

Transcending the scarcity narrative: understanding and leveraging nursing's strengths to create a healthier work environment.

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Learning Objectives

Session participants will:

1. Be able to describe how a risks-focused approach to improving work environments may unintentionally compromise the potential for success
2. Discover how adopting a strengths-focused approach can transform nurses' belief that they can influence their work environment
3. Be able to explain why nurse leaders must assure consistency of strengths-focused messaging to avoid dissonance

Session Overview

- Brief introduction and background to our healthy work environment (HWE) work at Johns Hopkins Hospital
- The challenges of a risks focus
- The case for a strengths focus
- The importance of avoiding focus dissonance

We will incorporate brief Q & A throughout the session



Today's Healthcare Environment



Complex



Rapidly changing



High turnover



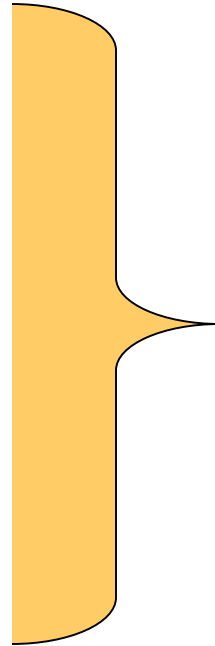
Turnover averaged 17.1% in 2015 (Nursing Solutions, Inc. 2016)¹

To Create a Healthier Work Environment Nurse Leaders Need to Understand:

1. The impact of change and uncertainty on the work environment and nurses' job enjoyment
2. How to mitigate this by leveraging **preexisting strengths** in their teams and organizations

Nursing Turnover-related Concerns and Consequences

- Staff shortages
- Skills deficits
- Threats to patient safety



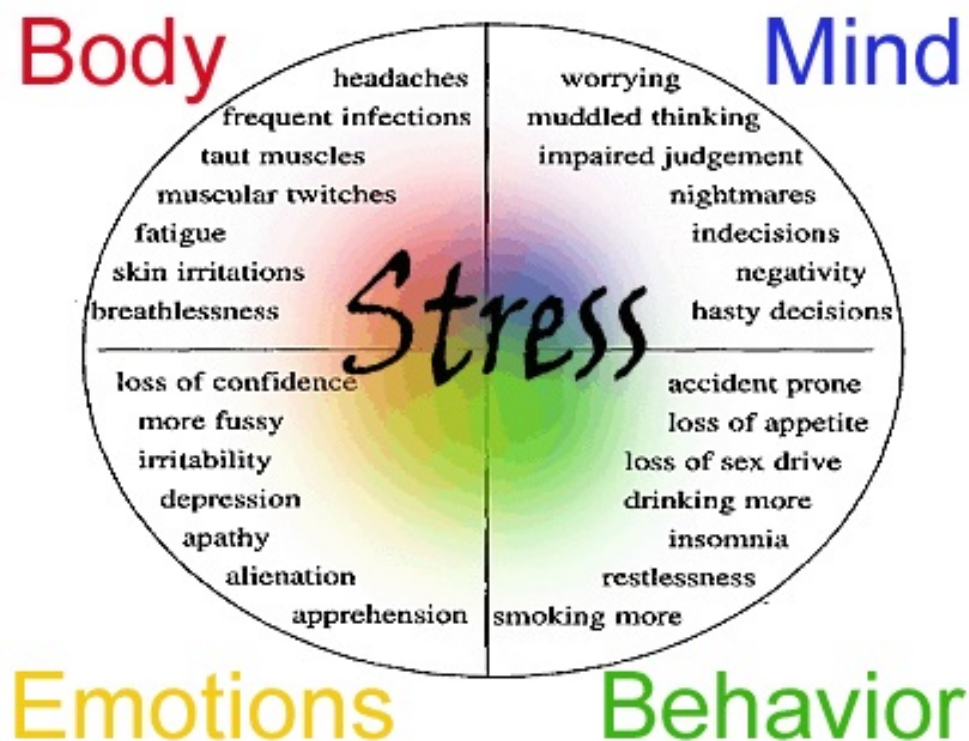
- Stress
- Fatigue
- Disengagement

First, Do No Harm!

A 2013 study at JHH* demonstrated that the most significant challenge to nurses' job enjoyment was anything that posed **real or perceived harm** to patients and their families.

* Cumpsty-Fowler, Van Dyke, Suflita, Dang (August 2014) *Facilitators and barriers to high levels of job enjoyment in Johns Hopkins nursing: A qualitative study* (Final Report)

Complexity + Change + Uncertainty = Stress



Stress does not stay at work.

It may impact nurses' personal lives and well-being

Stress: in nurses' own words



“Sometimes I go to the bathroom to just close the door and take a deep breath and get myself together because I can feel myself spinning and I’m afraid I’m going to go out there and make a mistake”

“There are days where I feel miserable coming home after my shift, I leave feeling I compromised my patients’ safety, and comfort, and the family too”

“We all hold ourselves to certain standards, we hold our unit to certain standards, we’re really proud of our teamwork and everything that we provide. And, our patients’ families thank us for the care we provide, but whether or not they see it, you go home feeling “I didn’t provide the nursing care that I’m proud of”. I go to bed thinking about it and I lose sleep over it.”

Focusing on Strengths Is Easier Said Than Done

Nurses' commitment to “do no harm” to the patients and families we serve, plus our biological predisposition to recognize – and remember – risk, challenge efforts to adopt a strengths focus.

Many nurses and nurse leaders do not yet understand the cost of a risks-focus

Question 1



Why is a risks-focus associated with stress, fear and lower job enjoyment, as well as compromised collaboration and solution-finding?

How does our brain respond to perceived risk and fear?

- Stimulus perceived
- Amygdala overdrive
- Activation of limbic system (memories)
- “Moviemaking”
- Executive brain may be bypassed



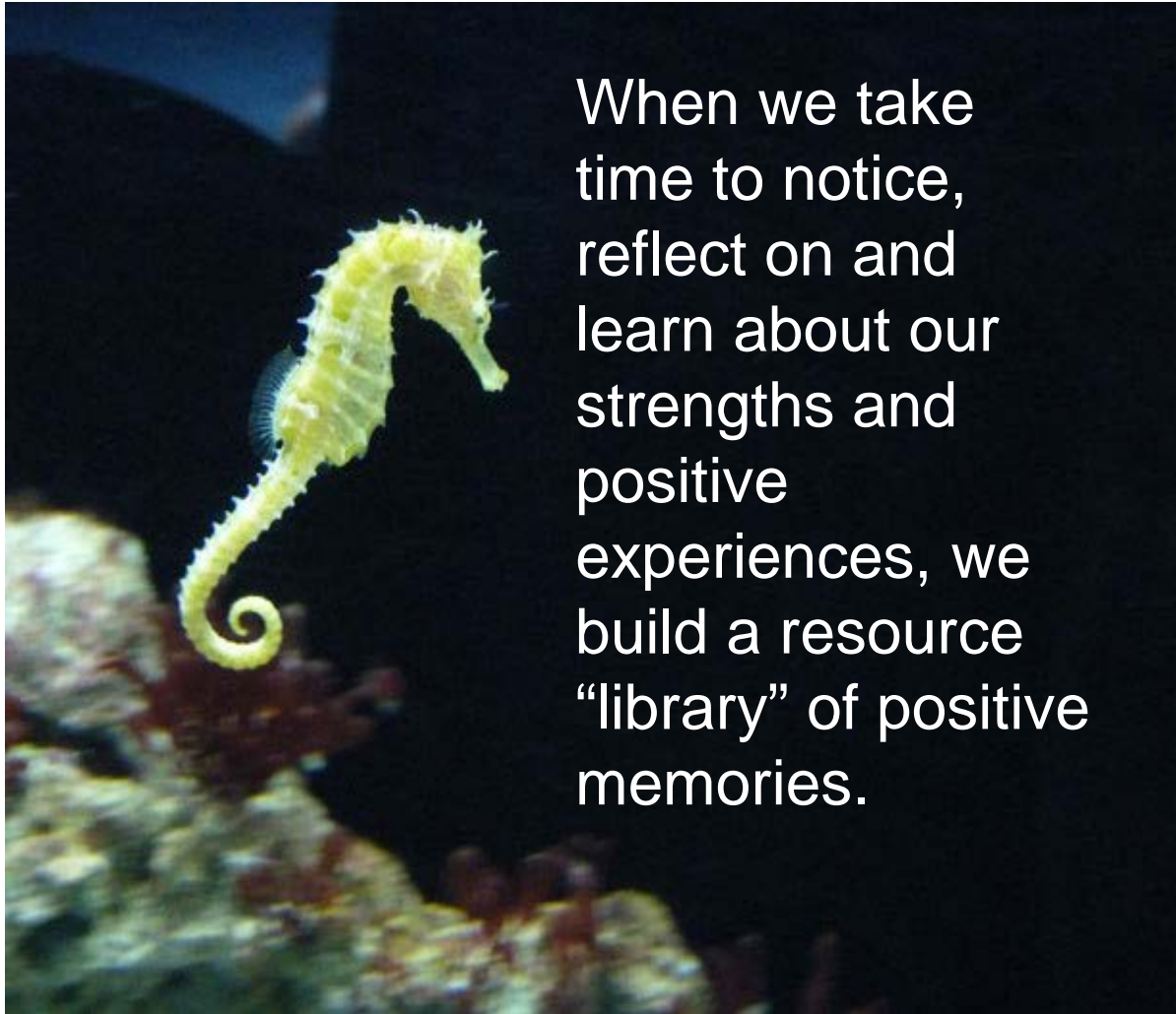
Negative experiences are saved to long-term memory quickly



“We do not learn from experience, we learn from reflecting on experience”

John Dewey

How Can We Save More Positive Experiences to Long-Term Memory?

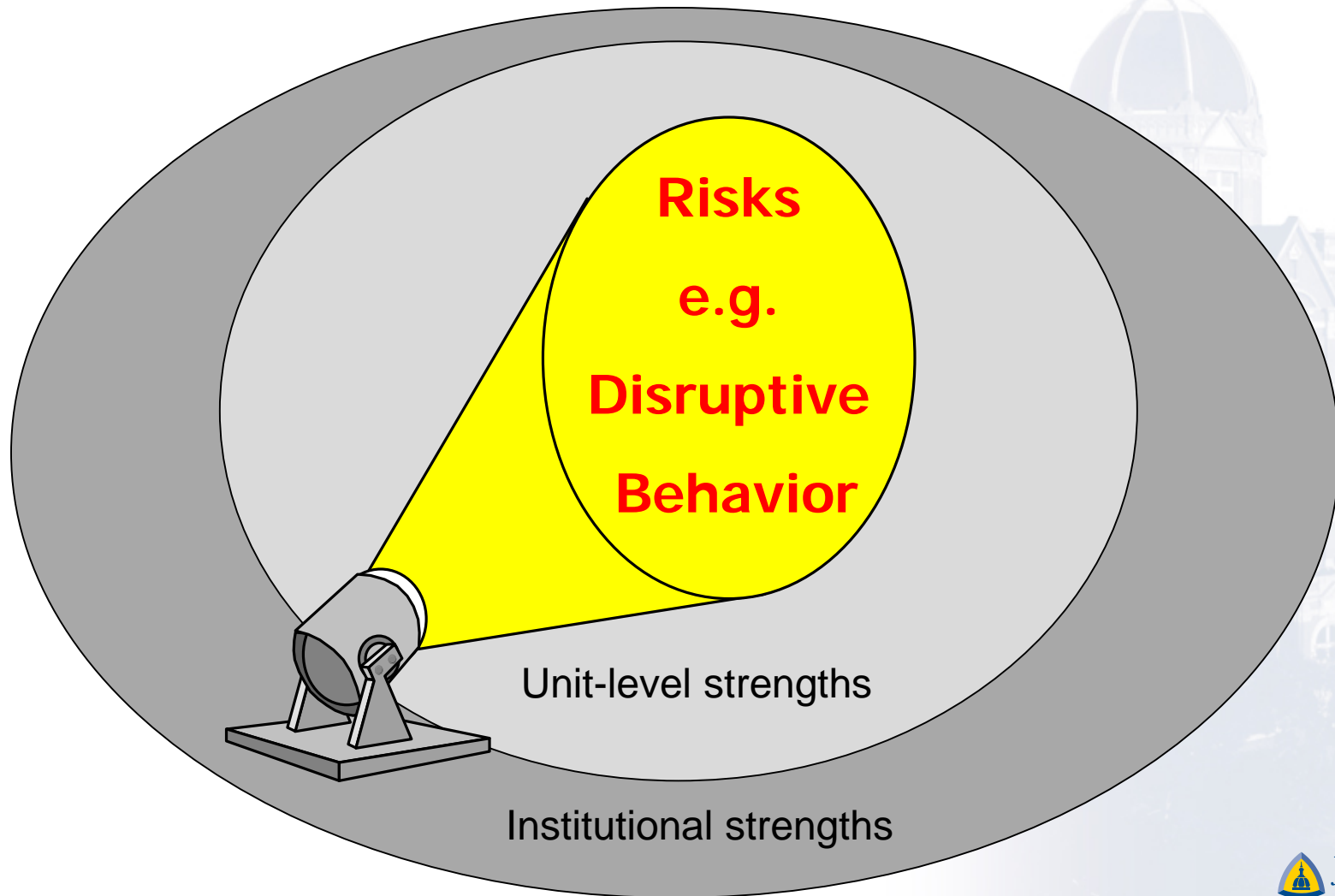


When we take time to notice, reflect on and learn about our strengths and positive experiences, we build a resource “library” of positive memories.



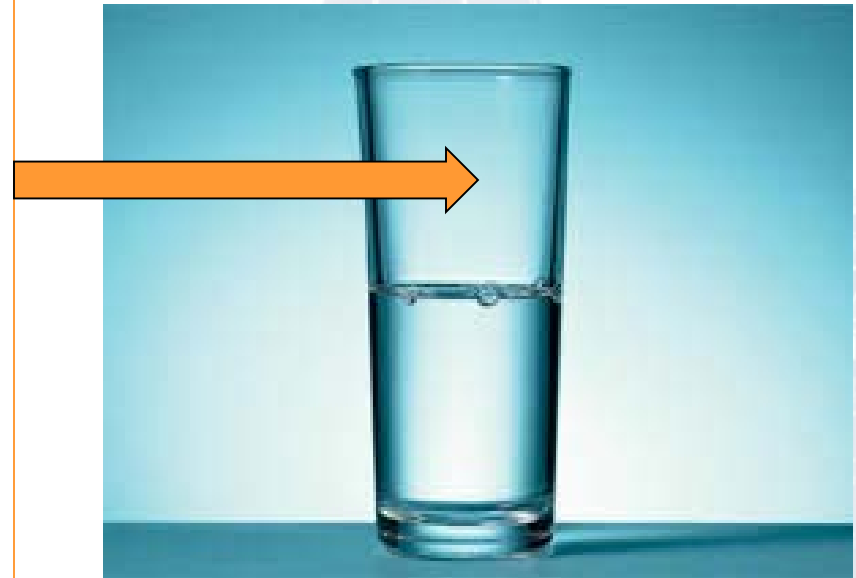
“We do not learn from experience, we learn from reflecting on experience”
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Reflection & Learning Challenge: What We See Is Determined by Where and How We Look



“Usual” focus is on learning about and managing risks

- Patient safety-related concerns reporting
- MMR
- Critical incident debriefing
- Root Cause Analyses (RCA)
- High Reliability Organizations
 - Preoccupation with failure



Glass Half-Empty Thinking Creates a Scarcity Narrative

Scarcity = “not enough”

2013 focus groups about job enjoyment with frontline registered nurses and nurse managers revealed pervasive scarcity narratives about perceived lack of power and influence to improve their work environment.

“Nurses are not (fill in an adjective) enough” --

“Nurses do not have enough (fill in a noun)” --

to influence the health of the work environment.



Unintended Consequences of Focusing on Risks & the Negative

A *Scarcity Narrative* reinforces 4 incorrect perceptions about work environment:

1. Negative factors are normative/usual
2. There is more wrong with us than right with us
3. These problems are beyond our control
4. Most nurses are not senior/powerful/respected enough to influence positive change

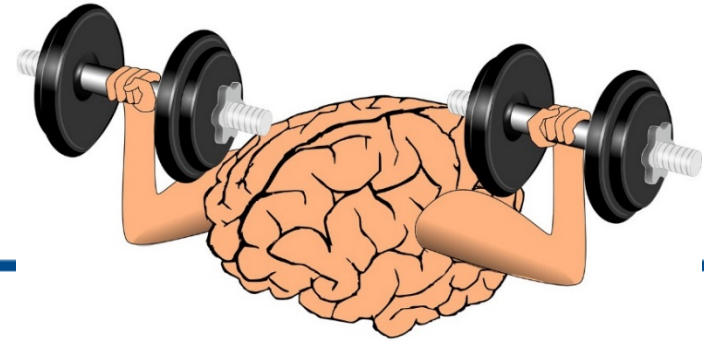
Our HWE Team's Transformative Insight

The lens through which we view issues impacting the health of the work environment profoundly alters:

1. What we learn
2. Our capacity to respond

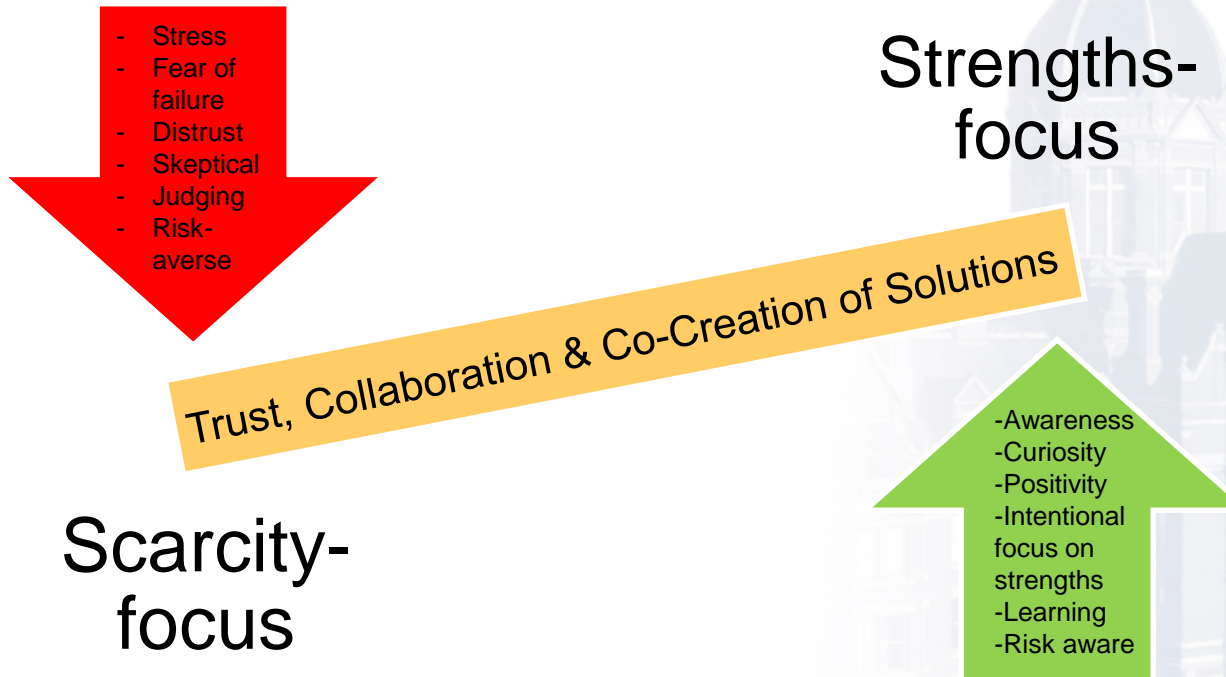


Question 2



How could adopting a strengths-focused approach transform nurses' belief that they can influence their work environment?

A Strengths-Focus is Essential for Solution-Finding



Decreasing the scarcity narrative, increases communication, collaboration and solution-orientation

Recommended resource: Judith Glazer (2014) *Conversational Intelligence: How great leaders build trust and get extraordinary results.*

Our Commitment to a Strengths Focus Acknowledges Five Realities

1. We are biologically programmed to identify & remember threats and scarcity
2. Nurses are trained to be vigilant for errors and threats to patient safety
3. The usual institutional response to surveys is to focus on areas of weakness
4. We initiate root cause analyses only when things go wrong (prioritize understanding risk)
5. Our comfort and skill with strengths-focused conversations and RCAs is limited

Transcending Scarcity: Our First 5 Steps



1. Develop supportive resources
 - People
 - Trainings/retreats, etc.
2. Acknowledge the existence and costs of our risk-focused status quo
3. Learn to notice and manage upregulation
4. Intentional practice of strengths-focused conversations, debriefings & RCA's
5. Foster inquiry vs advocacy

Step 1: Training Strengths-Focused Facilitators: Nurse Leaders & Frontline Nurse Volunteers

"I use these skills every day. I'm not sure how I would do my job without them, actually. They're essential tools in this complex, multi-d setting" (Patient Family Centered Care Coordinator)

"Negativity inhibits the brain's ability to problem solve. Facilitating positive, solution-oriented thinking and questions enhances our creativity, collaboration and results" (NM)



"This training and the practice and the experience has absolutely transformed my life: at work as a leader and at home" (OR NM)

"I can't describe how different this is from where I began. So, thanks so much to you all for helping me discover what I didn't know I was missing...can't wait to bring back stories of success!" (FLRN)

"This [strengths-focused inquiring leadership] is very important work, which is why we invest in it. While it influences the way I lead every day, I've also learned it requires intentional practice. I am a work in progress!" (DON)

- Initial 2-day training
- Extensive experience with facilitation and additional personal mastery and inquiry training
- 6-month inquiring leader training

Steps 2 & 3: Supporting Personal Mastery Development

Personal mastery retreats:

2-day retreat for leaders

- Participants continued to practice with “buddies”

1-day retreats for senior frontline nurses

Follow-up application sessions at Nurse Leadership Forums (NLF)

Personal mastery progress

Our Metaphor: Bamboo

Strength, flexibility, versatility, resilience



Step 4: Supporting Intentional Practice of Strengths-Focused Conversations

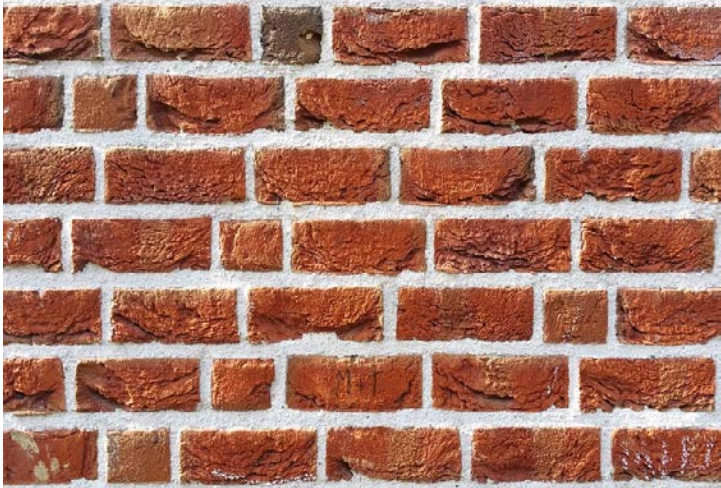
Introduction to strengths-focused survey debriefing at NLF sessions prior to deployment of surveys

- Round table practice of debriefing and reflection led by our facilitators

Assignment of “external” facilitators during initial survey debriefings to protect the integrity of the process

What is Required to Sustain a Strengths-Focus?

Build in structured opportunities to model and practice strengths-focused thinking and conversations



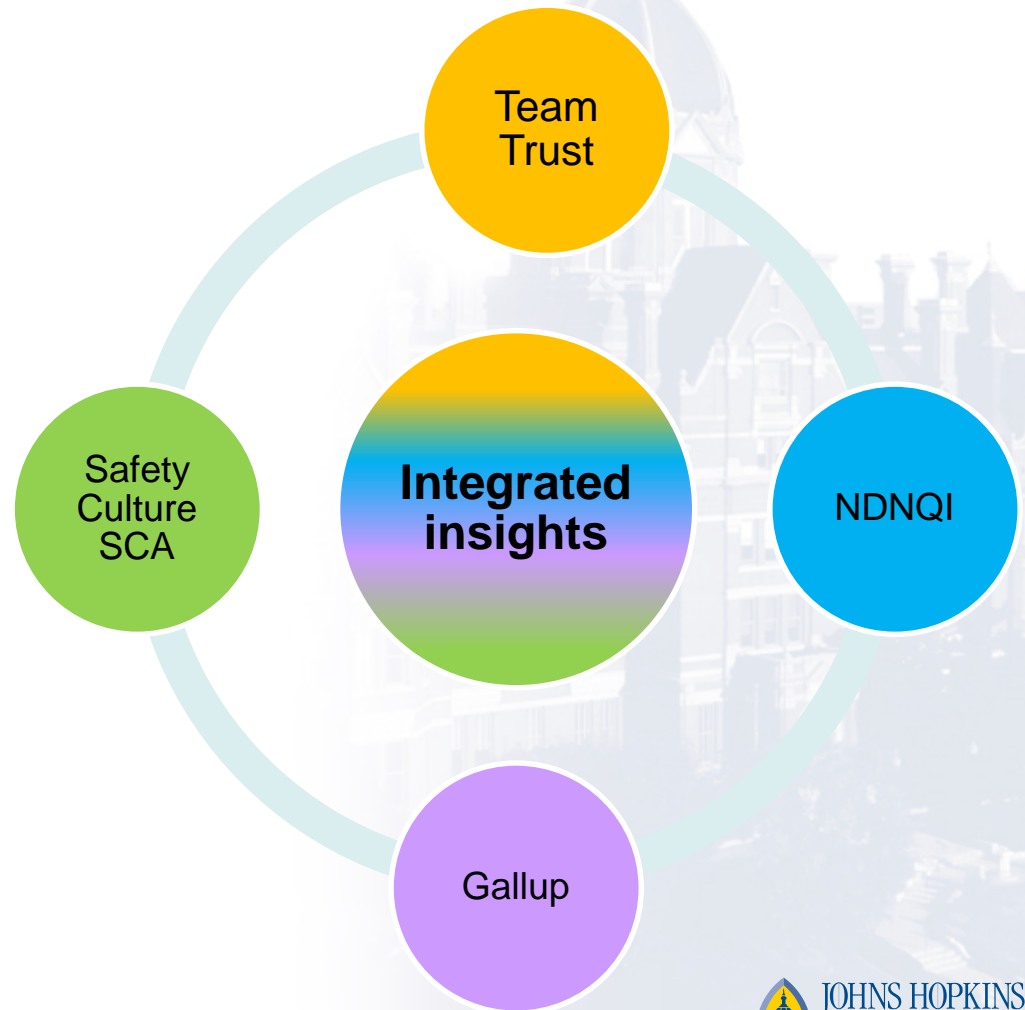
Structured Practice in Strengths-Focused Survey Debriefing

Challenge:

Results of 4 surveys expected in the spring of 2015

Opportunity:

Build a strengths-focused, integrated debriefing process



Two-Cycle Strengths-Focused Integrated Debriefing Process

Round 1 (for each survey) - Learning about strengths:
Identify top 3 strengths and reflect on these as a team.

Finding/Survey	Gallup Engagement	Safety Culture Assessment	NDNDQI RN Satisfaction Survey	Team Trust Survey
Strengths				
1.				
2.				
3.				

Two-Cycle Strengths-Focused Integrated Debriefing Process

Round 2 (for each survey) - Learning about our opportunities for growth: Identify 3 opportunities/growth areas

Finding/Survey	Gallup Engagement	Safety Culture Assessment	NDNDQI RN Satisfaction Survey	Team Trust Survey
Opportunities				
1.				
2.				
3.				

Strengths and Opportunities

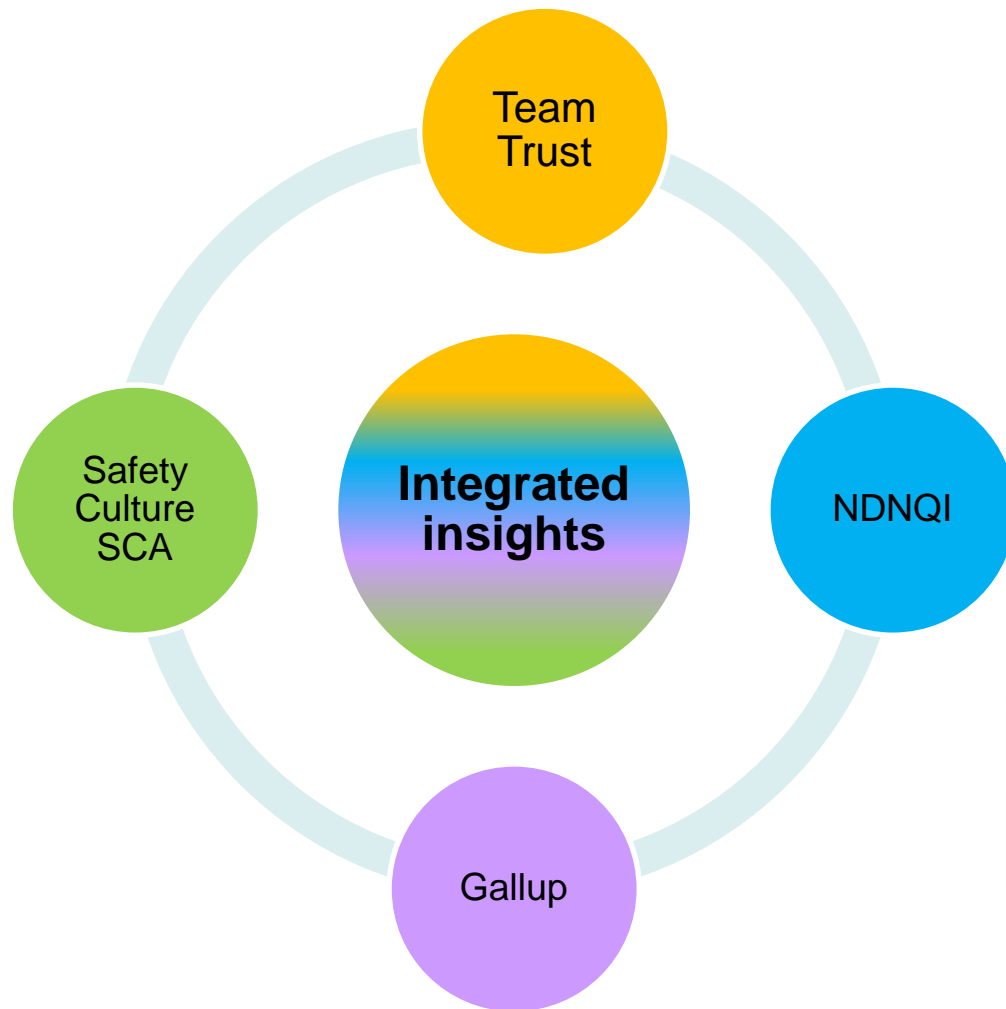
Worksheet: Leveraging Strengths

Finding/Survey	Gallup Engagement	Safety Culture Assessment	NDNDQI RN Satisfaction Survey	Team Trust Survey
Opportunities 1. 2. 3.				
Strengths 1. 2. 3.				

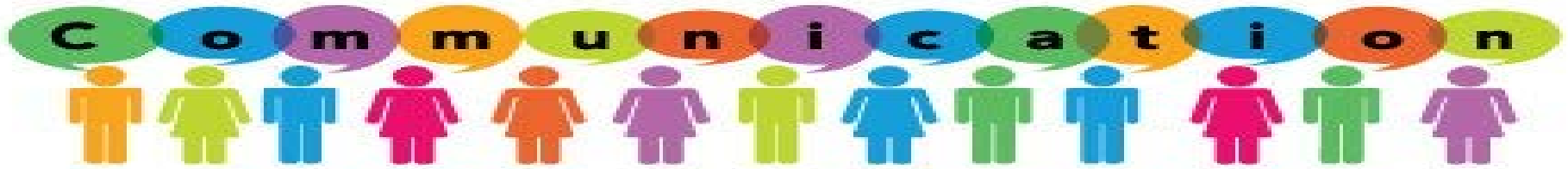


Intentional leveraging of strengths to address opportunity areas

Integrated Insights Informed Unit Goals



Intended output:
One response plan - that leveraged strengths to address important opportunities



Integrated survey debriefings revealed that the greatest opportunity area was improving communication.

Priorities for nursing:

1. Giving and receiving constructive feedback
2. Speaking with good purpose
 - positive, respectful, truthful

Step 5: Fostering Inquiry vs Advocacy



- 1-day introductory question thinking trainings for
 - All nurse leaders
 - Senior frontline nurses
- Pilot cohort: 6-month intensive inquiring leader training

What Else is Required to Sustain a Strengths-Focus?

Avoid dissonant messaging and leadership behaviors



Question 3

Why must nurse leaders assure consistency of strengths-focused messaging to avoid dissonance? Where does dissonance arise?





Potential Sources of Strengths-Scarcity Dissonance

- Routine Survey Debriefings
- Institutional assessments
- Emerging challenges
 - Institutional
 - Unit/team-level
- Sentinel events
- The negative/skeptical minority
- The competitive advocate



Engaging in negativity, scarcity narratives & blame adds fuel to fire.

Let's Pause Briefly



- What is your immediate response to what we've described?

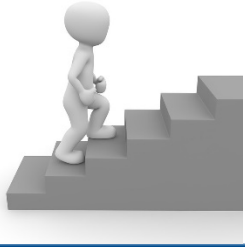
Strengths-focused Communication About Responding to Challenges

The [recent assessment] shows that Nursing faces several real and significant challenges that require us to respond with effective improvement interventions. Although we have no choice about our need to respond, we have a choice about how we respond to these challenges. As Nursing leadership, we are choosing to respond to these challenges through the lens of possibilities. We will respond intentionally with:

- Learner inquiry that includes the voices and insights of frontline nurses, and acknowledges nurses' strengths, skills and abilities
- A consistent process for gathering and using information; transparency about expectations of ourselves and others during this process; commitment to accountability for planning and results; and appropriate delegation of intervention tasks
- Timely and transparent communication about what we are doing and why; direct, respectful discussions of challenging issues with those involved; welcoming constructive feedback; and speaking about ourselves and others with good purpose

Not only does this approach leverage the investment Nursing has made in developing personal mastery, trust building and inquiring leadership; it provides leaders an opportunity to practice and model these skills during this important and visible response to these priorities.

Thank you for sharing your insights with us.



Next steps

- Two more cohorts of intensive inquiring leader training (Feb 2017 & September 2017)
- Additional 1-day inquiry training for senior frontline nurses
- Intentional alignment of communication with strengths focus
- Public and authentic leadership commitment to engaging the voices and strengths of frontline staff in solution-finding
- Wider Diffusion and Demonstration of Impact:
 - Key informant interviewing of those completing the intensive Inquiring Leader training
 - Embedding in recruitment, on-boarding, performance review, supervisor, manager and leadership development.
 - Collection of stories of integration and impact

Conclusions

“Practice isn’t the thing you do once you’re good. It’s the thing you do that makes you good.” - Malcolm Gladwell

1. Adopting a strengths-focus does not discount the many real challenges nurses face
2. Commitment to a strengths-focus changes the way in which we seek to understand and respond to challenges
3. Developing a strengths-focused culture is not quick or easy; it requires intentional practice
4. It is an important investment in creating and sustaining healthier work environments

Thank You!



We send greetings from our nursing “family” to yours.
Thank you for everything you do!

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