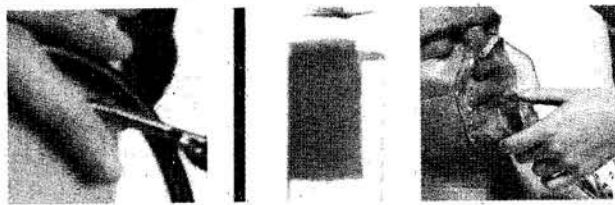


DEMOTIVATION IN THE NURSING PROFESSION

PART TWO OF 3



the DOWNWARD SPIRAL

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

IN PART I: THE CAUSES, WE LOOKED AT *the negative impact on the Nurse of the authoritarian hospital organizational chart, a poor management system, and mandated regulatory changes. Here, in Part II: The Downward Spiral, we examine the four stages by which the nurse progresses from a highly motivated graduate to a demotivated nurse drop-out.*

A demotivated nurse can be very hazardous to patients. This manifests itself in many ways. The first is the demotivated nurse's lack of judgement concerning medication management. One of my field studies (published in *Free Inquiry Sociological Journal*, November 1982) shows that in at least one unit of all the hospitals under observation, narcotics were given after the orders were expired.

Sometimes the patients received the narcotic for many days after it should have been stopped.

The study found frequent mismanagement of intravenous fluids. IV fluids started in the emergency or operating room were continued in the unit but without specific orders from the attending physician to do so. In addition, the patient may have received the wrong IV fluid because the person starting it made a

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mistake. The problem is made worse when the nurse on the next shift continues to give the wrong fluid without checking the orders. This type of error is prevalent with the administration of antibiotics.

It is the responsibility of the nurse to be aware of the expiration time of orders for specific medications and to have the knowledge base to know the side effects otherwise. It goes without saying that the demotivated nurse will not exercise such caution.

Another area where demotivation manifests itself most clearly is nurse-patient relations. When demotivation has taken its toll on a nurse, there is an increasing loss of interest in the total recovery of the patient. The nurse's loss of self-esteem and her general feelings of helplessness may result in repressed anger and aggression. The demotivated nurse may also exhibit tardiness or absenteeism, poor grooming, focus on personal rather than job-related matters, and overall disorganization.

Consider the Change of Shift Report. The function of this report is to give the oncoming nurses the information necessary to properly care for their patients. Often, however, vital information is not covered as the off-going and demotivated nurse either rushes through the report or spends inordinate time talking about things that are not important, or expressing her hostile feelings toward the hospital, other departments, physicians, patients, other nursing staff members, and even visitors. The report should cover vital data such as new orders, lab work results which affect treatment plans, changes in condition, and special treatments for that day. Patient care suffers when the information flow is compromised.

Non-communication is a common behavior pattern exhibited by those who are frustrated, angry, or anxious. When the staff nurse begins to delay, distort, or withhold vital information altogether, it is a warning sign that the person is

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experiencing demotivation. A solution must be found to salvage not only the staff and its professional viability, but also to solve the aggravating problem of the management system.

Let's now take an in-depth look at the four distinct, yet overlapping, stages by which the nurse progresses from a highly motivated, determined graduate to a detached, withdrawn, and demotivated nurse drop-out.

STAGE I: DETERMINED

Clarisse Doit enjoys coming to work and is concerned with her patient's progress and recovery. Jack is a 26-year-old male who was admitted three days ago with numerous fractures due to an automobile accident. Jack is becoming progressively belligerent. Clarisse, having investigated and talked with Jack, recognizes signs of possible alcohol withdrawal and immediately contacts the RN in charge.

If she does not receive a satisfactory answer, Clarisse will continue to "stay on the case" until she feels the problem has been addressed. Almost nothing will stop her. Clarisse is totally committed to the patient's well-being and demands answers. She feels part of the organization as she communicates with the team members, colleagues, and physicians. Clarisse also interacts as needed with the patient and family. She is rewarded not only with the patient's improved condition, but also with the knowledge that she is an integral part of the team.

At this stage, the "initiate" has come to the facility fresh out of nursing school. She is characterized by providing a high degree of patient care. She is highly stimulated to seek out both her peers as well as her superiors to discuss her duties, her suggestions for improvement, and, in gener-

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al, to enjoy a professional dialogue. She feels free to experiment with new ideas and is willing to commit herself to a joint practice with the physicians. She feels that she is a valuable contributor.

STAGE II: DISTRAUGHT

John Saddle has been working on a neurological ICU for a few months and has begun to have serious doubts about his job. He is getting tired of the non-response to his problems or questions. Only selected numbers of his co-workers or supervisors seem to be interested in what he has to say, so when John has a patient with a specific need, John will go to the individuals who have listened to him before, even if this is not congruent with the chain of command.

At this stage, the breakdown in communication and general resistance of the organization to accept participation is beginning to take effect. Although John maintains the same standards of patient care as before, he does so with the increasing recognition that the policies and procedures

by which he must operate are rigid, confusing, or non-existent. He is not yet alienated nor demotivated, but his frustration level is increasing.

STAGE III: DEBILITATED

Jane Smith is now on duty. Rather than being concerned with the well being of all the patients in the unit, she focuses exclusively on "her" patient and only during her shift. She has learned that it doesn't pay to be involved because it doesn't change anything.

At this stage the alienation process is well underway. A heightened sense of anger and powerlessness is manifest in her behavior, and she can no longer dismiss her negative thoughts and feelings. She has, in short, become frustrated, as her need for achievement within the system remains unfulfilled.

She exists now only on the periphery of her mandated involvement with both staff and patients. She tends to care for her patients more on an 8- or 12-hour shift basis rather than being committed to their total

recovery. Although she is conscious of her instructions, patient charts, and responsibilities, she does not give the effort she once did.

STAGE IV: DETACHED

Mary Mendoza has arrived at the point where nothing matters anymore. She only comes to work when she has to. If her financial situation allows her to work only three days per week, she will call in sick the other days or not place herself on the schedule. She spends little time with her patients, delivers only the minimum level of care, and has become very careless (not checking medications or doctor's orders like she used to). Her incidences of errors have increased, but when they are brought to her attention, she seems totally unaware of them.

At the final state in the progression toward total demotivation, the nurse has experienced the full gamut of helplessness. She has, in effect, "dropped out." She has withdrawn from concerns over patients, her career, others, and herself. These concerns have now been replaced by how many days she has to work to financially survive. It is at this point that the signs of the demotivated nurse are most observable.

However, it is possible to reverse the "D-Syndrome" and to prevent its occurrence in the future, as we will discuss next issue. **WN**

DEAR READERS: Look for Part Three of "Demotivation in the Nursing Profession" in the next issue of *Working Nurse Magazine*, published May 10, 2004. If you missed Part One, call our office (213) 385-4781.

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