individual "Fault"

I am a nurse scientist who studies medical errors . . . . I am a critical care nurse who lives in fear of making a mistake that could harm a patient . . . . The majority of errors are the result of system failures, not the blatant carelessness of individuals. Yet people tend to point fingers at individuals and place blame. Even when well-designed systems are in place, human errors occur. Your statement, "I am humbled that making such an error is easy to do" will bring comfort to many clinicians and scholars who strive to do the best they can in this busy, complicated world. Acknowledging that both system failures and human fallibility contribute to errors and adverse outcomes is necessary for achieving the ultimate goal of improving the health of the world's people.[14]

—Elizabeth Henneman, RN, PhD, CCNS

Hand-Offs Are Risky Points in Care

There's potential for miscommunication each time a patient moves from one area of care to another, for example, from the emergency department to a medical surgical inpatient unit. . . or from one set of providers to another set during a change of shift. In just one average-sized teaching hospital, for example, there are 4000 patient hand-off opportunities for errors every day, or 1.6 million a year. If you think about those staggering numbers, you think about how many opportunities there are for miscommunication.[15]

—Cheryl Clark

CRITICAL THINKING EXERCISES

Think, Pair, Share

With a partner, in a group, or in a journal entry:

1. Address the implications of the following statements.
   a. Being ignorant doesn't merely mean not knowing; it means not knowing what you don't know. Being educated means knowing precisely what you don't know.
   b. As a nurse it's your responsibility to be alert not only to situations that might cause you to make mistakes but also to situations that may cause others to make mistakes.
2. Respond to the following:
   a. How do you feel when you make a mistake?
   b. What can you do to help someone else who has made a mistake?

c. How can you help correct error-prone systems and increase checks to prevent medication errors?

3. Share examples of a sentinel event, near miss, hazardous condition, mental slip, knowledge error, learning error, and system error.
4. Share your personal (or a family's or friend's) experiences with errors.
5. Watch a baseball game and notice how the players back one another up and provide "safety nets" in case of overthrown balls. Notice that the crowd yells at players who don't back up other players. How does this apply to what you see in the health care setting?
6. Study Figure 4-4 (Chapter 4, page 104) and discuss strategies you can use to detect technical, human, and system failures. Also discuss the challenges of being a safety net and correcting errors early.
7. Discuss the ABCs of patient safety. Retrieved from http://www.tnpatientsafety.com/Portals/0/Consumer/NPSFABCs_of_Patient_Safety.pdf
8. Decide where you stand in relation to achieving the learning outcomes listed at the beginning of this skill.

Recommended

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Delamont, A. (2013). How to avoid the top seven nursing errors. Nursing made incredibly easy! 11:8-10. Retrieved from http://journals.lww.com/nursingmadeincrediblyeasy. http://dx.doi.org/10.1097/01.NME.0000426302.88109.4e

Hansten, R. (2014). Best practice vs. reality. *American Journal of Nursing, 114*, 12.

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SKILL 3. TRANSFORMING A GROUP INTO A TEAM

Definition

Knowing how to work together to combine efforts to achieve shared outcomes, within a specific time frame.

Learning Outcomes

After completing this section, you should be able to:

1. Clarify the common stages of team building.
2. Describe strategies that transform groups into teams.
3. Participate more effectively as part of a team.
4. Ensure that patients are key members of the health care team.

Thinking Critically About Teamwork

How well a team works together makes the difference between having frustrated, unhappy patients and staff and great patient outcomes and job satisfaction. Yet building a team isn't easy. Team members need to be nurtured as the team evolves from being a group of diverse strangers to a group that values common goals and brings together diverse talents and strengths.

True teamwork occurs when all team members are:

1. Committed to common goals and a high level of productivity
2. Energized by their ability to work together
3. Concerned about how team members feel during the work process
4. Committed to including patients and their caregivers as key team members

Consider the differences in what's happening in the two groups in the following Scenarios.

SCENARIO TWO GROUPS: NO TEAMWORK VERSUS TEAMWORK

Group 1 consists of several nurses who have worked together for the past 6 months. They don't feel like they're working as a team and want this to change. Their manager, Jane, is a busy person who has a demanding boss. Under pressure, Jane barks orders and personally takes over some tasks. The staff responds by doing what they are told or lying low until things calm down. There is minimal group participation in problem-solving and decision-making. The nurses want to execute their responsibilities in a satisfactory way. But no one has given thought to the need for group goals or concerted group action. Morale is low, and everyone talks about how unhappy they are.

Group 2 consists of several nurses who also have worked together for 6 months. By contrast, these nurses are energized and proud of their successes. Like Group 1, their manager, Terri, also is a busy person with a demanding boss. However, when the pressure is on, Terri stops the action and convenes a problem-solving discussion, focusing on common goals and getting input from team members. Better solutions are found because the pressure is channeled into a spirit of "let's fix this together." These nurses enjoy a sense of growing and improving together—work is more than just a job.

How to Transform a Group into a Team

Knowing how to communicate and build trust are the cornerstones of teamwork. Early on in the team-building process, all team members must agree to a code of conduct and be aware of messages sent by their behavior. For example, if you consistently show up late for work, shirk responsibility, give excuses, or are arrogant or defensive, you need to be aware of the messages these behaviors send to the rest of the team. On the other hand, if you use behaviors like always being on time, being willing to help, accepting responsibility, and being open to suggestions, you send altogether different messages.

GUIDING PRINCIPLE

Being an effective health care team member requires building relationships with co-workers and ensuring that patients and their caregivers are viewed as key team members.

BOX 7-10 Team-Building Strategies

1. **Team leaders should:**
   - Create a shared vision of the team's mission or purpose: Everyone must be committed to reaching clearly defined outcomes.
   - Stress that everyone is responsible for preventing errors and improving outcomes by analyzing current practices and pointing out improvements that could be made.
   - Turn diversity to the team's advantage (e.g., assign tasks based on individual strengths and preferences as much as possible).
   - Ask for consensus in decisions (everyone agrees to agree), rather than settling for a majority vote.
   - Keep team members well-informed so that everyone understands the big picture.
   - Recognize team members for their contributions.
   - Be sure team members are familiar with the common stages of team building (Box 7-11). Although not every group goes through every stage, and the duration of each stage varies, it helps to know that there are common struggles in every team.
2. **Team members should:**
   - Come to agreement on roles, responsibilities, and proper lines of communication.
   - Work hard to meet responsibilities and deliver what they promise.
   - Get involved and contribute to the good of the group.
   - Stay focused on the big picture of what the team is trying to accomplish.
   - Make a conscious effort to overcome the human tendency to focus narrowly on self; too often, team members have difficulty seeing other members' struggles because they themselves are working so hard.
3. **Leaders and team members should:**
   - Use behaviors that promote trust and create a caring and energized environment.
   - Follow the "Platinum Rule" (treat others as they want to be treated instead of assuming they want to be treated the same as you do).[16]
   - Show enthusiasm—it's contagious and it energizes others.
   - Address and resolve conflicts early—push for high-quality communication.
   - Pay attention to group process and where the team is in relation to the stages of team building (see Box 7-11).
   - Recognize individual and team efforts; be a good sport and help new teammates make entry.
   - Support creativity and new ways of doing things.
   - Broaden skills; offer to try new tasks or to cross-train.
   - Promote group learning by collecting, sharing, and analyzing information.
   - Spend fun time together (here's where relationships grow).

OTHER PERSPECTIVES

Teamwork Requires Empowerment

Teamwork requires empowerment, a willingness and commitment to "let go" of self (one's own ideas, plans, strategies) to the benefit of the group. As I see it, there are five stages of empowerment: (1) Letting go of self-promotion; (2) Believing that others are capable and competent; (3) Trusting others; (4) Willingness to forgo one's own processes, plans, or strategies to give others a chance; (5) Sharing the outcomes and celebrating success.

—Sylvia Whiting, PhD, RN, CS (personal communication)

Relationships Affect Results

Relationships with each other as team members and with our patients and families lead to results—negative or positive, intentional or unanticipated, harmful or healing.[17]

— Ruth Hansten, RN PhD FACHE

Fostering Cross-Cultural Understanding

Working successfully with a culturally diverse staff and patient population encompasses two sets of skills. First, nurses need the holistic skills to manage patients who are different from themselves . . . . However, the skill that's frequently overlooked is learning to work with diversity among staff members. Embracing cultural diversity in the workplace, as well as in the community, has to be an institutional commitment.[18]

—Antonia Villaruel, RN, PhD, FAAN

CRITICAL THINKING EXERCISES

Think, Pair, Share

With a partner, in a group, or in a journal entry:

1. Discuss some of the TeamSTEPPS strategies and tools available at http://teamstepps.ahrq.gov/. TeamSTEPPS was developed by Department of Defense's Patient Safety Program together with the Agency for Healthcare Research and Quality to improve communication and teamwork skills among health care professionals. TeamSTEPPS is scientifically rooted in more than 20 years of research and lessons from the application of teamwork principles.
2. Share your story about a group you currently belong to. In what team building stage is the group (see Box 7-11)?
3. Share your best and worst experiences with being part of a team. Consider what went right and why you think it went right and what went wrong and why you think it went wrong.
4. Identify what humans can learn from the geese in the 3-minute inspirational video at http://www.pullingtogethermovie.com/miami.
5. Practice brainstorming as a group. Get in a group of four to eight persons. Have one person be the recorder, writing on a flip chart or blackboard. Identify a problem you'd like to resolve or a situation that could be improved (e.g., how you could get teenagers to come to a meeting on sex education). For 30 minutes, without interruptions, have group members share ideas to be recorded for all to see. Choose the three best suggestions. After you finish, spend 10 minutes discussing the group dynamics during the brainstorming session.
6. Decide where you stand in relation to achieving the learning outcomes listed at the beginning of this skill.

BOX 7-11 Team-Building Stages

1. **FORMING:** Group members start to get to know one another, testing each other's values, beliefs, and attitudes. Basic goals and tasks are defined, roles assigned, and ideas shared.
2. **STORMING:** Conflict begins, often because of misunderstandings or disagreement about what realistically can get done and how exactly things will get done. More testing goes on in this phase, with some people asking themselves questions like "How much am I willing to do?" This is a time to maintain high standards, provide emotional support, and aim to get consensus (agreement from everyone). Beware of false consensus during this phase; some people will say they agree when they really don't (just to avoid further conflict). Because this is a stressful stage, you may need to take more breaks.
3. **NORMING:** The group becomes more cohesive and really wants to work together in a positive way. Group members agree on rules—for example, when meetings will be held, who should attend, what the proper lines of communication are, and how problems and disagreements will be handled. At this point the leader needs to be sensitive to group values, asking for votes to determine common needs and desires.
4. **PERFORMING:** Team members begin to bond to one another and function well together with a good understanding of roles, responsibilities, and relationships.

Recommended

Agency for Healthcare Research and Quality. TeamSTEPPS. Retrieved from http://teamstepps.ahrq.gov/

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See also Recommended in Skills 7-3 to 7-5, *Developing Empowered Partnerships, Giving and Taking Constructive Criticism,* and *Managing Conflict Constructively.*

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