SURVIVAL SKILLS IN THE WORKPLACE

AN INDEPENDENT STUDY MODULE
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American Nurses Association
Lyndia Flanagan first joined the staff of the American Nurses Association (ANA) in 1973. Over the years, she has written a variety of ANA publications, including the history of the association and an in-depth analysis of collective bargaining and the nursing profession. Since 1982, she has served as senior staff specialist in labor communications. *Survival Skills in the Workplace* is part of a series of three ANA publications designed to promote career development in nursing. The other two publications in this series are *Entering and Moving in the Professional Job Market: A Nurse's Resource Kit*, and *Earn What You're Worth: A Nurse's Guide to Better Compensation*. Ms. Flanagan holds a master's degree in communication from Central Missouri State University.

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7) The hospital has recently begun a “patient care technician” (PCT) program. PCTs are supposed to help the nurses in their patient care duties. Which of the following would be an appropriate use of these assistive personnel:

a) taking vital signs while the nurse prepares medications.
b) giving patients medications prepared by the nurse.
c) obtaining supplies (linens, etc.) needed by the nurse.
d) teaching patients about their illness.

8) The hospital recently instituted an organ transplant program. Nurses now are required to request organ donations from family members in the event of a patient’s imminent death. Which issues are of concern to nurses in this activity:

a) legal, as the nurse may be sued .
b) ethical, as decisions are influenced about who receives donations.
c) medical, as patients donate organs that are unusable.
d) religious, as some faiths prohibit organ donation.

9) Union activity designed to organize nurses generally prompts employers to:

a) refuse permission for union representatives to enter the hospital.
b) start a nurses group to resolve problems and concerns.
c) attempt to improve working conditions for employees.
d) prepare communications to refute union claims.

10) Among the changes in the next decade thought to have an impact on nursing practice are:

a) technology, ethics, cost containment.
b) technology, ethics, recruitment.
c) recruitment, retention, cost containment.
d) recruitment, retention, ethics.
At the conclusion of this chapter, the participant will be able to:

1) Describe the legal rights and protections accorded to employees under state and federal laws.

2) Relate workplace rights and protections to his/her specific work situation.

Virtually all workers and their employers are directly affected by the laws that extend to all types of jobs and all aspects of employment and, indeed, affect most working men and women from the time before they are hired until after they retire.

JAMES W. HUNT
The Law of the Workplace: Rights of Employers and Employees

Experts contend that workplace problems often arise because of misunderstanding, lack of communication, and/or ignorance of workplace regulations. As employed professionals, nurses must become aware
CHAPTER 4
Maximize Involvement in Workplace Decision Making

At the conclusion of this chapter, the participant will be able to:
1) Assess his/her own workplace structure and power within that setting.
2) Name several options for involvement in workplace decision-making bodies in his/her setting.
3) Select, from a number of strategies to increase committee productivity, one to implement in a committee in which he/she currently participates.

Power is knowing how to work within the system and to use the system to reach one's goals.

JANE MEIER HAMILTON and MARCY E. KIEFER
Survival Skills for the New Nurse®

Nurses have begun to take action to strengthen their profession's influence, particularly in hospital settings. Some of these strategies include decentralizing nursing services, negotiating bargaining agreements which provide for special committees to address professional
and practice concerns, and creating self-governance systems. Through the growing volume of literature on the empowerment of nursing, nurses need to stay apprised of these trends and their potential impact on nurse involvement in workplace decision making.

Specific strategies, however, may not produce the most optimal result in a given situation. For example, representation by an industrial union is not likely to provide the depth of representation afforded nurses through their professional organization—the state nurses association. Likewise, based on the way in which shared governance is defined and implemented in a particular workplace setting, nurses may experience varying degrees of involvement in real decision-making processes. [Governance refers to the establishment and maintenance of social, political, and economic arrangements by which nurse maintain control over their practice.]

Nurses need to critically assess the effectiveness of the decision-making arrangements that exist in the workplace. This chapter is designed to answer basic questions about organizational structure and power bases in the workplace, and to offer general guidelines for effective participation in group decision making.

Organizational Structure

*How is the effectiveness of an organization's structure determined?*

Organizational theorists agree that size, structure, division of labor, number of supervisory levels, and span of control are key factors in determining the success and/or efficiency of an organization.65

In classic organization theory, emphasis is placed on structure and function. The resulting organizational scheme is highly centralized and consists of multiple supervisory levels of control. It is not unusual for hospital departments of nursing to be so structured. Within this type of structure, staff nurses are seldom, if ever, involved in decision making at the unit level.

Modern organization theory, on the other hand, encourages decentralized decision making and places greatest emphasis on the value of individuals. Theorists who support this approach contend that motivation, satisfaction, leadership, and the manner in which conflicts are resolved are keys to organizational harmony and success.66 Application of the concept of primary nursing reflects this approach. In primary nursing, one nurse assumes responsibility and retains accountability for planning and administering total care for designated patients throughout their hospitalization. In effect, each nursing unit becomes autonomous and each nurse in the unit has a voice in determining what constitutes quality nursing care and what administrative procedures are necessary.
The nursing units in your institution are (check one):

_____ centralized  _____ decentralized

The effectiveness of an organization is greatly influenced by communication patterns, supervisory styles, and employee morale. According to Marlys Peterson, the development of trust between administration and staff is a critical factor. In an article entitled "Motivating Staff to Participate in Decision Making," Peterson notes that more traditional systems have been established according to a parenting model "predicated on the need for controlling and containing staff nurses rather than trusting staff as professional colleagues." Participative decision making systems, however, necessitate relinquishing control and developing adult-adult interactions. Peterson writes, "To achieve an adult-adult interaction requires that each individual involved in the system see and trust the other as an adult person capable of expressing rational beliefs and interacting to provide the best outcome for the system."

Obviously, it is extremely important for nurses to clearly understand the implications of the organizational structure in the workplace. It is equally important to assess the degree of input and involvement nurses actually have in the organization, no matter what approach is being taken. The following questions may facilitate this process:

- Is the organizational structure characterized by centralized or decentralized control?
- Is there a clear understanding of lines of authority and responsibility? Is this information available in written form?
- What is the nurse executive's role within the institution?
- What are the expectations of the head nurse?
- How many employees report to one supervisor?
- What methods of communication are used to convey important information to staff?
- What methods are used to address/resolve workplace problems and conflicts?
- Is employee morale high, or is there need for improvement?
- What levels of trust/support do employees display toward the actions of decision-making bodies?
- To what extent are nurses represented on workplace committees? Do nurses have full committee rights or attending rights on key committees?
What degree of power is assigned to workplace committees? Are committee decisions binding, or do committees merely have the power to recommend? Is on-duty time granted for meetings? Are adequate resources made available to accomplish designated goals and objectives?

Organizational Power

Within a given structure, how does an individual acquire organizational power?

There are five different forms of organizational power (the ability to influence and/or control other employees, decision-making processes, conditions of employment, and other workplace factors).72

1) **Legitimate power**—Given to an individual by the organization because of the individual’s position in the hierarchy.

2) **Reward power**—Based on the ability of an individual to control and administer rewards for compliance with management’s directives.

3) **Coercive power**—Founded on the individual’s ability to implement punishments for noncompliance with management’s requests.

4) **Expert power**—Derived from special abilities, skills, or knowledge demonstrated by the individual.

5) **Referent power**—May stem from two possible sources: the attractiveness or appeal of a certain individual, or an individual’s connection to or relationship with other powerful individuals.

The amount of influence and control a nurse has depends on the type and source of power established in a particular work setting or situation. **Legitimate, reward, and coercive power** are given to employees by the employer. **Expert and referent power**, however, are based on individual characteristics, and may or may not be given by the employer.

Nurses also may draw from other sources to build a power base. Nurses may acquire power as a result of their numbers, for instance. As the largest group of health professionals, nurses have the collec-
tive power to make a significant impact on a specific work setting or on the health care system as a whole. The holistic approach to care embraced by nurses is a further source of power. Consumers place great value on being treated as whole persons in health care settings. As one health care observer writes, “As nurses continue to demonstrate the kind of care demanded by the public, the power nursing has grows.”

In addition, the key role nurses play in cost containment also enhances nursing’s power. Cost containment is a top priority within the health care industry. More and more, consumers and providers alike are acknowledging the significant impact of nurses as support figures for patients and their families, home health managers, health educators, and monitors of health maintenance. These and other nursing roles are recognized as cost-effective approaches to meeting health care needs. Nurses can use this recognition to strengthen involvement in decision-making processes affecting the delivery of care.

In the broadest context, power is defined as “knowing how to work within the system and to use the system to reach one’s goals.” There are several basic steps that a nurse can take to build and strengthen both a personal and professional power base in any work setting. To acquire power, Hamilton and Kiefer, for example, encourage novice nurses to:

- Define career goals.
- Show support for the employer’s goals and objectives.
- Establish a good work record, especially in dealing with crises and critical problems.
- Network with recognized authorities and those in power positions; serve on committees and make appointments with key people to learn more about their areas of expertise.
- Display an interest in continued learning.

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What kinds of power do nurses in your institution have (check all that apply)? On the lines next to each type of power, indicate which nurses (by category—e.g., head nurse, supervisor, staff nurse) have that specific type of power.

- Legitimate power
- Reward power
- Coercive power
- Expert power
- Referent power

---
• Take the initiative in seeking committee assignments and involvement in special projects.
• Draw attention to problems in the workplace and suggest possible solutions.
• Create a support system to reinforce a sense of self-esteem and self-worth.
• Expect recognition and respect.

What can you, and other nurses, do to increase nurses’ power in your institution? Outline at least three (3) specific steps you will take to increase your power in your institution:

1. 

2. 

3. 

Decision-Making Bodies

What options exist for nurse involvement in workplace decision making bodies?

Experts contend that the committee structure within an organization affords the greatest potential for involving the most individuals in decision-making activities. In its booklet, Getting Involved: The Challenge of Committee Participation, the American Society of Association Executives points out that the primary function of a committee is "to contribute to the efficient operation of an organization" by providing needed information to leadership.

It is important for nurses to recognize the value of committee participation. Even if the power of a group is somewhat limited, its existence as a formal body provides visibility to nursing and serves as a forum through which to trigger action.

According to Stevens in The Nurse Executive, there are five distinct types of committees in the workplace: standing committees, task forces, groups based on organizational position and job function,
Standing committees perform a function necessary for the ongoing operation of an organization. Such committees operate indefinitely and are clearly identified within the structure. Within the context of nursing services, standing committees might include a procedure committee, patient care evaluation committee, nursing systems improvement committee, and/or new products committee. Stevens notes that the configuration of standing committees is likely to be a reflection of the nurse executive's concept of nursing.

A task force is a temporary committee formed to accomplish a specific objective. Most often, this type of committee is convened to investigate and propose solutions for a specific problem. The nature of the problem dictates the composition of the committee. Thus, those individuals who have the most knowledge of and experience on the subject are appointed to the committee. When the problem is satisfactorily resolved, the committee disbands.

According to Stevens, groups based on organizational position and job function (i.e., head nurse groups or steering committees of nurse managers) exist in most nursing divisions. These groups are charged with monitoring and responding to change in the work environment, and tend to be responsive to immediate administrative problems. As a result, they address a variety of issues.

Interdivisional committees also may be created to involve nursing with non-nursing divisions. These groups may be charged with coordinating specific goals and activities, and/or resolving situational problems between two divisions.

Generally, institutional or corporate committees assume responsibility for the strategic and financial planning decisions for the entire organization. Given the importance of these committees, nursing leaders agree that the visibility of nursing leadership on such committees can be "a major factor in how others come to view the nursing function in the organization."
Name one group in your institution that is typical of each of the decision-making bodies listed below.

• Standing committee

• Task force

• Group based on organizational position and job function

• Interdivisional committee

• Institutional or corporate committee

Traditionally, nurse executives have had little or no involvement with institutional or corporate committees. Today, nurse administrators are being encouraged to seek appointment to hospital committees where strategic planning and goal setting for the institution occur. While nurses are often asked to serve on quality assurance, research, and evaluation committees, they are rarely appointed to committees responsible for budget, capital expenditures, or long-range goals. Hospital administrators need to be aware of the significant contributions that nurses make to the efficient operation of a hospital. As Margaret Moloney and Ingeborg Mauksch have noted, "To continue to overlook the talents, ability, and commitment that nurses would bring to the influential committee structure of hospitals denies the significant input from this knowledgeable group of professionals at the expense of the patients."

The committee structure within nursing services is usually left to the prerogative of the nurse executive. It is the nurse executive who decides what groups exist and what amount of authority will be granted to them. In some instances, however, nursing staff have taken measures to formalize the committee structure through the adoption of bylaws. In a number of facilities, nursing staff organizations have been created with a structure and function similar to those of medical staff organizations. Bylaws have been adopted that set forth rules which regulate the internal affairs of the organization and govern nursing staff. In a few instances, collective bargaining agreements have provided for the development of nursing staff bylaws. In other instances, the creation of a nursing staff organization has been initiated by staff and endorsed by the hospital administration and board of trustees.
Nurses have also been successful in negotiating bargaining agreements which provide for special committees to address professional and practice concerns. Most contracts negotiated by state nurses associations, for example, contain provisions for establishing one or more professional practice committees for ongoing communication and problem solving among nursing staff, nursing management, and hospital administration. Titles of professional practice committees may vary from “committee on nursing practice” to “joint hospital-nurse committee.” Composition of a committee may be limited to nurses only, with the director of nursing serving in a consultative capacity, or may include equal numbers of nurses and hospital representatives. Some purposes of a professional practice committee may be to:

- Develop standards of nursing practice for the hospital consistent with those enunciated by the nursing profession.
- Make recommendations about the philosophy of nursing practice specific to the hospital.
- Analyze factors that facilitate or impede the practice of nursing (staffing patterns and ratios, adequacy of resources and support services, etc.).
- Receive and review problems related to nursing practice.
1) Is there a professional practice committee in your institution?

_____ Yes   _____ No

2) If so, what issues does it address? Who are the committee members? How does a nurse become involved in the committee?

Nurses should investigate the types and numbers of committees operating in their workplace. They should be aware of how committees are created and who is responsible for committee appointments. They should make their expertise, skills, and interests known as specific committees are established.

A word of caution, however, is in order. Some employers who wish to avoid unionization may attempt to enlist employees to serve on certain types of committees. Staff nurses should be cautious if their employer tries to persuade them to serve on committees with personnel functions or other corporate responsibilities. It may be a ploy to render them ineligible for a bargaining unit by assigning them quasi-managerial duties.

Committee Productivity

What steps can be taken to ensure the productivity of workplace committees?
The decision-making process is made up of a number of distinct activities. A committee charged with solving a specific problem, for example, must perform the following functions:

- Define the problem.
- Analyze the situation.
- Generate alternative solutions.
- Develop criteria.
- Compare alternatives.
- Choose the most effective solution.
- Implement the solution.
- Evaluate the outcome.

Describe a committee of which you are a member. (If you are not a member of a committee in your institution, use an example from outside your work setting, or a committee in which you previously participated.) Include information about the name of the group, the type of committee, the leader of the committee, your role in the group, and your assessment of its productivity. [Your description of the committee will be used as an example throughout this section.]

Experts agree that committees become mired in the decision-making process if there is no free expression of ideas, if there is weak or irresponsible leadership, or if there is an insensitivity to the forces operating within the group. A committee's productivity may be severely
hampered by a phenomenon referred to as "groupthink." Groupthink is characterized by a marked decrease in the exchange of potentially conflicting data and an unwillingness to conscientiously examine such data when it surfaces. According to the Hospital Administration Handbook, symptoms of groupthink include:

- Viewing the opposition as incompetent and incapable of effectively countering any action by the group, no matter how risky the decision or how high the odds are against the plan of action succeeding.
- Avoiding overt disagreements and suppressing facts that might reduce support for the emerging majority view.
- Engaging in collective rationalization in order to discount warnings that the agreed upon plan is either unworkable or highly unlikely to succeed.
- Pressuring group members who express strong reservations or argue against the apparent unanimity of the group.

To prevent groupthink, every effort should be made to structure committees to include divergent viewpoints. The group leader should encourage free expression of minority views, protect individuals under attack, and create opportunities for them to clarify their opinions.

Alan Filley emphasizes that decision making and problem solving require the establishment of "an open relationship between parties." According to Filley's book, Interpersonal Conflict Resolution, such a relationship requires the following beliefs:

- belief in the availability of a mutually acceptable solution,
- belief in the desirability of a mutually acceptable solution,
- belief in cooperation rather than competition,
- belief that everyone is of equal value,
- belief in the views of others as legitimate statements of their position,
- belief that differences of opinion are helpful,
- belief in the trustworthiness of other members, and
- belief that the other party could compete, yet chooses to cooperate.
What occurred in the committee you described earlier to facilitate
decision making? What hindered decision making? Be as specific
as possible.

Within this context, the responsibility of a group leader is not only to
push through an agenda, but also to pay attention to the functioning
of the group. For example, the physical setting of a meeting has a
significant effect on the group’s psychological environment, and thus
on the outcome of the meeting. When selecting the meeting site, con-
sideration should be given to the size of the room, acoustics, lighting,
access to the room, ventilation, and room layout. The size of the com-
mittee also should be scrutinized carefully—as the size of the group
increases beyond seven members, quiet members become more reti-
cent. It also becomes increasingly difficult to get recognition for
individual contributions.

The success of a meeting does not rest solely with the group leader.
Other members of the group must come equally well prepared. They
should be acquainted with the problems and issues, they should have
reviewed any background materials, and they should have some idea
of how they are going to contribute to the group process. Committee
participants are offered the following tips:

• Come with an open mind, but do not hesitate to comment, criti-
cize constructively, or disagree.
• Do not engage in distracting behavior.
• Do not personalize differences of opinion; try to maintain an
objective attitude.
• Speak up when you have something to say, but do not dominate the discussion.
• Listen actively to others, be tolerant of their views, and help them develop their ideas.
• Assist the group leader in sticking to the agenda.
• Take notes for future reference.

Group Leadership

How do you facilitate productive meetings as a group leader?

According to Bill Schul’s *How To Be an Effective Group Leader*, “You will be hailed as a valuable leader if you will see to it that your group follows the recognized steps in clear thinking and assist them in avoiding the dangers of fractured thinking.” The key to facilitating productive meetings is to help group members to carefully think through a problem and arrive at the best solution. Philosopher John Dewey identified five steps in this process (often referred to as “reflective thinking”):

1. Recognition of the specific dynamics which constitute the problem at hand.
2. Thorough examination of the problem to determine its nature, scope, and implications.
3. Search for a new orientation to the problem.
4. Comparison and evaluation of the solutions which seem possible.
5. Selection of that solution or course of action which, based upon the foregoing reflection, seems best.

A group leader facilitates this process by suggesting ways of tackling a task, soliciting input (facts, ideas, opinions, feelings), providing clarification and elaboration, pulling together related ideas, attempting to reconcile disagreements, and drawing all group members into the discussion. The following basic steps are essential to conducting a successful meeting:

1. **Prepare for the meeting**
   - Develop an agenda that clearly indicates the purpose and content of the meeting.
   - Review the status of all agenda topics.
   - Gather all necessary background information and supportive data.
   - Determine if any spokespersons should be invited.
   - Prepare a list of questions to stimulate interaction on agenda topics.
2) Shape the meeting at the outset
   • State the goals and objectives of the meeting in clear, concise terms.
   • Provide necessary background information.
   • Explain what is expected of the group.
   • Set time limits.
3) Adhere to the agenda
   • Keep the meeting on course by deferring irrelevant topics and postponing discussion of related new topics until later.
   • Note key ideas and decisions (internal summaries).
   • Honor time constraints.
   • Credit group participants who help keep the group focused on the topic under consideration.
   • Respond to problem situations immediately (i.e., competing conversations, rambling or dominating participants, etc.).
4) Conclude the meeting
   • Summarize the discussion.
   • Identify any action to be taken and who will be responsible.
   • Determine what kind of follow-up is required.

1) What behaviors did you observe in the leader of your committee that helped to facilitate a productive meeting? Be as specific as possible.
Group Participation

*How do you facilitate productive meetings as a group participant?*

According to Susan Roe, there are two sets of functions that operate in a group at all times. One set of functions focuses on the tasks of the group. In fulfilling these functions, group participants are expected to:

- review all relevant material before meetings,
- take an active part in all discussions,
- share pertinent information and experiences with the group,
- understand and respect other ideas and conflicting viewpoints,
- approach problems objectively and impersonally,
- seek clarification and elaboration as necessary, and
- accept and follow through on assignments, adhering to deadlines and delegated tasks.

A second set of functions deals with the interpersonal relationships of group members (group dynamics). No matter what charge is given to a group, individual members are likely to assume certain roles. These roles fall into three major categories: group building roles, group maintenance roles, and group blocking roles. Among the group building roles are the initiator, opinion giver, clarifier, and tester:
The *initiator* suggests new or different ideas for discussion or proposes new or different approaches to problems.

The *opinion giver* shares relevant beliefs about what the group is considering.

The *clarifier* gives relevant examples, offers rationale, and searches for meaning and understanding of matters under consideration.

The *tester* raises pertinent questions to determine whether the group is ready to come to a decision.

For each of the group members in the committee you described earlier, identify which of the group building roles he/she filled. Place the appropriate person's initials next to each of the roles listed below. (Individuals fill different roles at different times in meetings; select one typical example in identifying the role filled by the individual.)

- **Initiator**
- **Opinion giver**
- **Clarifier**
- **Tester**

Individuals assuming group maintenance roles fulfill distinctly different functions. For example, the *gate keeper* keeps lines of communication open by encouraging group members to participate. The *tension reliever* interjects humor at appropriate times to draw off negative feelings. The *compromiser* is willing to yield when necessary to ensure the progress of the group.

In the committee you described earlier, identify which of the group maintenance roles each member filled. Place the appropriate person's initials next to each of the roles listed below. (Individuals fill different roles at different times in meetings; select one typical example in identifying the role filled by the individual.)

- **Gate keeper**
- **Tension reliever**
- **Compromiser**

Unfortunately, while some individuals facilitate the group process, others may actually hinder or block the work of the group by asserting authority (*dominator*), boasting or talking excessively (*recognition seeker*), changing the subject constantly (*topic jumper*), or using...
group time to draw attention to personal concerns (special interest pleader). The greatest shortcoming of these individual participants is poor listening skills. They fail to make worthwhile contributions to group discussions because they do not engage in active listening. Their focus is on some agenda other than the business at hand.

Good listening skills are a key to effective group participation. Active listening, as defined by Barbara Norton and Anna Miller, is "receiving and understanding the obvious and hidden meanings of messages from another person." It involves careful observation of the person who is speaking, and verbal and nonverbal response to the message.

Many individuals do not know how to listen. According to the Hospital Administration Handbook, "We are often guilty of listening for facts or listening intelligently for the verbal statement alone when the art of listening is the discerning of ideas." Communication experts recommend the following steps to improve listening skills:

• Listen, both for ideas and underlying feelings.
• Take into account the nonverbal (gestures, facial expressions, inflections of voice, bodily actions, etc.), as well as the verbal message.
• Try to see the situation from the other person's point of view.
• Make a conscientious effort to evaluate the logic and credibility of the message.
• Relate major ideas to personal beliefs, attitudes, and values.
• Offer feedback as appropriate through both body language and verbal expression.
As a result of what you have read about committee productivity, identify below at least one (1) specific strategy you will try in a group to which you belong to increase its productivity.

Summary

Maximizing involvement in workplace decision making is essential for nurses to ensure the delivery of quality nursing care and to foster job satisfaction. Participation on workplace and other committees affords nurses a forum for expression of professional concerns and interests and a means for acquiring power. Consequently, knowledge about organizational structure, group dynamics, and problem-solving processes forms an important dimension of workplace survival skills.
Contact Hour Test—Chapter 4

Directions: Circle the one best answer to each of the following questions.

1) At University Hospital, the nursing department's structure can be represented by a pyramid, with the director of nursing at the top. Below the director are assistant directors, unit supervisors, head nurses, and staff nurses. This structure is known as a centralized structure, and has the following characteristic:

a) staff nurses have autonomy in their practice.
b) staff nurses are rarely involved in decision making.
c) staff nurses have opportunities for promotion.
d) staff nurses are frequently asked for their opinions.

2) Nurses who are involved in decision making relative to their practice work in:

a) centralized structures.
b) primary nursing.
c) team nursing.
d) decentralized structures.

3) In assessing organizational structure, the staff nurse assesses decision making in the institution. Which of the following is not likely to provide useful information in this assessment:

a) policy and procedure manuals.
b) accident/incident reports.
c) nursing job descriptions.
d) nursing department table of organization.
4) In assessing the organizational structure of the hospital in which she is employed, nurse Jane Roberts interviews the head nurse to determine lines of authority and responsibility. Which of the following questions might best elicit the kind of information that Ms. Roberts can use in her assessment of organizational structure:

a) when you must report a unit problem, to whom do you report?

b) who is your immediate supervisor?

c) if you have difficulty completing your work, who do you tell?

d) how long have you known your supervisor?

5) In assessing employee morale, Ms. Roberts can:

a) listen to the unit gossip.

b) pay attention to the hospital grapevine.

c) talk with her colleagues about their feelings toward their work.

d) prepare and distribute a survey asking questions about morale.

6) The institution's organizational structure (whether centralized or decentralized) can be determined by reviewing:

a) policy and procedure manuals.

b) accident/incident reports.

c) nursing job descriptions.

d) nursing department table of organization.

7) A supervisor who conducts performance appraisals of staff nurses but who cannot sanction pay raises has:

a) expert power.

b) referent power.

c) legitimate power.

d) reward power.

8) A staff nurse who provides high quality nursing care has:

a) expert power.

b) referent power.

c) legitimate power.

d) reward power.
9) Staff nurses demonstrate their power in an organization through:

   a) providing holistic nursing care.
   b) participation in decision making.
   c) primary nursing.
   d) participation in career ladders.

10) Empowerment occurs when individuals recognize their own power and use it for the good of the organization and each other. Which of the following examples illustrates empowerment on a nursing unit:

   a) the head nurse suggests that staff nurses on the unit determine their own vacation schedules to meet personal as well as staffing needs.
   b) the supervisor circulates a memo stating that vacations must be scheduled at least four months in advance to allow for adequate staffing.
   c) the supervisor posts a notice that all staff nurses are expected to attend a mandatory in-service program.
   d) the head nurse announces at change of shift that staff nurses can begin to request changes in the time schedule up to one week after posting.

11) Nurses can strengthen their own power in the institution by performing which of the following activities:

   a) going back to school for an advanced degree.
   b) supporting any decisions made by superiors, whether agreeing with them or not.
   c) working collaboratively with other disciplines.
   d) volunteering to be involved in committees and other projects.

12) A group of individuals within the organization who primarily act to assure the ongoing operation of the organization is an:

   a) ad hoc committee.
   b) interdivisional committee.
   c) institutional committee.
   d) standing committee.
13) Ms. Roberts volunteers to serve on the library committee, whose membership is composed of physicians, nurses, dieticians, and respiratory therapists. The group meets quarterly to determine what resources should be made available in the library for each of the health professions in the hospital. This is an example of a(n):

a) ad hoc committee.
b) interdivisional committee.
c) institutional committee.
d) standing committee.

14) The director of nursing serves on the budgeting and finance committee at the hospital. The group meets monthly with the chief financial officer and comptroller to review income and expenses for all departments in the hospital. This is an example of a(n):

a) ad hoc committee.
b) interdivisional committee.
c) institutional committee.
d) standing committee.

15) Ms. Roberts' friend, Mary Snow, serves on the committee which develops and implements plans for National Nurses Day in the hospital. All levels of nursing personnel are represented in the group, which meets each year for a month or so before National Nurses Day. This is an example of a(n):

a) ad hoc committee.
b) interdivisional committee.
c) institutional committee.
d) standing committee.

16) One of the National Nurses Day committee members suggests that the group consider asking nurses how they would like to celebrate "their" day. This is an example of a group member acting as a(n):

a) initiator.
b) opinion giver.
c) clarifier.
d) tester.
17) One of the National Nurses Day committee members asks whether plans for the celebration will include nurses at all levels in the organization? This is an example of a group member acting as a(n):

a) initiator.
b) opinion giver.
c) clarifier.
d) tester.

18) Ms. Snow is involved with a group discussion about videotaping nurses performing various activities on their units. One of the group members is talking to another about problems she has on her unit; the conversation is disruptive. Ms. Snow's best approach is to:

a) ask the members to stop talking to each other.
b) call attention to the disruptive behavior.
c) try to draw all members into the discussion.
d) change the topic under discussion to maintain the group's interest.

19) Ms. Snow concludes the meeting on time, reminding members of the date and time of the next meeting. She reviews the activities to be undertaken by each of the members before the next meeting. All members agree to assume their respective responsibility. This is an example of:

a) effective group membership.
b) effective delegation of responsibility.
c) task functions of a group.
d) interpersonal functions of a group.
CHAPTER

5

Understand Stress and Its Manifestations in the Workplace

At the conclusion of this chapter, the participant will be able to:

1) Define the sources of stress nurses face in the workplace.
2) Integrate stress management techniques into a personal plan for managing workplace stress.
3) Illustrate effective time management in a simulated workplace situation.

Learning to cope with job stress is a process. It is a way of traveling through life, not a destination.

EMILY E. M. SMYTHE

Surviving Nursing®

Nursing offers tremendous career opportunities. The demand has never been greater for qualified nurses to function in a diversity of
roles, and in a variety of settings. While it is an exciting time to be a nurse, it is also an extremely stressful time for nurses, particularly in acute care settings.

Many employers acknowledge that nurses are expected to perform a broader range of duties, to work more shifts, and to attend to more and sicker patients. Moreover, in addition to this increased workload, nurses are expected by consumers to express greater sensitivity, patience, and empathy. As Buckley and Walker observe:

> It is ironic that the emphasis on patient satisfaction in health care comes at a time when the pressures are making high quality care next to impossible—when “safe care” has become the motto of many nurses. One inevitable result of all of these pressures and demands is the increased danger of professional burnout.96

H.J. Freudenberger characterizes the burnout experienced by members of the helping professions as physical and emotional exhaustion, loss of positive feelings and concern for clients, and a sense of overwhelming, emotional job stress.97 How nurses adapt to or cope with job stress is an important factor in controlling the level of burnout.

All nurses are aware of the physiological and emotional reactions to stress, as well as the measures necessary to reduce and/or alleviate various stress responses. While nurses are trained to observe stress symptoms in others, they do not always apply the same insight to themselves. This chapter serves as a reminder that nurses are also vulnerable to stress. It is intended to help nurses focus on some very important considerations about their professional and personal well-being.

**Sources of Stress**

Sources of stress are commonly referred to as *stressors*. Stressors may be categorized as either internal or external. Internal stressors are self-imposed demands. External stressors are demands imposed on an individual by human (interpersonal) or physical (environmental) elements.

1) Write down at least three (3) sources of stress that you experience in your work.

1. 
2. 
3. 
2) Next to each of the sources of stress you identified on the previous page, indicate whether it is an internal (self-imposed) stressor [mark with an "I"], a human (interpersonal) stressor [mark with an "H"], or a physical (environmental) stressor [mark with a "P"]). Then, read the next few paragraphs to learn how similar (or different) the stressors you experience are to those experienced by other nurses.

What are sources of stress for nurses?

Common interpersonal stressors within a health care setting may include large numbers of patients, inadequate staffing, constant interruptions, lack of support or help from peers, overtime work, the death of a patient, and the pressure to document and complete paperwork. Environmental stressors may include unattractive or disorganized work areas, high or constant noise levels, overcrowded work areas, unpleasant odors, the inability to find supplies and/or secure needed information, and too hot or too cold working temperatures. In addition to job-specific stressors, nurses face the same demands that confront all professionals—deadlines, delegation of duties, supervision of subordinates, and relationships with co-workers, in addition to often stressful conditions away from work.

In an article entitled "What Job Stress Means for the Staff Nurse," Terrance Albrecht points out that "reacting to stress is a complex phenomenon, particularly in nursing, given the varied and constant sources of stress in that field." Significant changes in the financing, organization, and delivery of health care services; the increasing demands for nurses; adverse employment conditions, such as personnel shortages, overtime hours without adequate pay, lack of support systems, and no voice in workplace decision making; and the nature of nursing as a service-oriented, predominantly female profession all contribute to the tensions and conflicts nurses frequently experience on a daily basis.

In the midst of the dramatic changes affecting the organization and delivery of health care services, health care employers are looking for more ways to maximize staff utilization while minimizing operating costs. In this environment, nurses are being challenged to demonstrate the economic value of nursing services without compromising the nature, scope, or standards of nursing care.

In Stress Management: A Manual for Nurses, Vicki Lachman points out that one of the major problems in health care is that two different viewpoints of service and money operate within the same organization. According to Lachman:
Nurses and other care personnel believe the goal of the organization is to deliver high quality service to the patient. The administration, almost by definition, needs to be concerned with money. The other personnel are often in conflict with the administration that runs the place because the administration has the political and financial power.  

Which, if any, of the stressors you identified earlier are related to conflicts between your views and beliefs and those of the administration in your employing institution?

The situation is further compounded by the fact that most nurses lack training in business. Smythe observes that nurses "learn neither fiscal and management strategies nor political savvy, both of which are necessary for business effectiveness." The end result, according to Smythe, is a sense of powerlessness.

The delivery of health care services is becoming a more complicated enterprise. Medical advancements and technological innovations pose a continuing need for nurses to broaden their knowledge base and refine their skills. Moreover, the growing complexity of health care needs, coupled with the discovery of more types of lifesaving measures, poses a variety of ethical dilemmas. As Albrecht points out, "Issues of life and death and the nature of some critical care medical practices can all be emotionally draining for nurses."

With increasing demands for health care services, nurses are assuming greater responsibility for delivering primary health care, coor-
Understanding Stress

The persistence of a shortage of nurses in this country has placed additional burdens on many nurses. For the nurses affected by it, the nursing shortage can mean increased workloads without corresponding increases in pay, unrealistic expectations, and/or working conditions which may compromise the quality of nursing care. As Lachman states, a "dissatisfying work environment makes it hard to take care of others and very difficult to take care of yourself."104

<table>
<thead>
<tr>
<th>1) What impact, if any, has the nursing shortage had on your practice?</th>
</tr>
</thead>
<tbody>
<tr>
<td>On your employer?</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

| 2) If you wrote that your practice has changed because of the nursing shortage, indicate below the extent to which both your practice and your stress level have changed (circle only one number for each). | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a) As a result of the nursing shortage, my practice has changed:                                                                                                                                   |
| A minimal amount → A great amount                                                                                                                                                                    |
| 1 2 3 4 5                                                                                                                                                                                            |
| b) As a result of the nursing shortage, my stress level has increased:                                                                                                                                |
| A minimal amount → A great amount                                                                                                                                                                    |
| 1 2 3 4 5                                                                                                                                                                                            |

The fact that approximately 97% of nurses are women adds yet another dimension of on-the-job stress. While both men and women are affected by stress in the workplace, women may be disproportionately affected for three reasons:
1) Women tend to have lower paying jobs and less work-related autonomy than men.

2) More women than men are likely to be affected by competing work and family responsibilities. Women, according to some experts, experience the “dual-day syndrome”—working full-time at a paying job, then working equally hard at home.

3) Women bear a disproportionate amount of stress related to sexual harassment and/or discrimination in wages, training, and promotions.\textsuperscript{105}

These factors, in addition to the numerous changes occurring in health care, substantiate the fact that nursing is currently a highly stressful occupation. Consequently, it is crucial for nurses to be sensitive to their levels of tolerance for different types of stress.

**Stress Awareness**

Every stressor, no matter where it comes from or how it is interpreted, is physiologically perceived as a potential threat to safety. In the 1930s, physician and researcher Hans Selye discovered that the presence of stress triggers a three-phase response (“stress syndrome”).\textsuperscript{106}

1) **Excitement or alarm**—An individual gears up to fight or flee from the stressor (“fight or flight” response).

2) **Resistance**—An individual’s body mobilizes its resources to combat stress; the body gives off warning signals (stress symptoms).

3) **Exhaustion**—The individual gives up (stress-related illness; burnout).

Because of the body’s automatic reaction to stressors, stress is thus viewed as a self-protective process. Symptoms of stress are generally grouped into five categories reflecting the physical, emotional, intellectual, social, and spiritual dimensions of an individual. Research confirms that everyone manifests symptoms of stress in each of these categories. Given each person’s uniqueness, however, the combination of symptoms experienced in a specific situation may vary greatly among individuals. Symptoms within the five categories range from diarrhea to constipation, hostility to apathy, preoccupation to boredom, withdrawal from contact with others to domination of others, and doubt of self-worth to lack of commitment to values.
Read the following case study, then match the symptom exhibited with the appropriate category of stress (each symptom may illustrate more than one category of stress). Categories of stress should be indicated as follows:

- P (physical)
- E (emotional)
- I (intellectual)
- S (social)
- R (spiritual)

Anne Randall is a young, recently divorced mother of four. She works during the day as a pediatric intensive care staff nurse. Her mother cares for the two youngest children, three-year-old twins. The five-year-old and the seven-year-old both attend school, but arrive home an hour before Anne does. At work, Anne frequently must work overtime to complete her job or cover for the afternoon shift relief nurse who is often late. After arriving home, Anne assumes child care responsibilities and her mother returns to her own home each evening. In the past few months, Anne:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Category of Stress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has flown off the handle at the slightest provocation.</td>
<td></td>
</tr>
<tr>
<td>Has refused several dates with an eligible, attractive physician.</td>
<td></td>
</tr>
<tr>
<td>Has been counseled about poor documentation of care.</td>
<td></td>
</tr>
<tr>
<td>Has made several medication errors.</td>
<td></td>
</tr>
<tr>
<td>Did not attend her daughter's school play.</td>
<td></td>
</tr>
<tr>
<td>Canceled lunch with a friend.</td>
<td></td>
</tr>
<tr>
<td>Has cried frequently.</td>
<td></td>
</tr>
<tr>
<td>Has slept nearly all day on weekends.</td>
<td></td>
</tr>
<tr>
<td>Has had chronic indigestion.</td>
<td></td>
</tr>
<tr>
<td>Has had trouble understanding what she reads in the newspaper.</td>
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</tbody>
</table>

How does stress manifest itself in the workplace?

Research clearly reveals the relationship between stressors on the job and physical and emotional changes in individuals. The most compelling studies demonstrate that psychological stressors produce altered measurements of various bodily chemicals, hormones, and organic functions, as well as altered levels of anxiety.\(^7\)

In one study of staff nurses' reactions to stress, researchers discovered that the symptoms most frequently reported included:

- feeling "used up" at the end of the work day,
- feeling emotionally drained from work,
feeling frustrated by work,
feeling that worthwhile work as a nurse had been accomplished only a few times a month,
feeling fatigued when having to get up and go to work,
feeling burned out,
feeling that they worked too hard in their role as nurses, and
feeling personally involved with patients' problems.108

The frequency with which nurses experienced these and similar symptoms ranged from a few times a month to at least once a week.

Symptoms of stress in the workplace may lead to one or more of the following: absenteeism, tardiness, high turnover, resistance to change, decreased motivation, low morale, disorganization, decreased efficiency and productivity, increase in errors, lack of trust among coworkers, passive-aggressive behavior, emotional outbursts, and inability to leave work at work.106 By relying on proven assessment tools, nurses can take the initial steps in managing stress by 1) delineating their personal and professional strengths and weaknesses, 2) identifying sources of stress, and 3) recognizing responses to stressful situations.

1) Have you seen any of the symptoms of stress listed above in your workplace?

_____ Yes   _____ No
In yourself?

_____ Yes   _____ No
In others?

_____ Yes   _____ No
Career burnout, the most extreme reaction to workplace stress, has been characterized as moving from enthusiastic expectations to disillusionment to anger and frustration, and finally to apathy. Behavioral researchers contend that such burnout develops in stages "often so slow and insidious that the nurse may ignore or even deny the problem."

The awareness of stress symptoms, according to Albrecht, leads to better understanding of some experiences as warning signals which require response, improves one's understanding of others' behavior, and triggers the development of stress management strategies.

1) After reading the "Stress Awareness" section of this chapter, are you able to better identify symptoms of stress in yourself and in others in the workplace?

_____ Yes  _____ No
Stress Management

Nurses are involved in more high stress situations than ever before. Since an estimated 80% of illness is believed to be stress-related, a nurse's well-being literally depends on learning to cope with job stress.\(^{112}\)

Successful stress management involves 1) identifying stress symptoms and stressors, 2) developing plans for dealing with symptoms and stressors, and 3) acting on those plans. Stress management is regarded as an ongoing process which enables an individual to deal with varying quantities and types of potential stressors. As such, it is viewed as a holistic approach to living, in which all dimensions of an individual (physical, emotional, intellectual, social, and spiritual) are addressed.

Nurses must take care of themselves in order to take care of others. At the heart of stress management is the development of a self-care philosophy which addresses physical, emotional, intellectual, social, and spiritual needs. According to Smythe, this approach fosters self-awareness, personal responsibility, positive self-regard, and a healthy life-style.\(^{113}\) The ultimate objective of stress management is to embrace a holistic approach to living, rather than simply relying on "a collection of techniques and coping strategies."\(^{114}\)
Understand Stress

What are some basic stress coping techniques and strategies?

Physical fitness is an important component of a healthy life-style. Establishment of a nutritional diet program, adequate rest, and a regular exercise routine are the more obvious strategies for maintaining a healthy body and preventing illness (physical self-care). Equally important, however, are measures designed to enhance relaxation on and off the job. According to Buckley and Walker, nurses should take time to master at least one relaxation technique (i.e., breathing, visualization, meditation), “so that they feel equipped to relax regularly and when they are in tough circumstances.”

Experts in psychosomatic medicine report that the most common cause of fatigue and actual sickness is the repression of emotion. Part of emotional self-care is learning to experience and express feelings and emotions. Among the strategies for enhancing self-awareness is “self writing.” Daily journals and dialogue writing, for example, can stimulate ownership and articulation of feelings.

In Why Am I Afraid To Tell You Who I Am?, John Powell points out that most individuals fall into a defensive pattern of blaming others, circumstances, or bad luck for the way they feel. This behavior is characterized by such comments as, “this weather is depressing me,” “my job really bores me,” or “her remark made me very angry.” According to Powell, however, the “fully human person” is willing to acknowledge that “the problem rests within.” He states that,
"We can rise above the dust of daily battle that chokes and blinds so many of us, and this is precisely what is asked of us in the process of growth as a person."

In dealing with stress in the workplace, it is extremely important to remember that individual emotions, attitudes, and values are what make situations negative or positive. Selye describes stress as "a neutral physiological phenomenon." It is the meaning that is assigned to the external event which determines whether the physiological reaction is motivational or draining. Consequently, another dimension of emotional self-care is learning to refine one's outlook (viewing problems as growth opportunities or learning experiences, for instance).

One objective of intellectual self-care is to challenge and broaden one's mind. The development of a career plan is a key motivational factor in the pursuit of additional education and special training. Periodic evaluation of a career plan also provides the opportunity to assess progress toward specific goals and to reexamine professional and personal needs. This type of exercise may lead to the pursuit of studies in a broad range of areas, including stress management and communication.

Developing and maintaining support systems are an essential element in social self-care. From a career perspective, networking can be invaluable in reinforcing a sense of professional community. A networking system places an individual in touch with a group of colleagues with whom to interact for the purpose of support, information, and guidance. Other relational arrangements, such as mentoring, also foster intellectual stimulation and inspirational support. In addition, organizational memberships, especially in ANA and state nurses associations, afford countless opportunities to benefit from special programs, services, and activities.

It also is important, as part of social self-care, to cultivate effective interpersonal skills. Lachman points out that the ability to resolve conflicts with others is an important stress-reducing skill. Whether conflict is managed, suppressed, ignored, or avoided contributes significantly to effective performance in the workplace.

Another dimension of social self-care in the workplace may manifest itself in the form of collective action. For example, the need to bring about changes in certain conditions of employment may prompt individuals to rally the support of others in order to pressure management into taking action. Through collective bargaining and other forms of workplace advocacy (such as collective action around specific issues and greater participation in decision-making bodies), individuals can join forces to accomplish things that would be impossible for any one person to orchestrate alone.
Finally, in developing self-care plans, individuals often overlook spiritual needs. The goal of *spiritual self-care* is to facilitate a feeling of inner peace and connection with a “higher power.” Through such exercises as centering and meditation, individuals come to terms with who they really are and the things that are most important to them.

Selye emphasized the need for “contemplation of something infinitely greater” to defuse daily frustration. It is on the spiritual level that individuals learn to live with stressors over which they have no control. Experts agree that it is important for individuals to admit that they are not totally self-sufficient and that some elements of life are beyond their control. Such acknowledgment allows individuals to be more open to help. This posture is best reflected in the “Serenity Prayer” popularized by Alcoholics Anonymous: “God grant me the serenity to accept the things I cannot change, courage to change the things I can, and wisdom to know the difference.” A similar sentiment is reflected in the “Professional Renewal Concept” for nurses, developed by Buckley and Walker in a recent publication of the American Hospital Association: “Change the things you can change and let go of the things you can’t.”

Taken together, strategies and techniques from each of the five self-care areas convey one overriding message: own your feelings, acknowledge your limitations, and learn to make the most of your abilities as you confront challenges in the workplace.

1) Write down at least three (3) specific activities you plan to undertake to manage your stress. Identify the activity, the planned frequency, and the date by which you intend to begin the activity. For example, “Join an aerobics class that meets twice a week by next Friday.”

1. 

2. 

3. 

2) Review the activities you identified as part of your stress management plan, and indicate whether each activity illustrates physical (mark with a “P”), emotional (mark with an “E”), intellectual (mark with an “I”), social (mark with an “S”), or spiritual (mark with an “R”) self-care.

Values Clarification

According to many observers, ethical dilemmas create the most intensive crises for nurses. By definition, ethical dilemmas pose situations
involving a choice between equally satisfactory or unsatisfactory alternatives, or present a problem that seems to have no satisfactory solution.

The ability to engage in ethical decision making is greatly influenced by an individual's value system. Elizabeth Arnold and Kathleen Boggs observe that, "Values tend to underlie all ethical decision making; therefore, it is essential that nurses explore and understand their values before making an ethical decision." According to Diane Uustal, "The price paid for unexamined values and values conflicts often is confusion, indecision, and inconsistency."

What can you do to reduce the stress associated with ethical dilemmas?

Experts agree that the values clarification process offers a highly effective mechanism for exploring and responding to ethical decision making. The process has been described as "a simple tool with profound implications for clarifying what you believe."

The focus of values clarification is on how individuals come to hold certain beliefs and values and establish certain behavior patterns based on these beliefs. In Meeting Yourself Halfway: 31 Values Clarification Strategies for Daily Living, Sidney Simon describes values clarification as a process which helps people arrive at an answer. According to Simon, this process is not concerned with an ultimate set of values, but it does "stress a method to help you determine the content and power of your own set of values."

The process of values clarification focuses on three key concepts that are associated with values: choosing, prizing, and acting. According to Simon, all values clarification strategies stem from these concepts. Before something can be incorporated fully as a value, it must meet certain criteria. It must be:

- chosen freely,
- chosen from among alternatives,
- chosen after due reflection,
- prized and cherished,
- publicly affirmed,
- acted upon, and
- part of a pattern that is repeated.

The importance of the values clarification process for nurses is reflected in the following statement by Uustal:

I believe that no nurse can minister in a significant way to any patient or give optimal, sensitive care without first understanding his/her own feelings, attitudes, and values, and how these affect one's response to people.
In addition to values clarification, Lucie Young Kelly suggests that other useful ways of learning to deal with ethical concerns are ethics rounds, ethics committees, and self-study to become familiar with the issues. It also is worth noting that ANA's *Code for Nurses* is intended to help structure ethical issues and provide a framework for decision making. As one observer notes, the *Code for Nurses* "can be of value to the nurse in that it can be used to evaluate individual practice; it can be used to provide direction in professional conduct; it can . . . be used by groups of nurses who band together as a powerful tool to justify professional practice. . . ."

1) What ethical concerns exist in your institution?
2) What activities have been undertaken in your institution to respond to these ethical concerns?

3) What is your responsibility in dealing with these ethical concerns in your institution?

Assertiveness

Research indicates that working relationships play an important role in increasing or moderating workplace stress. A number of experts
understand stress

contend that an individual's personal and professional success and happiness depend on the ability to relate to others in a healthy manner. According to Joan Kyes, individuals who experience career burnout display a low self-image and often lack interpersonal skills. What can you do to foster healthy working relationships?

A number of books have been written to support the premise that a relationship is only as good as its level of communication. Effective communication, according to Powell and others, occurs only when individuals can honestly tell each other who they are—that they “think, judge, feel, value, love, honor and esteem, hate, fear, desire, hope for, believe in, and are committed to.” Studies reveal that most interpersonal conflicts result from repression of feelings and emotions, and most interpersonal encounters are achieved through “some kind of emotional communion.”

Patterns of communication are likely to reveal varying degrees of willingness to share personal feelings and emotions. There are several different levels of disclosure:

- talking in clichés or reporting only facts about others (no disclosure);
- revealing some ideas and feelings (guarded disclosure), and
- expressing feelings underlying ideas, judgments, and convictions (open, “gut-level” disclosure).

Powell writes, “Any relationship, which is to have the nature of true personal encounter” must be based on honest, open, gut-level communication. According to Powell, the following rules apply to gut-level communication:

- Open, honest communication must never imply a judgment of the other individual.
- Feelings and emotions should not be viewed as good or bad, but as factual.
- Feelings and emotions must be integrated with the intellect and will. (What is it that I am feeling? Do I want to act on this feeling?)
- Feelings and emotions must be reported at the time that they are being experienced.

Adherence to these and similar guidelines results in a more clearly defined sense of self-identity for each of the parties in a relationship.
1) Shortly before leaving for work, Angie Martin gets angry with her daughter for not cleaning her room. As she demands that Jennie clean her room "this instant," Angie mentally berates herself for being so impatient with the teenager, thinking, "It's wrong to get so angry." Angie's thoughts conflict with which of the following principles of open communication:

- Open, honest communication must never imply a judgment of the other individual.
- Feelings and emotions should not be viewed as good or bad, but as factual.
- Feelings and emotions must be integrated with the intellect and will. (What is it that I am feeling? Do I want to act on this feeling?)
- Feelings and emotions must be reported at the time that they are being experienced.

2) Jennie's response to her mother is that she was "too busy" to clean her room, to which Angie angrily responds, "You are just lazy, that's all!" This response conflicts with which of the following principles of open communication:

- Open, honest communication must never imply a judgment of the other individual.
- Feelings and emotions should not be viewed as good or bad, but as factual.
- Feelings and emotions must be integrated with the intellect and will. (What is it that I am feeling? Do I want to act on this feeling?)
- Feelings and emotions must be reported at the time that they are being experienced.

3) On her way to work on the afternoon shift, Angie mentally reviews the argument with her daughter. When she arrives at work, she describes the altercation to her friend, who listens and then responds, "Sounds like you really were mad." Angie ruefully agrees, noting that, "I'm afraid I'm not a very good mother." This response conflicts with which of the following principles of open communication:

- Open, honest communication must never imply a judgment of the other individual.
- Feelings and emotions should not be viewed as good or bad, but as factual.
- Feelings and emotions must be integrated with the intellect and will. (What is it that I am feeling? Do I want to act on this feeling?)
- Feelings and emotions must be reported at the time that they are being experienced.
4) After her mother leaves for work, Jennie calls a friend to discuss the situation that just occurred. Her friend inquires about Jennie’s response to her mother. Jennie tells her friend, “I was so mad; I didn’t dare say something back so I just clammed up and let her yell.” This response conflicts with which of the following principles of open communication:

- Open, honest communication must never imply a judgment of the other individual.
- Feelings and emotions should not be viewed as good or bad, but as factual.
- Feelings and emotions must be integrated with the intellect and will. (What is it that I am feeling? Do I want to act on this feeling?)
- Feelings and emotions must be reported at the time that they are being experienced.

Honest, open, gut-level communication in the workplace best manifests itself in assertive behavior. Unlike passivity or aggression (behavior that violates individual rights), assertive behavior is “that type of interpersonal behavior which enables an individual to act in his own best interest, to stand up for himself without anxiety, and to exercise his rights without denying the rights of others.” The intent of assertive behavior is to communicate in an atmosphere of trust and mutual concern. When acting assertively, individuals seek a balance between their rights and those of other persons.

Assertiveness is a skill that must be learned and practiced. Arnold and Boggs suggest that the following characteristics are associated with assertive behavior:

- Strategies take into account the rights of self and others.
- Position of self is expressed clearly and firmly through the frequent use of “I” statements.
- Full responsibility is assumed for personal feelings and desires.
- Verbal and nonverbal messages are congruent.
- Only issues related to the present conflict are addressed.
- Undesired behaviors (as opposed to feelings, attitudes, and motivation) are the focus for change.
The quality assurance coordinator has noted deficiencies in documentation on the oncology unit. When these are called to the staff's attention, responses vary. Indicate with an "A" which of the following are assertive responses:

- "I had too many patients that day; something had to give and it was charting, I guess."
- "I'm sorry, but it wasn't my fault; we were so busy that day, I guess I just forgot."
- "It was my responsibility; it won't happen again."
- "The forms we use aren't helping us chart."
- "I would like some help with charting guidelines."

Studies confirm that learning to make assertive responses definitely weakens the anxiety and tension experienced in specific situations. Research also indicates that assertiveness reduces feelings of helplessness and frustration. When individuals engage in assertive behavior, their chances increase for developing such characteristics as inner peace, self-respect, honesty, self-control, independence, and decision-making power and ability.

Gerry Angel and Diane Petronko emphasize that assertiveness is "a way to stop being a victim of situations and systems. In Developing the New Assertive Nurse, they point out that, through assertive behavior, nurses can develop "their own natural resources to give them power and control while developing self-esteem."

Helen Masters frequently offers to assist others with their work. Recently, she noticed that she is being approached more and more often with requests for her help, and occasionally, another nurse just leaves something for Helen to do without asking. In talking with her spouse about being taken advantage of and having to do more than her fair share of work, he suggests that she be more assertive with her coworkers, knowing that being assertive means:

- Not having to help others anymore.
- Reducing the amount of work she'll do.
- Not being the victim of others' demands.
- Finding that she has fewer friends.

Mastering assertive behavior requires a clear understanding and appreciation for a person's basic rights. In Survival Skills for the New Nurse, Hamilton and Kiefer warn novice nurses to avoid falling into the trap of thinking that nurses must always put others' needs and
A variety of sources have identified what they consider to be the basic rights of all people. Commonly referred to as the “Bill of Assertive Rights,” the list includes:

- The right to be treated with respect.
- The right to have and express opinions, thoughts, and feelings.
- The right to make decisions and decide what, if any, action will be taken.
- The right to ask for what is needed or desired.
- The right to change one’s mind.
- The right to refuse (to say “no” without making excuses or feeling guilty).
- The right to make mistakes.
- The right to say “I don’t know” or “I don’t understand.”

In addition to these, nurses' basic rights include:

- The right to be an equal member of the health care team.
- The right to be informed about what is expected at work.
- The right to a reasonable work load.
- The right to an equitable wage.
- The right to determine one’s own priorities.
- The right to give and receive information as a professional.
- The right to question and challenge.
- The right to ask for changes in the system.
- The right to act in the best interest of the patient/client.

Linking a specific right to a particular situation makes it easier to initiate assertive behavior. It is essential that nurses recognize their rights and take them into account in dealing with challenging situations, problems, and issues as they arise in the workplace.

Time Management

"There are not enough hours in the day" is a common complaint from individuals experiencing the stress of juggling too many responsibilities and tasks. According to Hamilton and Kiefer, “When you live beyond your limits, you experience the pressure associated with role overload and experience less satisfaction in your daily life.”
What role does time management play in stress reduction?

Mariann Johnson and Diana Gallagher observe, “If time can be viewed as a tangible resource such as money, time management is the way to invest that resource and collect the biggest possible dividends.” From a work perspective, the ultimate goal of time management “is to work smarter, not harder.”

How time is used in the workplace is often a matter of resolving conflicts among competing demands. Since certain responsibilities cannot be ignored, it is important to learn how to balance demands by adopting basic time management strategies. According to experts, a systematic approach to using time helps to develop better time management habits which, in turn, foster a greater sense of accomplishment.

Organizational skills play a key role in managing time effectively. Within the workplace, time management involves:

- Listing the aspects of a job which are liked and disliked in order to better understand the value assigned to certain duties and functions.
- Sorting out (prioritizing) what will or will not be done in a given period of time.
- Writing a “to do” list of the tasks to be accomplished each day (“must do,” “do if time permits,” “do if all else is completed,” etc.).
- Experimenting with a variety of organizational strategies to determine what works best.

To assist nurses in this process, Hamilton and Kiefer have developed a series of questions to help identify job priorities:

- Will patients be jeopardized if this task is not done?
- Do any time deadlines make this task a priority?
- Is this task one of the key elements of the job— one of the elements upon which evaluation is based?
- Do any safety concerns make this task a priority?
- Do any legal or regulatory issues make this task a priority?
- Could this task be done by anyone else?
- If this task is postponed, will problems arise?
Read the following case study, then complete the subsequent exercise.

Hank Evans, head nurse on the oncology unit, arrives at work on Monday morning and reviews the tasks he must complete in the upcoming week. In addition to preparing the next week’s staffing schedule, he has to conduct performance appraisals on two staff nurses. These must be completed by mid-week in order to submit their names to the personnel department by Friday so that they can be put on the merit raise list. Hank also has a new Hickman cath procedure to write up for the in-service program he will teach next week. He has been asked to plan the ethics rounds scheduled for next month. He has routine paperwork (e.g., supply inventory and patient acuity reports) to complete each day, and three committee meetings this week (Monday, from 10:00 a.m.–12:00 p.m.; and Wednesday, from 8:00–10:30 a.m. and 1:30–4:00 p.m.). On Tuesday, he must attend a mandatory “In-Service Day” from 8:00 a.m.–4:00 p.m.

1) Set priorities for Hank’s activities each day below: rank each activity in order of priority, with 1 being the highest priority, 2 being the next highest priority and so on. (For example, on Tuesday, Hank’s top priority has to be the in-service day; see below.)

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Most effective time managers create a “to do” list. One of the values in developing such a list is being able to cross off items as they are completed, thus providing a visible gauge of how much has actually been accomplished. There are, however, certain guidelines which should be followed:

- List only specific, time-limited tasks.
- Structure daily activities with energy levels in mind. Plan to undertake tasks that demand precision or concentration during high energy times.
- Avoid scheduling time so tightly that every minute is accounted for.
- Reserve at least 30 minutes per workday as unscheduled time to accommodate crises, emergencies, and delays.
- Make time for short breaks and for eating lunch. Avoid spending this time in conversation about patients and work problems.
- Also consider scheduling a 15-30 minute “decompression” period of relaxation time between work and home.
1) Using the above suggestions, write down a personal “to do” list for a typical day’s work activities. Set priorities for the activities you list and indicate how much time each activity will take to complete.

2) If you already have a “to do” list, compare it with the suggestions listed above. What did you learn?

Once a routine of using “to do” lists is established, it is important to periodically evaluate the progress being made in improving time man-

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agement habits. Merrill Douglass and Phillip Goodwin recommend use of the following questions in analyzing time management:

- What was the most productive period of the day? Why?
- What was the least productive period of the day? Why?
- Who or what accounted for the most interruptions?
- What were the three biggest time wasters in a given day?
- How much time was spent in high-value activity?
- How much time was spent in low-value activity?
- What activities could have taken less time and still produced acceptable results?
- What activities needed more time? 

Compare one of your typical "to do" lists against the questions above to analyze your time management skills. What did you learn about your ability to manage time? What will you change?

**Summary**

Understanding stress and its manifestation in the workplace is of utmost importance to nurses. Coping with job stress requires enhanced self-awareness, coupled with the fine tuning of communication skills and organizational abilities. By drawing from the behavioral sciences, nurses can add a broad range of strategies and techniques to their reserve of workplace survival skills.
Contact Hour Test—Chapter 5

Directions: Circle the one best answer to each of the following questions.

1) The unit on which Darlene Jones works as a staff nurse houses 32 patients in a space originally designed for 24. Extra beds have been added to some of the larger rooms to accommodate the increased census. Storage closets and utility rooms have been crammed to capacity with supplies and equipment needed to care for the patient load. It is difficult for Ms. Jones to obtain linen for the patients in her care without moving other materials out of the way. This is an example of:

a) an environmental stressor.
b) an interpersonal stressor.
c) an unsanitary condition.
d) improper management.

2) Ms. Jones carries a patient load of eight patients per day. Today she has a headache, no doubt caused by being awakened several times during the previous night by an ill child. When the head nurse assigns Ms. Jones two additional patients because of short staffing, Ms. Jones notices increased discomfort from her headache. This is an example of:

a) an environmental stressor.
b) an interpersonal stressor.
c) an inappropriate delegation.
d) improper management.

3) Ms. Jones feels very tired at the end of her work day. While driving home, she thinks it was a mistake to choose a nursing career because of its demands. She is exhibiting symptoms of:

a) poor career choice.
b) work overload.
c) stress.
d) fatigue.
4) Several of Ms. Jones' colleagues have been experiencing similar symptoms. In fact, one has called in sick periodically this past month, although her previous attendance record was perfect. Others seem to be making more errors; while none have been serious, they are increasing in frequency. These nurses may be suffering from:

a) burnout.
b) work overload.
c) stress.
d) fatigue.

5) Once Ms. Jones and her colleagues identify the cause of their difficulties, the next step is to:

a) refuse to accept increased patient work loads.
b) monitor each other carefully to decrease mistakes.
c) meet together with the head nurse to protest working conditions.
d) design a plan to cope more effectively with existing conditions.

6) Stress reduction includes all but the following technique:

a) exercise.
b) rest.
c) reading.
d) medication.

7) Ms. Jones' decision to attend an aerobics class after work each day is an example of:

a) intellectual self-care.
b) emotional self-care.
c) physical self-care.
d) spiritual self-care.

8) Ms. Jones decides to join the "Writers Club" at the hospital. She always has wanted to publish an article, and the club is designed to help nurses learn to publish. This is an example of:

a) intellectual self-care.
b) emotional self-care.
c) physical self-care.
d) social self-care.
9) Ms. Jones also makes a conscious effort to accept responsibility for her feelings on the job. When a patient upsets her by being demanding, for example, she tries to determine the needs underlying the demands, rather than taking them at face value. This is an example of:

a) intellectual self-care.
b) emotional self-care.
c) physical self-care.
d) spiritual self-care.

10) Finally, as part of a plan to improve her outlook on her work and profession, Ms. Jones attends a meeting of the district nurses association, where she meets and talks with several other nurses, comparing work situations and discussing possible solutions to the problems they all are facing. This is an example of:

a) intellectual self-care.
b) emotional self-care.
c) physical self-care.
d) social self-care.

11) Ms. Jones feels much better after several months; she rarely complains of fatigue, and looks forward to going to work each day. Which of the following was not part of her stress management program:

a) identifying symptoms and stressors.
b) changing her work situation.
c) developing a plan to deal with stress.
d) implementing stress reduction techniques.

12) Ms. Jones is approached by a physician who is caring for one of her patients. He angrily accuses her of failing to give the patient preoperative medication, because the patient said she “hadn’t had a needle” before surgery. Ms. Jones gave the medication and charted it. Which of the following represents an assertive response to the irate physician:

a) “I’m sorry, Dr. Smith, but I really did give the med.”
b) “Please review the patient’s chart, Dr. Smith; you will see the medication charted as given.”
c) “You’ll have to take your complaint up with the head nurse; I’m too busy to discuss it with you now.”
d) “Calm down and I’ll tell you what happened; I can’t talk to you when you’re mad.”
13) When one of her coworkers constantly leaves work unfinished, so that others have to help her, Ms. Jones approaches her with the following assertive statement:

a) "Why do you always expect us to do your work for you?"

b) "If I have to pick up after you once more, I'm going to the head nurse."

c) "This is the last time I'm going to do your work and mine."

d) "I want to talk to you about leaving your work for others to do."

14) In dealing with an often overwhelming workload, Ms. Jones has learned several strategies for managing her time. Which of the following would not be effective in a patient care situation:

a) listing patient care priorities.

b) charting only once a week.

c) delegating tasks to others.

d) asking for help when needed.

15) In deciding her work priorities, Ms. Jones takes into account:

a) patient safety.

b) colleague approval.

c) supervisor consent.

d) personal satisfaction.
CHAPTER
6
Learn to Manage Workplace Conflicts

At the conclusion of this chapter, the participant will be able to:
1) Describe several methods of conflict resolution.
2) Apply one or more techniques for fostering a positive work environment to his/her current workplace.
3) Create a plan to facilitate one needed change in his/her current work setting.

Successfully handled, conflict allows for the expression of strongly held ideas or feelings, which otherwise might not become known.

ELIZABETH ARNOLD and KATHLEEN BOGGS
Interpersonal Relationships: Professional Communication Skills for Nurses

Conflict is bound to arise in the normal course of any employment. Webster defines conflict as "a mental struggle resulting from incompatible or opposing needs, drives, wishes, or demands." Conflict may represent two or more opposing feelings about a situation, per-
SKILLS IN THE WORKPLACE

said, or idea within a particular individual (intrapersonal), or signify a difference in approach, feelings, or ideas occurring between two or more individuals (interpersonal). Nurses must equip themselves with the necessary skills to enable satisfactory resolution of inevitable workplace conflicts—both intrapersonal and interpersonal.

According to Arnold and Boggs, "To accomplish conflict resolution, nurses first need to have a clear understanding of their own personal response patterns to conflict and what situations are more likely ... to trigger conflictual feelings within themselves." A nurse's knowledge of 1) employment rights and protections, 2) terms and conditions of employment, 3) workplace structures and decision-making processes, and 4) sources of job stress provide important background information for accurately identifying and effectively resolving most workplace conflicts. The previous chapter touched upon some of the potential intrapersonal conflicts which create job stress and offered some appropriate self-care strategies. This chapter explores the resolution of interpersonal conflicts.

It is readily acknowledged that conflicts often arise within the therapeutic relationship between nurse and client. In fact, a number of books have been written on effective nurse-client communication. The principles of nurse-client communication apply throughout all workplace relationships. Given the complexity of this type of interaction, it is important for nurses to pay close attention to the quality of their client relationships. In keeping with the general focus of this publication, however, the following sections explore strategies for fostering healthy relationships among colleagues—between nurses, nurses and supervisors, nurses and physicians, nurses and other health care personnel, or nurses and administrative staff.
Methods of Conflict Resolution

What methods of conflict resolution are used in the workplace?

Methods commonly used to resolve conflict include integrative problem solving, dominance and suppression, restriction, smoothing, avoidance, majority rule, and compromise. According to Laura Douglass and others, all of these methods are used at some time by managers, but the integrative approach offers the most constructive way to resolve conflict. 165

Integrative problem solving is particularly effective in resolving interpersonal problems which arise from conflicting needs. According to Robert Bolton, the key to this conflict resolution approach is to arrive at “a clear, concrete, succinct statement of the problem” at the outset of the process. 166
Integrative problem solving involves six basic steps:157

1) Define the problem in terms of needs rather than solutions.
2) Use brainstorming to arrive at possible solutions.
3) Select the solution that best meets both parties' needs and check possible consequences.
4) Plan who will do what, where, and by when.
5) Implement the plan.
6) Evaluate the problem-solving process and review, at a later date, how well the solution turned out.

Bolton and others have found that this method is "successful with an extraordinarily high percentage of typical problems which occur between people."158 Other basic approaches to conflict resolution, however, have a number of shortcomings.

An underlying characteristic of dominance and suppression methods of conflict resolution is a marked class or status distinction between the individuals or groups involved. Dominance and suppression strategies tend to repress interaction by forcing conflict underground and creating a situation in which one side is forced to give way to a higher authority. Emphasis is placed on the immediate conflict rather than on relationships and the long-term effect of the parties' differences.

Restriction is another coercive style of conflict resolution. The objective is to create a situation in which a person in authority tells others what to do and what not to do. Managerial power and strength are used to dictate the actions of others. In this approach to conflict resolution, organizational values (as defined by the manager), cooperation, and teamwork are emphasized. As Douglass points out, "While these are all important and every organization must have them, when overdone, they become destructive."159

A slightly more diplomatic way of suppressing or restricting conflict is to employ smoothing behavior. An attempt is made to persuade one side to give in to the other side. This tactic, however, is viewed as a short-term strategy. It is likely to trigger feelings of resentment and hostility because the underlying conflict is never resolved, only passed over temporarily.

Some organizations strive to employ staff who are substantially in agreement on major issues and goals. This tactic reflects an avoidance approach to conflict resolution by attempting to create a situation in which no differences exist or are likely to arise. The risk of this "mutual admiration society," according to Douglass, is the danger of falling into a "rut of complacency."160 In this situation, there is little opportunity for creativity, initiative, or growth on the part of the organization or individual employees.
The avoidance approach also is in operation when individuals are unwilling to take a position regarding a conflicting issue. The prevailing sentiment, usually, is: "If we don't talk about it, the problem will go away." Others may embrace the "ostrich in the sand" approach of pretending that a conflict does not exist. Because conflicts are never resolved, resentment builds to a major crisis. Constant staff turnover may result as one means of indirectly resolving the inevitable personal conflicts that build over time.

Some managers try to resolve conflict by the principle of majority rule. Experts agree that the elective process can be used successfully if a group has the right to vote and all group members are willing to abide by the decision. Unfortunately, if one side consistently outvotes the other, the losing side will feel dominated and suppressed. Moreover, many nursing leaders question the feasibility of relying on this approach in a health care setting, since a nursing team has certain obligations to meet, no matter what the majority may decide.

Compromise is yet another method of conflict resolution. Unlike the previously mentioned approaches, both parties make concessions as a means of settling differences. Striking a compromise necessitates that each party give up something in order to meet halfway. In many cases, individuals have difficulty in fully supporting the decision reached through compromise. They often look for opportunities to raise their point of view at a time when it is most likely to "win the other side over." Many management experts view compromise as a weak conflict resolution method because the process is less apt to reach a firm, purposeful solution that will best help the organization to stay on course and achieve its goals.

Dominance and suppression, restriction, smoothing, avoidance, and majority rule are regarded as win-lose approaches to conflict resolution. Compromise, on the other hand, is viewed as a lose-lose approach. Methods which embrace win-lose and lose-lose strategies of conflict resolution have several characteristics in common. According to Filley, these strategies reflect the following shortcomings:

- There is a clear "we-they" distinction between the parties, as opposed to a "we-vs.-the-problem" orientation.
- Each party sees the issue only from its own point of view. No effort is made to define the problem in terms of mutual needs.
- Emphasis is placed on reaching a solution, rather than on a definition of goals, values, or motives to be attained with the solution.
- Conflicts are personalized; no attempt is made to look objectively at the facts and issues.
- The parties are conflict-oriented (emphasizing the immediate disagreements) rather than relationship-oriented (emphasizing
Experts agree that the most desirable approach to conflict resolution is integrative problem solving, in which the parties involved recognize that conflict exists and openly try to solve the problem that has arisen between them. This win-win model for conflict resolution is characterized by:

- clear definition of values, purpose, and goals;
- open and honest communication of facts and feelings;
- a sense of responsibility among all who participate; and
- an environment of trust and commitment by all to the success of the process.

Within this integrative framework, individual abilities and expertise are recognized and each person's position is clear. As conflicts arise, the emphasis is on a group solution in order to build a positive workplace environment.

1) Which of the conflict resolution strategies outlined above did you use in responding to the conflict situation you described?
Workplace Conflicts

2) How effective was the method you used?

3) If you had to resolve the same conflict again, which method would you use now? Why?

Positive Work Environment

*How do you foster a positive work environment?*

Roe suggests that the development of a positive work climate hinges on the quality of workplace relationships—"positive relationships with others in the work setting . . . are equally as important as the fine-tuning of clinical skills."
Several authors contend that the establishment of rapport among workers, the development of collegial relationships and a sense of teamwork, and the management of conflict and change are fundamental to the creation of a positive work environment. Taken together, these elements influence the cohesiveness of work groups. Of these, the management of conflict and change appears to have the most profound impact on the quality of workplace relationships.

1) How would you rate the cohesiveness of the group with which you currently work?

Not very cohesive ———— Very cohesive

1 .......................... 2 .......................... 3 .......................... 4 .......................... 5

2) What would you say is the cause of the cohesiveness, or lack of it, in your work setting?

Reactions to conflict situations usually fall into three categories: 1) some individuals may underreact, responding with indirect and vague comments (passive behavior); 2) others may overreact, lashing out with judgmental and evaluative statements (aggressive behavior); 3) still others may address the situation in an honest and direct manner through open communication (assertive behavior).

Passive and aggressive behaviors tend to be defensive in nature and, as such, do little to resolve workplace conflicts. Assertive behavior, on the other hand, encourages collaborative interaction, making it
Workplace Conflicts

possible to turn conflicts into problem-solving situations (integrative problem solving).

Roe points out that, as resources become scarcer, "health care organizations are encountering increased internal conflicts where personnel and/or work units compete for their 'fair share.' ... It has never been as important as now for nurses to become comfortable managing conflict situations." Given this current health care environment, nurses need to master the integrative problem-solving approach to conflict resolution in the workplace. Using this approach, individuals work together to effect the following process:

- Identify the problem (including values, purposes, goals).
- Encourage free exchange of ideas, feelings, attitudes, and values in an atmosphere of trust.
- Search for alternative ways to resolve the problem.
- Ask for help from outside sources as needed.
- Set up means for evaluation of solutions.
- Keep interacting until all members want and value the solution.

David Johnson suggests the following guidelines when using this model of conflict resolution:

- Describe the conflict as a mutual problem to be solved, not a win-lose struggle.
- Describe the conflict as specifically as possible.
- Identify differences between concerned parties before attempting to resolve the conflict.
- See the conflict from the other person's viewpoint.
- Reach an agreement about how the conflict is to end and not recur.
The identification of individual needs plays an important role in integrative problem solving. Before a conflict can be perceived as a mutual problem, there must be recognition and understanding of each person's needs. Lachman offers the following advice in the initial stage of defining conflict as a mutual problem:

Assert your own needs, listen reflectively until you understand the other person's needs, and then state both sets of needs in a one-sentence summary of the problem.166

The same information base that is used to classify patient/client health needs can be applied in conflict situations in the workplace. Abraham Maslow's well-known theory of self-needs, for example, offers a framework for categorizing needs as they emerge in conflict situations.167 According to Maslow, there are five categories of needs and wants which cause individuals to think, act, and respond as they do. Maslow emphasizes that the lower-level needs (physiological, safety, and belongingness needs) must be largely fulfilled before higher-level needs (esteem and self-actualization) become operative. Maslow's theory provides insight into the level and potential intensity of certain needs (hierarchy of human needs).

Once the problem is clearly defined, it also is important to encourage brainstorming as a method of arriving at the most comprehensive list of possible solutions. The purpose of brainstorming is to creatively generate ideas. In a brainstorming session, each person works individ-
ually and writes down as many solutions as possible. These solutions are then listed on a blackboard or chart so that everyone can see them. Individual members of the group then build on these ideas to form new and expanded solutions. The basic ground rules for brainstorming are:

- List every idea; do not censor.
- Do not remark on or critique anyone's ideas.
- Do not seek clarification or attempt to clarify ideas; it interferes with the creative process.
- Avoid attaching people's names to the ideas they suggest or listing each person's contribution separately.108

The focus of integrative problem solving and related processes is on the free and open exchange of information to facilitate group decision making.

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<th>1) Can you think of a conflict situation at work in which you might try the integrative problem-solving method to resolve the conflict? How effective do you think the integrative problem-solving method would be with this conflict?</th>
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<td>Not very effective</td>
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| 2) What factors (e.g., support from your supervisor) would assist you in using the integrative problem-solving method at work? |
3) What factors (e.g., negative response from your colleagues) would hinder you from using the integrative problem-solving method at work?

Assertive Communication

How do you facilitate effective workplace communication?

Communication is commonly defined as "the exchange of meanings between and among individuals through a shared system of symbols that have the same meaning for both the sender and the receiver of the message." These symbols include both verbal and nonverbal forms of communication. If nurses wish to enhance their interpersonal effectiveness in the workplace, they must understand the communication process and apply basic communication theory. As Angel and Petronko point out, "Your interpersonal effectiveness depends on your ability to communicate clearly what you want to communicate, to create the impression you wish to create, and to influence the other person in the manner you intend."

The failure to convey clear, complete messages is perhaps the biggest barrier to communication. According to Johnson, "Being complete and specific seems so obvious, but often people do not communicate the frame of reference they are using, the assumptions they are making, the intentions they have in communicating, or the leaps in thinking they are making."

For communication to be effective in the workplace (as in any other setting), it must be carefully thought out. There are certain basic questions which must be answered when preparing to share information in any form:
Workplace Conflicts

• **Purpose**—What is the purpose or objective of sharing this information? What is the central idea, the one most important statement to be made?

• **Organization**—What are the major points to be shared and in what order should they be presented?

• **Content**—Is the information to be shared complete? Does it convey "who, what, where, when, why, and how"?

• **Word choice**—Has careful consideration been given to the choice of words?

In the planning stage, the responses to these questions help to shape the content of the message. Once the message is actually formalized, these questions serve as a means of assessing the potential effectiveness of the communication.

It also is important to recognize that the manner in which information is shared and in which ideas and feelings are revealed has a significant impact on problem solving and conflict resolution. Communication experts contend that conflict need not result in a hostile encounter if individuals are willing to engage in open, honest dialogue—assertive communication. Angel and Petronko emphasize that, "Assertiveness is not a method to gain control over others or to 'beat the system,' but rather is a way of dealing with others in a self-satisfying and respectful way."\(^{172}\)

Basic rules for assertive communication include the following tips for communicating information:

• Take the receiver's frame of reference and perspective into account in structuring a message.

• Provide all information the receiver needs to comprehend the message.

• Assume ownership of the message by using personal pronouns when expressing thoughts, feelings, reactions, and needs.

• Be descriptive when communicating feelings.

• Describe other people's actions without making value judgments.

• Make sure nonverbal signals are congruent with the verbal message.

• Maintain direct eye contact and erect posture.

• Use gestures and facial expressions for emphasis.\(^{173,174}\)
Using the principles of assertive communication described above, write two (2) assertive statements below to illustrate how you would convey the following messages:

1) Tell a staff nurse colleague that she did not complete her assignment; therefore, you had to, which caused you to have to work overtime.

2) Tell the head nurse that you need two weekends in a row off next month in order to volunteer at your children's youth camp.
Feedback in assertive communication is equally as important as construction of the message. According to Bolton, "Vital relationships involve both asserting and listening." In *People Skills: How to Assert Yourself, Listen to Others, and Resolve Conflicts*, Bolton states, "To the extent that either listening or assertion is missing from either person in their relationship—to that degree the relationship falls short of its potential." Assertiveness trainers suggest the following guidelines for constructively receiving communication:

- Consider carefully the motives for giving and receiving feedback.
- Give feedback when it is desired.
- Be descriptive rather than judgmental.
- Be specific rather than general.
- Be honest and direct.
- Use personal pronouns when stating feelings or opinions.

In offering feedback, it also is important to deal with things that can be changed. According to Filley, "Feedback is most effectively used when it concerns behavior which the recipient can change."

Using the guidelines of giving feedback described above, write two (2) assertive statements below to illustrate how you would give feedback in the following situations:

1) Your friend asks you to critique her performance in teaching an in-service program. In your opinion, she read too much of her talk and went 15 minutes over the time allotted, although she involved the audience during the question-and-answer period.
2) One of your colleagues is consistently late for work, although she always has an excuse (e.g., the car pool was late, one of her children got sick as she was ready to leave). You know the supervisor plans to counsel her on her tardiness if she doesn't improve.

When the basic rules of assertiveness are followed in the workplace, the quality of relationships improves. And, when properly used in the workplace, assertive communication facilitates problem solving and conflict resolution.

Dealing With Change

Douglass points out that, "Conflict can call attention to the problem areas of an organization and can lead to better ways of getting things done." If there is rigid resistance to change, however, the conflict may never be relieved. Just like individuals, entire organizations (including employing institutions) respond differently to change. Studies have shown that organizations tend to have their own unique reaction to planned and unplanned change. Some organizations assume a reactive posture, viewing change as a threat or loss of control. Other organizations are proactive, responding to change by carefully planning for it.

Certain organizational characteristics signal the degree of receptivity or resistance to change. Style of management is likely to have the greatest impact on an organization's response to change. The nature of the mission statement, flexibility of structural arrangements, effec-
Individuals frequently resist change, particularly in the workplace, because they like the comfort of routine—the security of the status quo. As Roe points out, "By its very nature, change connotes some degree of risk and may require persons to try out or learn something new. As a result, change may be perceived as a frightening event." Resistance to change also may result from personal attitudes toward change, fear of the unknown, fear of change itself, or some myth or assumption about the outcome of a particular change.

It is important for nurses to be aware of the variety of factors which may influence 1) their response to change in the workplace and 2) their ability to function effectively as change agents. Several writers have explored the reactions of nurses and other workers to change. According to Kelly, for example, nurses frequently report the following reasons for resisting change in the workplace:

- a lack of clarity about what the change is,
- a perceived threat from the change agent,
- a feeling that the process and the result of the change have not been thought through,
- selective perception and retention (hearing and remembering only what one wishes),
- too much work involved,
- fear of failure or disorganization,
• lack of two-way communication, and
• belief that the change seems to benefit the change agent, not necessarily the group.¹⁸²

In the past 20 years, there have been profound shifts in both the demands for health care services and the way in which services are delivered. Changes in population characteristics, scientific and technological advancements, disease patterns, and personal life-styles have resulted in demands for more innovative and complex health care services that were virtually nonexistent one or two decades ago. The health care system must be responsive to demands for health care services, which will continue to necessitate change on the parts of health care institutions and the individuals who staff them.

How do you facilitate change in the workplace?

Howard and Beatrice Rowland note that the approach used by management to introduce change has a significant bearing on employee acceptance or resistance.¹⁸³ There are three broad categories of approach: unilateral power, delegated power, and shared power.

Under the unilateral power approach, authoritative decisions are made at the top of the power structure and handed downward. At the other extreme is the delegated power approach, where subordinate levels hold the responsibility for new solutions to identified problems. According to the Rowlands, somewhere in between these two extremes is "the most successful means of arranging change"—shared power.¹⁸⁴

Through shared power, higher-level authority interacts with lower-level employee groups. Group decision making and group problem solving are characteristic of this participative approach to implementing change. The underlying assumption is that support and commitment increase as more and more employees participate in the process of determining the nature of the change (decision/solution).

Identify which management approach to change is illustrated in each of the following situations:

1) The hospital celebrates National Nurses Week each year with a variety of activities, such as a hosted luncheon, certificates of appreciation, continuing education programs with nationally known speakers, and gifts like t-shirts imprinted with the hospital logo. This year, the supervisors are told to plan the celebration within a specific budget.

______ unilateral power
______ delegated power
______ shared power
2) Another year, a task force composed of the staff development educator, clinical specialists, head nurses, staff nurses, and the patient educator plans the National Nurses Week celebration and submits suggestions for the event to nursing administration.

_____ unilateral power
_____ delegated power
_____ shared power

3) In yet another year, the director of nursing circulates a memo describing the plans for the National Nurses Week festivities, based on what she learned from a visit to a hospital in another state during a conference she attended.

_____ unilateral power
_____ delegated power
_____ shared power

Exchange of information is also viewed as a powerful strategy for combating resistance to change. According to Roe, when sufficient information is shared, it is less likely that employees will make faulty assumptions about planned or unplanned change, and rumors will be curbed. A good workplace communication system will draw from more than one resource to communicate important messages and ensure the flow of two-way communication (i.e., group meetings, newsletters, verbal communications from immediate supervisor, bulletin boards, etc.). Given their numbers and visibility within a health care setting, nurses can play an important role in this process. Roe points out that nurses can have a "powerful influence in their organizations ... by acting as information links in their health care setting." Kelly also points out that nurses, because they are "the only health professionals in contact with every facet of the health care system," are in key positions to bring about change. Much has been written, in fact, on the role of nurses as change agents. It is important for nurses to be able to draw from theories of change and related bodies of knowledge (group dynamics, reflective thinking, problem-solving/decision-making processes, etc.) to facilitate desired responses. It is recommended that certain guidelines be used when implementing change within any group:

- Identify practical and realistic goals.
- Set priorities.
- Reduce any surprises by keeping everyone informed; encourage two-way communication.
• Foster dialogue that involves group members in full participation and work toward consensus on the change.
• Seek a commitment from those involved in the change to listen to each other's contributions and to work to resolve conflict as it arises.
• Remain responsive to modification at any point during the implementation of the change.
• Keep the group on target by focusing on the issues and clarifying any problems.

When these guidelines are used in conjunction with integrative problem solving, change becomes manageable for all parties involved.

1) Identify, specifically and completely, one (1) change that you think is necessary in your work setting.
2) What are the steps *you* can take to implement this change in your work setting?

3) What factors in your work setting will help you implement this change?
4) What factors in your work setting may keep you from implementing this change?

5) For each of the hindering factors you listed, write down one (1) strategy you will employ to overcome resistance to change (e.g., if you listed “negative response from my colleagues,” you might say, “involve them in the change by telling them about it in advance”).
6) Write down at least two (2) potential sources of support to help you implement the necessary change.

Summary

Learning to manage workplace conflict fosters good working relationships which, in turn, ensure a positive work environment. By encouraging honest, open communication and integrative problem solving in the workplace, nurses serve as role models for other employees. Moreover, as nurses acquire all of the survival skills outlined in this publication, they become effective change agents—initiating and participating in the change process within the workplace.
Contact Hour Test—Chapter 6

Directions: Circle the one best answer to each of the following questions.

1) In every work situation, conflict can be expected in interpersonal relations with colleagues in nursing and other health care professions. These conflicts can be more easily resolved if the nurse is aware of:
   a) how the other individual is reacting to the conflict.
   b) who is at fault for causing the conflict.
   c) a variety of ways for responding to conflict.
   d) how conflict causes symptoms of stress.

Questions 2-10 refer to the following situation. Read the situation first, then respond to each item:

Angie Marks works in the intensive care unit. She often cares for patients of Dr. John Stone, a cardiologist. Ms. Marks and Dr. Stone often disagree over the appropriate care of patients, particularly in relation to administration of medications. Several times, the nursing supervisor has asked the two to discuss their concerns in private, as they occasionally raise their voices to each other in front of patients. The supervisor has firmly suggested that Ms. Marks take the lead in resolving this ongoing conflict.

2) Ms. Marks chooses to use an integrative problem-solving approach to conflict management in an effort to arrive at a clear statement of the problem. In attempting to resolve the conflict between herself and Dr. Stone, she initially tries to assess each individual's needs in the situation by asking, "What do I want out of my interaction with Dr. Stone?"; "What does Dr. Stone want out of his interaction with me?" This is an example of which step of the integrative problem-solving approach:
   a) defining the problem in terms of needs rather than solutions.
   b) brainstorming possible solutions.
   c) selecting a possible solution and checking consequences.
   d) planning what will be done by whom.
3) Next, Ms. Marks identifies that Dr. Stone probably wants his interaction with her to result in quality care for his patients. She identifies that she wants the same result. This is an example of which step of the integrative problem-solving approach:

a) defining the problem in terms of needs rather than solutions.
b) brainstorming possible solutions.
c) selecting a possible solution and checking consequences.
d) planning what will be done by whom.

4) Ms. Marks thinks about ways to accomplish the outcomes both individuals seem to want. She writes down a number of ways to achieve the desired result. This is an example of which step of the integrative problem-solving approach:

a) defining the problem in terms of needs rather than solutions.
b) brainstorming possible solutions.
c) selecting a possible solution and checking consequences.
d) planning what will be done by whom.

5) Ms. Marks asks her supervisor for recommendations for resolving the conflict, since the supervisor has had more experience with Dr. Stone and his patients. This is an example of which step of the integrative problem-solving approach:

a) defining the problem in terms of needs rather than solutions.
b) brainstorming possible solutions.
c) selecting a possible solution and checking consequences.
d) planning what will be done by whom.

6) The following day, Ms. Marks approaches Dr. Stone as he enters the unit, and asks for time to talk with him about the conflict between them. She describes the suggestions made by the supervisor and her own ideas. Dr. Stone rejects several of the recommendations, but seems interested in talking about one or two that she mentions. This is an example of which step of the integrative problem-solving approach:

a) defining the problem in terms of needs rather than solutions.
b) brainstorming possible solutions.
c) selecting a possible solution and checking consequences.
d) planning what will be done by whom.
7) After her discussion with Dr. Stone, Ms. Marks again speaks with her supervisor about the appropriateness of trying out several of the approaches. This is an example of which step of the integrative problem-solving approach:

a) defining the problem in terms of needs rather than solutions.
b) brainstorming possible solutions.
c) selecting a possible solution and checking consequences.
d) planning what will be done by whom.

8) Ms. Marks begins to implement the strategies she has selected to resolve her conflict with Dr. Stone. She notices, however, that Dr. Stone does not reciprocate—he still approaches her in the same manner as before. Which step of the integrative problem-solving approach was omitted:

a) defining the problem in terms of needs rather than solutions.
b) brainstorming possible solutions.
c) selecting a possible solution and checking consequences.
d) planning what will be done by whom.

9) Because she is uncertain how Dr. Stone will respond to some of the techniques she plans to use to reduce their conflict, she asks a colleague to observe their interaction and give her feedback. This is an example of which step of the integrative problem-solving approach:

a) defining the problem.
b) selecting solutions.
c) implementing solutions.
d) evaluating results.

10) After trying out several conflict resolution strategies, Ms. Marks finds that if she includes patient assessment data in her recommendations for medication change, Dr. Stone seems more amenable to making the suggested change. She decides to use this strategy more often and to check with Dr. Stone in a month or so to see how he thinks their relationship is working now. This is an example of which step of the integrative problem-solving approach:

a) defining the problem.
b) selecting solutions.
c) implementing solutions.
d) evaluating results.
11) Which of the following factors is likely to have the greatest impact on an organization's response to change:
   a) the number of employees involved.
   b) experiences with previous changes.
   c) management style.
   d) openness of communication.

12) Resistance to change involves all but which one of the following:
   a) fear of the unknown.
   b) previous experience with change.
   c) security of the status quo.
   d) educational background.

13) One way to overcome resistance to change is to:
   a) exchange information about the change.
   b) involve management in the change decision.
   c) encourage sharing of power.
   d) encourage discussion of the change.

14) Change is fostered when individuals:
   a) know their jobs are at stake.
   b) understand the reasons for the change.
   c) have experienced positive change in the past.
   d) are directed to change by management.

15) Nurses have a critical role in planning and implementing change in an institution because of their:
   a) around-the-clock contact with patients.
   b) interactions with other health care professionals.
   c) numbers and visibility in the organization.
   d) ability to influence others.
CONCLUSION

Experience a Greater Sense of Control in the Workplace

The decade of the '80s will be remembered as a period of dramatic transformation within the health care industry. A number of factors, including alterations in population characteristics, have contributed to a need for more complex and innovative health care, and to the demand for a broader range of health care services.

Increasing demands for health care services have come at a time when the costs of care have skyrocketed. The need to contain costs has brought about profound changes in the way in which health care services are organized and delivered. As pointed out in a recent industry publication, "Health care has become a big business concerned with profits, efficiency, productivity, cost containment, quality, and competitive position in the industry."\(^{150}\)

Individuals admitted to hospitals today are more likely to view themselves as customers seeking out a service, rather than as patients in need of care. As discriminating consumers, patients have become more questioning, less trusting, more knowledgeable, more demanding of high-quality service and care, more willing to shop around, more cost conscious, and quicker to sue.\(^{191}\)
These and other far-reaching changes have resulted in added pressures for nursing personnel. Nurses experience a wide range of situations on a daily basis which raise serious professional issues, pose ethical dilemmas, challenge values systems, trigger communication breakdowns, and/or cause confrontation. Unprepared to deal with this dimension of the work environment, nurses tend to experience anger, frustration, confusion, and—ultimately—burnout.

What should every nurse know about workplace survival skills? As the 21st century approaches, there is every indication that nurses will continue to face increasing opportunities and challenges in the workplace. Consequently, it is imperative for nurses to become "more sophisticated about survival and growth" in an industry which is playing "under new ground rules." For novice and experienced nurses alike, this means cultivating a unique set of workplace skills. Beyond continually expanding clinical expertise, nurses must learn to apply knowledge and skills from a variety of fields—including economics, labor law, human resources, and the behavioral sciences.

**Becoming More Business-Minded Professionals**

An institution's cost-effective/profit ratio frequently drives decisions related to the delivery of nursing care. In order to articulate nursing's role and the value of nursing services, nurses need to understand the economic forces currently operating in the health care system. Nurses must learn to translate client needs and budget considerations into programs that ensure effective care, reasonable remuneration for caregivers, and profits for the provider. Knowledge about health care economics, management of human resources, environmental assessment, competitive marketing, cost-effectiveness strategies, and cost/profit accounting is essential for professional nurses.

Business "savvy" will continue to be a key factor in achieving the best possible career in nursing. As a result, nurses must 1) understand how trends within the health care industry affect employment opportunities and conditions of employment, 2) study relevant theories and concepts in economics, and 3) recognize the complexity of issues facing nursing that are the outgrowth of economic pressures on the industry.

**Taking Advantage of Employment Rights and Protections**

All employees are accorded certain rights and protections under state and federal laws. There are statutes and regulations pertaining to a wide range of employment concerns, including minimum wage; unemployment and disability benefits; equal employment opportunity; sex discrimination; unfair labor practices; collective bargaining;
job safety; retirement, pensions, and social security; and government employment.

Many employers and employees are unfamiliar with the extent to which various laws affect their rights and responsibilities. Consequently, nurses must be knowledgeable about current workplace laws as well as the statutes and regulations governing nursing practice. Moreover, nurses must have a clear understanding of the interrelationships between basic workplace law, state nursing practice acts, and administrative rules (personnel policies and procedures) within a specific employment setting.

The employment policies and procedures of the institution, as outlined in collective bargaining agreements, personnel manuals and handbooks, or other materials, should be carefully scrutinized. If pertinent information about specific terms and conditions of employment is not readily available, nurses should take the initiative to seek it out. In addition, nurses need to stay apprised of developments in human resources management and to assess the merits of any changes in personnel policies and procedures. By taking full advantage of employment rights and provisions, nurses are in a better position to facilitate resolution of everyday workplace problems and to bring about constructive changes in the terms and conditions of employment.

Nurses also must evaluate the effectiveness of decision-making processes in the workplace. It is important to understand the implications of various organizational arrangements and styles of management. It is equally important to assess the degree of input and involvement nurses actually have in the organization. In order to maximize involvement in workplace decision-making bodies, nurses must acquire knowledge about organizational structure, group dynamics, and problem-solving methodologies.

Applying Basic Knowledge From the Behavioral Sciences

By far, the greatest challenge facing nurses today is the need to achieve effective control of the environment in which nursing is practiced and services are offered. One dimension of control in the workplace comes from the expertise required to practice nursing. Another equally important dimension of control comes from the individual skills necessary to manage stressful situations, to engage in problem solving, and to resolve conflicts.

The changing dynamics of the industry, the increasing demands for health care, adverse employment conditions, and the nature of nursing as a service-oriented, predominantly female profession all contribute to the tensions and conflicts nurses experience on a daily basis. Nurses need to be sensitive to their levels of tolerance for different
types of stress and to develop effective stress management plans. By developing a self-care philosophy which addresses physical, emotional, intellectual, social, and spiritual needs, nurses enhance both their professional and personal well-being.

Healthy relationships are keys to a positive work environment. The manner in which conflicts are resolved has a significant bearing on the quality of interaction among coworkers and others. Nurses need to master the integrative problem-solving approach to conflict resolution in the workplace. Assertiveness plays an important role in this process. When properly used in the workplace, assertive behavior enhances communication and facilitates problem solving and conflict resolution. Consequently, nurses must cultivate their communication skills and organizational abilities.

To survive in today’s workplace, nurses must learn to draw from a broad knowledge base and wide variety of skills. In addition to maintaining the expertise to practice nursing, nurses must:

- Become more business-minded professionals to better understand the impact of changes within the industry.
- Take greater advantage of employment rights, protections, and terms of employment to achieve better working conditions and greater involvement in decisions affecting nursing practice.
- Apply basic knowledge from the behavioral sciences to enhance interpersonal communication, minimize job stress, and facilitate problem solving and conflict resolution in the workplace.

By implementing these strategies, nurses will experience a greater sense of control in the workplace. They will become more discerning employees. They will take a more active, participatory role in decisions which affect the health care environment and the delivery of care. The threat of burnout will thus be substantially reduced, and the likelihood of job satisfaction will increase—benefiting not only the nurse, but the patient and the health care environment at large.
Sources of Current Information on Employment Rights and Protections

Clearly, nurses need to stay apprised of legislative, legal, and agency activity influencing workplace laws. Consequently, awareness of the wide variety of resources from which to draw current information is important.

Various sources attempt to keep current with the frequent changes in the laws of the workplace. For example, the Bureau of National Affairs, Inc. (BNA), based in Washington, D.C., is one of several private companies providing up-to-date information on federal legislation. BNA periodically updates its publication, *The Law of the Workplace: Rights of Employers and Employees*.

Most agencies with enforcement or administrative responsibilities for federal laws print informational pamphlets. Free copies of these materials are generally available from the agencies upon request.

At the end of 1989, information on 136 incidents and claims filed against nurses had been reported to the ANA National Nurses' Claims Data Base. The claims and incident information highlights...
causes, 2) type of facility, 3) area of hospital, and 4) nursing specialty. The national data base is designed to provide a valuable resource for nurses to draw on in defending against liability suits, detailed claims information that the nursing profession can use in negotiating with insurance companies, and information to be used in developing risk management programs to educate nurses on how to avoid malpractice. An ANA pamphlet, *Nurses and Hospitals: Partners in Prevention*, provides specific tips for hospital risk managers, hospitals, directors of nursing, and staff nurses for reducing the likelihood of incidents that could lead to a malpractice claim. The pamphlet and data base reporting forms are available from ANA by calling 800-274-4ANA, weekdays from 8:30 a.m. - 4:30 p.m., Central Standard Time.

The Women's Bureau, part of the Office of the Secretary of the U.S. Department of Labor, is a federal agency established exclusively to improve employment opportunities for women. Numerous publications have been produced by the bureau to help further that goal, including *A Working Woman's Guide to Her Job Rights* and *Work and Family Resource Kit*. In addition, the Women's Bureau has established a toll-free number (800-827-5335) to a computerized data base (CHOICES), with information for employers interested in child care and other family-oriented employment policies.

The *Federal Register* is one of the best sources of information on OSHA standards, since all standards are published in this document when adopted, as are all amendments, corrections, insertions, and deletions. The *Federal Register* is available in many public libraries.

In January 1989, the National Institute of Occupational Safety and Health (NIOSH) released *Guidelines for Protecting the Safety and Health of Health Care Workers*. This document includes an overview of hospital hazards; methods of hazardous waste disposal; discussion of safety hazards, infectious diseases, and chemical and physical health hazards; methods of developing hospital safety and health programs; and lists of resources. Through permission from NIOSH, ANA has reproduced this publication. It may be purchased from ANA by phoning 800-637-0323, 9:00 a.m. - 5:00 p.m., Eastern Standard Time.

*AIDS Policy & Law*, a biweekly newsletter made available by Buraff Publications in Washington, D.C., offers the latest information on legislation, regulation, and litigation concerning AIDS. In addition, the American Civil Liberties Union (ACLU) has begun work on a comprehensive report about AIDS-related discrimination. According to the ACLU, the report will contain data on the extent and nature of AIDS-related discrimination and the availability of legal services to those who experience discrimination. It also will include a description and assessment of existing laws against discrimination and an analysis of relevant proposals for additional legislative measures.
An excellent source of information on state legislation is the *Monthly Labor Review*, a publication of the U.S. Department of Labor, which is available in most libraries. Its annual January issue contains a complete summary of the workplace laws enacted by state legislatures in the preceding year. The Chamber of Commerce of the United States, located in Washington, D.C., also routinely compiles an analysis of workers' compensation laws.

Additional sources of assistance and information are usually available through community-based organizations that have information, referral, counseling, or legal services. The local bar association or the state commission on women, for example, may be able to provide information about these resources. Many state nurses associations also develop materials providing specific information regarding employee rights and protections and the professional responsibilities of nurses in a given state.
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