DEMOTIVATION IN THE NURSING PROFESSION

PART THREE OF 3

the CURE

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IN PART II, THE DOWNWARD SPIRAL, *we examined the four stages by which the nurse progresses from a highly motivated graduate to a demotivated nurse drop-out. Finally, here in* **Part III: The Cure**, *we explore the steps necessary to reverse demotivation, or the "D-Syndrome."*

Hospital X is an acute care hospital in a metropolitan area. The building is rather new and is well equipped and spacious. The hospital has a good reputation in the community. Over the last five years, however, the morale has progressively deteriorated and the hospital is now faced with serious problems of demotivation. The "D-Syndrome" seems to have affected the entire staff, though all the RN's are not in the same stage. The lack of autonomy of the nursing leaders and their constant fear of dismissal is taking its toll. The effect is one of uneasiness, uncertainty, and dissatisfaction on the part of the nursing staff.

Can this problem be solved? Can this hospital once again have a motivated staff? How can the "D-Syndrome" be reversed? What is the treatment plan? How long is the recovery phase? Is change really

desired? How much change? All these factors will determine the plan of action.

When mutiny occurs on a ship, The Captain is held responsible for containing the uprising. As the leader of the ship, he or she has the ultimate power to oversee the ship and its crew. In the health care industry, the Director of Nursing is The Captain. Yet, all too often she/he does not have the power to direct and control the nursing crew.

The present Director of Nursing at Hospital X has been in her position for approximately two years. She is perceived by the nursing staff as being inefficient, but they rationalize this as being due to her "newness."

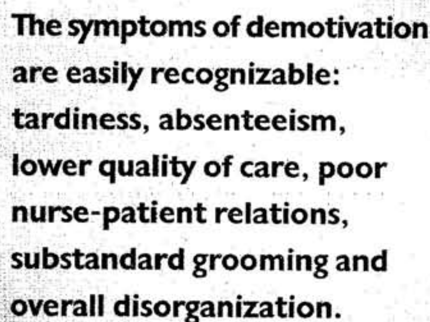
Very often, Directors of Nursing have been placed in that position because:

1) They are the senior staff person,
2) They are perceived as someone who does not rock the boat.

Unfortunately, they are also frequently weak in management theory, finance, personnel theory, union contracts, and communication techniques.

Most of the nurses in Hospital X seem to share this lack of management knowledge and skills. Charge nurses are elevated by virtue of favoritism and their "following" ability. Consequently, many are very structured and rigid where change is concerned, often serving to defend and cover their lack of knowledge.

At this stage of demotivation many nurses come and go. As they leave they demonstrate or express symptoms of the "D-Syndrome." For example, negative comments may be scribbled on information flyers put out to notify the staff of classes, meetings and support groups. Sick calls are frequent, sometimes only minutes prior to the start of the shift. Tardiness, sloppiness, untidy patient rooms and medication mix-ups became more frequent.



These symptoms of demotivation are easily recognizable: tardiness, absenteeism, lower quality of care, poor nurse-patient relations, poor grooming, overall disorganization, etc. But rather than just deal with the symptoms, it is better for us to address the underlying cause.

When a patient is in distress the best medical techniques available are used. Thousands of dollars are invested in new technology and equipment to provide the best possible care. But, how much is spent to increase the management skills of the people who will ultimately control how effectively the modern technology will be utilized? And how much is spent to educate these leaders before they are assigned to their duties?

When nursing morale is low and nurses are complaining that they are overworked and under-appreciated, it is important to take a look, not only at the management philosophy of your institution, but also at how it is put into practice in staffing decisions. How are the nurses assigned? How are the shifts are arranged? What are the patient classification systems?

What may appear as minor details or operational decisions have a major impact on the relationships among the staff, between staff and management, and eventually, are reflected in the way nurses treat the patients.

Even within a hospital structure, morale in a specific unit may be quite negative, while morale in another unit in the same hospital may be very positive. This indicates the source for the morale problem is not the policies of the administration. One department head may feel their department is not getting its "fair share" of attention. Thus, that person may infect all the members of his/her

department with these resentful, negative attitudes. They start treating the "offending" departments in a negative way. They may even start acting in destructive patterns within their own department–negativity is difficult to keep within boundaries.

In each department or unit, the "attitude leaders" set the tone for how the people in that unit feel toward the hospital, each other, and themselves. These attitude leaders may be the official leaders (persons in positions of authority) or they may be just people in the ranks (unofficial social leaders or informal leaders). Either way, they set the tone for the morale, both positively and negatively.

When these people are constantly critical, uncooperative, and sarcastic, soon everyone starts to feel vaguely depressed and perceives his or herself as victimized by the administration, physicians, each other, some other department, or "just the system."

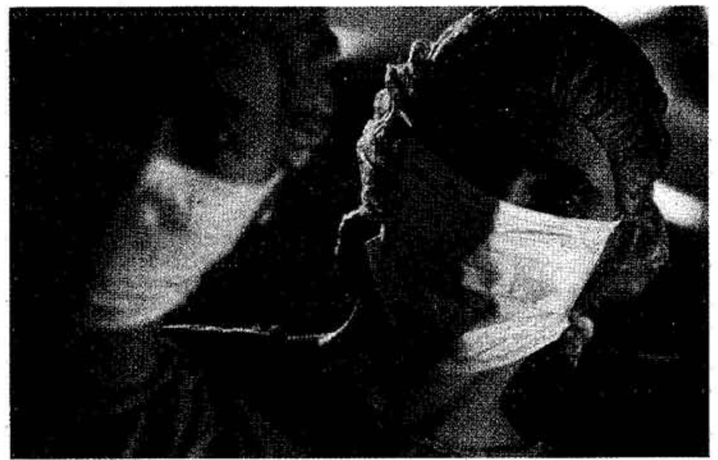
At the point where a hospital staff reaches this level of demotivation, there are several possible responses. The first is to ignore the problem– a No Code treatment. The second is to just give lip service to the problem–Slow Code. The third approach deals with rapid and energetic actions to remedy the situation–in other words–Code Blue.

■ A NO CODE treatment approach involves:

1) Lack of awareness and acknowledgement on the part of management so that no action is taken; or,
1) Management sees the problems but hopes that the discontented staff will leave, and with them, all the problems. Because no systemic change is made, current employees continue to underperform, while future employees may be selected for their lower levels of expectation. This will perpetuate demotivation within the institution.

■ The SLOW CODE treatment approach involves:

1) No change in present management structure and nursing leader;
2) Support and stress management groups are created (usually poorly attended); and,
3) A few questionnaires are passed around to elevate the morale of the staff although no actual feedback or results are visible to employees. In this type of treatment approach, the demotivated and dissatisfied nurses will eventually leave the hospital.



■ A CODE BLUE treatment approach involves:

1) Temporarily or permanently relieving the Director of Nursing of her duties since she is the leader and, therefore, is ultimately responsible for the performance and well-being of the staff;
2) Total reassessment and re-training of all nursing leaders at all levels of management (from the team leader to the Director of Nursing); and,
3) Hiring an interim management team to assess the organizational climate, the direction that the hospital and staff want to pursue, and how much change is needed. The interim management team also presents the different options available to the hospital leaders and staff and shows probable outcomes. (It is both useless and dangerous to have this kind of assessment if hospital management ultimately intends to do nothing.)

A management system will need to be designed with precise and detailed communications pathways to convey policies and procedures, standards and responsibilities.

A quality assurance system must be developed and maintained to monitor and control how such policies, procedures, standards, and responsibilities are administered.

Support groups are needed, with special attention directed towards the selection of the leader. Do not choose a team member who may lack objectivity and who has not been trained in conducting and facilitating such groups. Positive results depend on the skills of the leader as well as the participation and commitment of the members. This is why initially an interim management is recommended until the staff members are no longer so demotivated they are destructive or cannot participate during the recovery period. This interim period will allow those nurses who choose to stay with the hospital to be remotivated and regain confidence with the situation.

What treatment plan should be used? Code blue? Slow code? No code? The choice most certainly will impacts the future vitality of the institution, the same way the right treatment affects patient survival. WN

DEAR READERS: If you missed Part One or Two, call our office (213) 385-4781.

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