FROM THE FLOOR

DEMOTIVATION IN THE NURSING PROFESSION

PART ONE OF 3

the CAUSES

By **Geneviève M. Clavreul,** RN, Ph.D

ONE NIGHT, THE NICU IS EXTREMELY *short of staff, even after calling all the on-call nurses and getting some nurses from the registry. So, the staffing office floats a few nurses from maternal/child to fill in the gaps in the schedule. The charge nurse makes the assignments being sure to give the nurses trained in NICU from the registry (since everyone knows these aren't "real nurses") the least critically ill neonates, the feeders. Meanwhile, the staff nurses from maternal/child are unaccustomed to caring for critically ill neonates, the sickest patients. It is assignments like this that begin to leave the nurse feeling demoralized and demotivated. Enough poor assignments and even the most motivated of nurses may think twice about remaining in the field as a hospital staff nurse.*

Nursing demotivation is affecting hospitals from coast-to-coast in epidemic proportions. Demotivation, or the "D-Syndrome," is defined as: "Having feelings of helplessness and powerlessness within the organizational structure – the inability to either effect change within a system or realize professional or personal growth as a result of interacting within a system." Or, simply put, the feeling of, "You can't fight City Hall." The reality is you can: if you only recognize the warning signs and put into place the tools and

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action to effect positive change–which is what I will describe and explain how to do in this three-part series.

In Part I, **The Causes,** we will look at the negative effects of the authoritarian hospital organizational chart; the impact of a poor management system and concomitant practices; and the contrary effect of mandated regulatory changes.

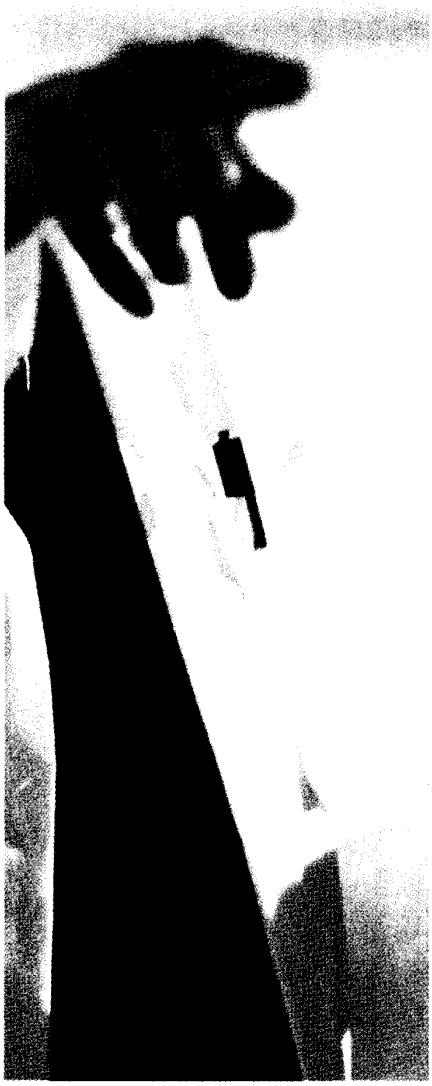
In Part II, **The Downward Spiral,** we'll examine the four stages by which the nurse progresses from a highly motivated graduate to a demotivated nurse "drop-out."

Finally, in Part III, **The Cure,** we explore the steps necessary to reverse the "D-Syndrome."

You are the head nurse of a medical floor. The ICU has had two unexpected admissions. The house supervisor informs you she is pulling Mary Jones from your floor to go to ICU. Unfortunately, Mary Jones has fears of working in ICU, even though she has been pulled to go there before. She is excellent on the medical floor but does not do well in emergency situations that call for fast judgment. She is the best person on your team. Now, both units will have ineffective staffing. The supervisor has no awareness of these dynamics: she just looked at staffing numbers and decided your unit was half a nursing care hour over your needs. Statistics ruled over communication of real needs and participative management. How will you feel about your authority? What will happen with your frustrations? How will this event affect the morale on your unit? What are the legal implications? How long will Mary Jones stay in nursing?

The above is an example of how a nurse begins to progress down the road to demotivation.

The organizational structure teaches nurses that independence and creativity are not rewarded.



The typical hospital organizational chart is authoritarian in nature. This means that the decision-making power is reserved strictly for the higher echelons within the structure and, depending on the hospital itself and its general organizational climate, only certain individuals within those echelons. This often leaves the staff nurse, who is at the lowest echelon, cut off from the decision-making/planning process.

An unfortunate by-product of this organizational structure is that it teaches nurses that independence of action and creativity are not rewarded. It is not uncommon that when a nurse does show these traits, instead of being "rewarded" for this behavior, the opposite occurs. For example:

Sally Smith was the best student in her nursing class – alert, quick to learn, and eager to take responsibility. Her teachers encouraged her leadership. When she took a staff position in the SICU Memorial Hospital, she was enthusiastic about good nursing care and innovative programs. Her head nurse felt threatened by changes and having one of "her little nurses" getting more attention than she did. Sally Smith favorably impressed the physicians when they made rounds on the unit because she was very knowledgeable about the patients. They started asking her about her patients, ignoring the head nurse. Sally did not seek out this attention: the physicians started asking for her when they were on the unit. The head nurse was jealous and started trying to undermine Sally's initiative by giving her less challenging assignments and taking her off committees and special projects. It was not long before Sally became confused, angry, and then apathetic about nursing. In time, she left to go to work for a registry.

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Another contributor to the demotivation process lies in the very nature of the hospital's management system and concomitant practices. It is, in fact, the management system that (1) conveys policies, procedures, standards and responsibilities as well as, (2) monitors and controls how such policies, procedures, standards and responsibilities are administered. Two key issues in basic management style, then, are communication and administration.

What too often happens, however, is that management is either inadequately trained to either communicate decisions related to systems and procedures and/or effectively monitor and interpret feedback from its administrative staff. Therefore, the demotivation process is further aggravated when the staff nurse is caught up in an administrative web. She must fulfill her "helping obligations" with only partially communicated procedures and often without a very clearly defined set of responsibilities.

This not only alienates the staff nurse from the fundamental structure of the hospital, but, more importantly, also alienates her from an understanding of what her role is and how to perform her basic functions. Again, another example:

The physician in charge of the diabetic clinic decided to start patients on a program with the Intermittent Insulin Infusion Pump. You are a staff nurse in the medical unit who provides inpatient care for these patients. The physician notified the head nurse of the change in June. It is now July. A patient is admitted to your unit with a pump. It is 10:00 p.m. You have never been in-serviced on how to regulate the pump. The head nurse has not yet written policies and procedures for this new technique. What do you do? Do you go to a supervisor for help? She will discover no policies and procedures. Your head nurse will not appreciate this action on your part. Do you call her at home to come in and help you? You don't want to look stupid. Surely, you should know how to do this procedure, you think. Do you ask the patient to show you what to do? What will this do to her confidence in your skills? You are truly powerless and helpless.

Another contributing factor to nurse demotivation is the regulatory changes that are meant to improve nurses' work situation sometimes have the opposite effect. They may cause the nurse to feel more devalued and demotivated. For example, take the recent California nurse/patient ratio. The idea of a nurse/patient ratio is arguably beneficial for nurses and should have a positive affect. However, along with the law is a requirement for mandatory breaks of 10-minutes for each 4-hours worked. The nurse has no say as to when she takes this break nor is the patient care taken into consideration.

Therefore, an RN who is a trained professional, taught to prioritize his/her work, and who is charged with the responsibility of patient care, is placed in the role of an assembly line worker by being instructed precisely when he/she can take a break. The unfortunate charge nurse is also burdened with additional paperwork to track said breaks and ensure that all the nurses are in compliance. Nurses often cite unnecessary or extraneous paperwork as one of the main causes of dissatisfaction that leads to demotivation.

We see, then, that demotivation is synonymous with helplessness and powerlessness. The nurse then progresses from a motivated (that is, wants to both help and achieve) person to one whose behavior expresses a complete, "I don't care anymore, what's the use" attitude. There are some typical signs that the alert observer should look for here. One of the areas where demotivation is most obvious is patient care. It's true that the quality of care is directly related to both the nurse's sense of achievement and job satisfaction. Clearly, if the demotivated nurse has lost control of her sense of duty, as well as interest in herself, the patient suffers. WN

DEAR READERS: Look for Part Two of "Demotivation in the Nursing Profession" in the next issue of *Working Nurse Magazine*, published April 19, 2004.

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