

Getting the Horse to Drink: *A Guide for Nursing Leaders*

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The proverb “you can lead a horse to water but you can’t make it drink” often reflects the frustrations and barriers of nursing leaders. Value-based purchasing and other Centers for Medicare & Medicaid Services (CMS) programs are establishing new pathways that influence hospital practices. Nursing leaders need to encourage nursing staff to do more with less and replace old practices with evidenced-based ones. Research reveals numerous best practices, yet some are hesitant to

change their current routines and culture. It is essential for nursing leaders to gain staff compliance and engagement and instill the importance of evidenced-based practices. Caring for patients is a nurse’s priority and best practices are a road map to proven success, and nursing leaders must marry the two. Understanding the basics, motivating employees, measuring metrics, communicating, holding staff accountable, and setting expectations are key components to successful quality patient care.

The information and research contained within this paper demonstrate how nursing leaders can motivate nursing staff, resulting in a higher quality of care.

PURPOSE/THESIS STATEMENT

This paper defines and discusses the conundrum nursing leaders experience with disengaged staff who may struggle to follow best practices. Enhancing communication, being visible, coaching, and adhering to best practices will lead to delivery of a higher standard of care, resulting in an increase of patient, physician, and staff satisfaction.

FOUNDATION OF LEADERS

Nursing leaders must be current on best practices. The plethora of literature on this subject can be overwhelming; therefore, focusing on 1 or 2 areas of interest would be beneficial. Leader cannot educate their staff nor have credibility if they are not sure of the information they are communicating. Organizations realize that “evidence-based leadership refers to the importance of reducing variance in leadership skills and processes in order to produce a predictable and positive outcome for our organizations.”¹

Standardizing the care delivered by the staff is important. Patients who receive different standards of care from staff may be less satisfied with their overall care, have differences in outcomes, and may not be willing to recommend the hospital. When nurse leaders align their goals with that of their administrative team, and their staff align their goals with that of their leaders, the synergistic affect created is dynamic.

Healthcare systems must provide leaders training on hire and throughout the year. Leaders must provide routine training to their staff. To create and sustain effective leaders, ongoing developmental opportunities and feedback are required. Holding leaders and staff accountable for setting expectations consistent with the provision of quality care is imperative.

Leaders will need education in motivating their employees, as this is not an innate ability. Motivated people accomplish goals and make better coworkers; motivated and engaged employees deliver a higher quality of care that correlates with higher patient satisfaction. A study conducted by Boulding et al.² demonstrated highly statistically significant ($P \leq .001$) satisfaction scores by patients lead to lower 30-day rates for readmission rates. Lower readmission rates are important to improve hospital finances, because the Centers for Medicare & Medicaid Services does not reimburse for certain readmissions.

MOTIVATING EMPLOYEES

Motivation is a concept that is both complex and multifaceted. Before one can motivate another person, one must first understand what motivation is. Motivation is “one of the most important factors for learning and achievement.”³ It is an impulse, a driving force, an urge,⁴ also defined as “enthusiasm for doing something.”⁵ According to Brewer and Burgess,⁶ motivation is a process that arouses investigational behavior, provides purpose and direction to behaviors, and enables said behavior to continue.

The 2 common types of motivation are intrinsic and extrinsic motivation. Intrinsic motivation comes from within; for example, in helping an elderly person carry their groceries, there is no monetary or extrinsic gain. Extrinsic motivation is an influence from the outside world that causes people to do things to receive something in return; for example, working on a project at work only to receive bonus money, not to improve the quality of care delivered.

It is important to know that motivators can present themselves in many forms. Simply calling an employee by their first name can motivate some individuals, as can taking the time to explain and get feedback on a new project. These acts let employees know that they are important enough to be included and that their opinions count.

There are many ways to motivate employees, including building self-confidence, explaining reasons and connecting the dots; this will eliminate the dictator-style leadership (ie, “do it because I say so”). Employees may have more commitment to the organization when one offers them some control (eg, allowing an employee to be charge nurse or take the lead in a project) because autonomy is another motivator. When staff have some freedom to accomplish a task, they feel they can be trusted. Most staff need some degree of freedom to prove their worth, which will also increase their confidence. An important motivator is the art of listening: When a workforce believes their superiors hear their voices and ideas, they feel valued and are more likely to try harder.

All leaders must remember motivation is an ongoing process in need of nurturing and development. Motivation styles vary; one-size-fits-all approaches do not work. Emulated and respected leaders are the ones who follow their own rules. Forcing motivation will result in ramifications: It is destructive to a team and may hinder individuals’ self-esteem. Staff are more likely to be motivated if they are making a choice. Another consequence of forced motivation may be that some employees lose their sense of compassion for their fellow employees that will need to be monitored closely. When motivation is forced and not genuine, there may be a loss of compassion between coworkers, and the employee with forced motivation may mistreat coworkers when management is not looking.

METRICS

Quality care is the result when staff are consistently educated, coached, and held accountable. Delivering quality care will generate efficiencies—such as fewer falls, lower infection rates, fewer bedsores, and fewer readmissions—that save money.⁷ To achieve the goal of delivering quality care, the staff needs to be knowledgeable about what they are responsible for. Most hospitals use Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores. For example, if a specific nursing unit has the lowest category score and has 3 months to bring it up, a leader must ask the following: do the staff know what HCAHPS scores represent; do they know how they are obtained; and were the staff included in discussions to formulate an action plan?

Nursing leaders obtain and monitor many metrics on a regular basis; however, are those results disseminated to the staff?

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