Healthy Work Environment: Spoiling Nurses or help them Spread their Wings?

Beryle Verne-Fernand

University of Central Florida

College of Nursing

**Abstract**

LR has been promoted to the CNO position and has unfortunately created an atmosphere of laisser-faire in the nursing department at her facility. Nurses have become incapacitated when it comes to decision-making and critical thinking to the point that fear of punishment and the lack of initiatives have become contagious among the nursing staff. These behaviors result from the stand of an unhealthy nurse leader who should seek to acquire further leadership skills, develop self-confidence and integrity, and instill trust in her staff. By doing so, the nurse leader creates a culture of safety that seeks to create structure and empowerment among nursing staff as well as collaborative rather than competitive efforts. Furthermore, a culture of growth ensues through mentorship, training, and certification. Patients will surely benefit from the best quality of care when confident, knowledgeable, and capable nurses take care of them. Nursing staff should be provided tools to spread their wings, grow, and be ready to practice with autonomy in their field as the healthcare field is rapidly expanding.

**Scenario**

L. R. is the Chief Nursing Officer (CNO) at a newly opened 120-bed long-term care facility that focuses on short-term rehabilitation. As a former nurse manager within the facility, she was appointed to the CNO position after the previous CNO had been terminated. Another nurse manager soon filled her position. Through the former leadership, the nursing staff had learned fairness, accountability, decision-making, and critical thinking. As a nurse manager, LR demonstrated knowledge, talent, and confidence of skills. Her direct reports saw her as helpful, knowledgeable, and innovative. To this end, she skillfully helped innovate one of the two nursing units of the institution and was able to rally a staff composed of nurses whose experience ranged from no nursing experience to many years of experience and assigned them to that unit. Her spirit of innovation and tact was well admired and promoted her to the CNO position. In her new tenure, LR continued her leadership with knowledge and tact. She conducted an opened door policy that was welcomed and overused by the nursing staff. Soon, LR let loose of accountability, decision-making, and critical thinking as evidenced by frequent nurse visits to her office to address patient complaints, thus bypassing nurse managers. These visits extended to nursing complaints of workload, assignments, as well as unhappiness of duly accountability. A laissez-faire environment was birthed as evidenced by adverse events not being investigated, nursing staff intentionally ignoring established procedures of event reporting, and nursing overtime hours affecting organizational budget despite collaboration with nurse managers striving to enforce timely shift work. Moreover, an exodus of experienced nurses and department leaders took place and were being replaced by friends and acquaintances of the new CNO. With the familiar staff in place, LR kept unofficial account of all the matters of the facility which soon turned into a backstabbing match between nursing staff, nursing staff and CNO, and between CNO and administrator.

**Introduction**

Leadership is a privilege endorsed by individuals who have distinguished themselves in an organization and are called to carry on the mission and the vision of the organization. Nurse Leaders exemplify that role as they endorse the torch of leadership in the healthcare setting. In the long-term care setting, the nursing staff strongly relies on their nurse leaders for guidance, innovation, and growth to carry out quality nursing care and generate excellent patient outcome. Quality nursing performance and collaboration as well as positive patient outcomes are a portrait of a healthy work environment. Unfortunately, as LR takes on the leadership of the rehabilitation facility, leadership is painted as mistrusting and unruly. The nursing staff has become incapacitated from spreading their wings, like children who have been spoiled and shielded from facing the consequences of undesirable behaviors. In light of this, this paper seeks to answer the question: should nurses be spoiled or should they be provided with tools to spread their wings?

**Becoming a healthy nurse leader**

A healthy work environment is a byproduct of a healthy leadership. Leadership needs no perfectionism, just enough intention to allow positive change to influence the success of the entire organization. For, leaders who inspire staff towards a higher vision, focus on a common mission, take risks, maintain professionalism, and favor innovation, increase job satisfaction and employee retention (Stichler, 2009). A healthy nurse leader strives towards characteristics that become influential on their staff and the organization.

According to Ellis and Hartley (2010), the nurse leader should increase their personal competence and knowledge. LR’s management skills of being tactful, knowledgeable, and sympathetic to staff should have transitioned and expand throughout the nursing department. This knowledge entails acknowledging a personal need for leadership growth through either membership to a professional organization, reading subscriptions, or participate in personal training and development, especially when the sphere of influence is not limited to a unit but rather to an entire organization. Unfortunately, this was not the case among LR’s nursing staff because of her lack of leadership knowledge.

Developing self-confidence, decisiveness, and integrity in decision making is also an asset to a nurse leader. In return, they instill the same confidence and decision-making skills in their staff. LR’s lack of integrity and decisiveness led her to practice leniency towards staff, which explains the frequent nurse visits to her office for matters that could be handled by nurse managers. This behavior connotes that LR did not set boundaries for her staff nor stand by them. This behavior is a sign of fear of being rejected by staff. Leaders make decisions that will not often be unanimously accepted. This is what makes them decisive and leaders of integrity.

The nurse leader instills trust in their staff members (Luzinski, 2012). Trust cannot be instilled if it’s not possessed. “To believe in trust is to enhance your natural propensity to trust” (Luzinski, 2012). Hence, the nurse leader should first trust themselves then trust the skills and knowledge of their staff. LR approached this role with a unit leadership mindset, not an organizational mindset. Otherwise, she would delegate and trust that nurse managers handle most matters of the unit while she focuses on the entire department. Nurse Leaders should not rely on their own knowledge as the way to salvation for their staff but rather trust that the nursing staff is capable of decision-making and critical thinking and be ready to delegate daily operational task to nurse managers.

**A Culture of Safety**

Nurse leaders have the opportunity to expand their leadership horizon and use acquired leadership skills to enhance their competence and expand their influence to their department. By seeking healthy leadership skills, they create a culture of safety which is demonstrated by:

* A workplace that promotes structure and empowerment. Empowerment does not imply leaders giving directions to followers all the time, but rather to develop an inquisitive approach towards them (Ellis & Hartley, 2010). The authors further suggest that an inquisitive approach elicit critical thinking from followers (Ellis & Hartley, 2010). Consequently, as this habit takes root in the mind of the nursing staff, they’ll also be able to make sound decisions in patient’s care.
* A collaborative rather than a competitive workplace. Competition engenders conflicts and backstabbing behaviors, as seen among LR’s nursing staff. Competition denotes fear of defeat and the desire to win and save face. When a spirit of empowerment exists, competition becomes obsolete. Furthermore, when expectations are clearly communicated to staff, leadership implies that staff will be held accountable to them, as long as leaders do as they say and say as they do (Luzinski, 2012). Consequently, the nursing staff is left to think independently and make decisions based on the trust that has been placed in them without discarding counsel from their managers. This step surely minimizes the frequent visits to the CNO’s office. This step of the work culture implies that trust has developed among nursing staff.

**A Culture of Growth**

As nurse leaders focus on personal and leadership growth, they also create a culture of growth for the nursing staff. When it derives from a well-intentioned leader, knowledge empowers knowledge. Although change engenders discomfort, the outcome of change creates growth. Hence, the growing nurse leader creates a culture of growth by:

* Providing training and certification to nursing staff. Nurse leaders not only share their knowledge with nursing staff but they also make these resources available to them (Altman, 2011). Training and certification help the nursing staff grow in their field and empower them to better their nursing practice. Moreover, quality patient outcome will ensue.
* Developing mentorship program for nurses. Inexperienced nurses can benefit from this program and develop confidence in themselves and their skills to further advance quality patient outcome. This is a method that helps “capitalize on current strengths” (Wroten & Waite, 2009).
* Encourage critical thinking and decision-making. This step discourages micro management and further enhances empowerment.

**Recommendations**

LR’s laissez-faire approach has caused a chaotic environment in the rehabilitation facility. According to Lewin’s behavioral theory, it results from the nurse leader’s failure to set clear goals, responsibilities, and outcomes for the nursing staff (Nelson & Quick, 2013). In order to reshape a culture of growth and safety in the work environment, LR should:

* Develop an authentic leadership mindset that seeks to rally the organization towards a common vision and mission (Nelson & Quick, 2013).
* Establish an organizational structure that sets boundaries, defines roles, and facilitates delegation of authority, allocation of resources, and the decision-making process (Ellis & Hartley, p. 45).
* Develop a culture of empowerment and quality where employees feel trusted. Employees who feel trusted and included in decision-making and in policy development and procedures increase positive patient outcome and stay with the organization (Nelson & Quick, 2013).
* Develop a culture of growth by providing ongoing training and mentorship, especially for new nurses. After all, “the knowledge and skills of the nurse leader in recognizing the value of creating and sustaining healthy work environment are essential” (Brady Schwartz & Burnes Bolton, 2012).
* Seek unity not division, collaboration not competition. Agitate for change not the status quo and think corporately, not at the unit level (Nelson & Quick, 2013).

**Conclusion**

A spoiled nursing staff derives from a rotten leadership that produces a dwarfed organization. Furthermore, patient care suffers as patients see a lack of confidence among nursing staff. Patients do no trust staff to care for them when the nurse’s confidence is shaken. Unfortunately, this shaken confidence is caused by fear of punishment, lack of critical thinking and decision making, as well as lack of knowledge. Nursing leadership plays an essential role in the culture that reigns in the organization through transformational and authentic leadership, allocation of resources, and clear and concise communication of roles, goals, and outcomes. These strategies strengthen the organization, creates a cohesive and collaborative culture where nursing staff learns, grows, and practices outstanding patient care. The benefits of helping nurses spread their wings outweigh the risk of oppressing nurses to their genesis especially when they have a promising 21st century career metamorphosis.

References

Altman, M. (2011). Let's get certified: best practices for nurse leaders to create a culture of certification. AACN *Advanced Critical Care, 22*(1), 68-75. doi:10.1097/NCI.0b013e3182057772.

Brady Schwartz, D., & Burnes Bolton, L. (2012). Leadership imperative: creating and sustaining healthy workplace environments. *The Journal of Nursing Administration, 42(*11), 499-501. doi:10.1097/NNA.0b013e3182714521.

Ellis Rider, J. & Hartley Love, Celia. (2010). *Managing and coordinating nursing care (5th ed.)* Philadelphia: Lippincott Williams & Wilkins.

Luzinski, C. (2012). Trust: a core value of healthy organizations. *The Journal of Nursing Administration, 42*(11), 497-498. doi:10.1097/NNA.0b013e3182714550.

Nelson D.L. & Quick, J.C. (2013). *Organizational behavior: Science, the real world, and you (8th ed.)* Mason, Ohio: South-Western, Cengage Learning.

Stichler, J. F. (2009). Healthy, healthful, and healing environments: a nursing imperative. *Critical Care Nursing Quarterly,* (3). 176.