What is Your Greatest Challenge in Your Day-to-Day Work?

Mary Koloroutis, Creative Health Care Management

We asked people who visited our booth at the Summit of Sages in Minneapolis in September, 2012 and the ANCC Magnet® Conference in Los Angeles the following October to answer the question, “What is your greatest challenge in your day-to-day work?” There was tremendous congruence in the responses, and they clustered around the following:

- Working with naysayers
- Lack of time
- Maintaining patient safety and satisfaction; overcoming support challenges
- Keeping staff engaged
- Working with low performers
- Dealing with difficult people
- Maintaining the best teamwork among the staff
- More work to do than time available
- Expecting so much and wanting success

We have addressed these identified challenges by clustering them further into four different categories of concerns. Those categories are:

- Time constraints/work load
- Stressful encounters
- Toxic environment: lack of teamwork/lack of engagement/low morale/low performance/negativity
- Staff engagement

The following guidance is offered based on our company’s tried and true approaches to cultivating cultures of compassion, empowerment, and healthy relationships—cultures that thrive. The guidance is also based on many conversations held with exemplary clinicians and administrative leaders in health care.

Time Constraints/Work Load

Feeling as though there’s never enough time to do everything is pervasive among clinicians in every acute care environment. The pressure on our time won’t change, so here’s a bit of wisdom we’ve collected on this subject. Here are three key tips for managing time constraints and heavy workloads:

1) **How we think about time makes a big difference.** Our brain is our boss. The way we think about anything affects how we’re able to manage it, work with it, and cope with it. If we begin
by looking at our current reality and honestly claim the resources available for the time allotted, we’re less likely to get overwhelmed. Many of our exemplars tell us that the simple practice of asking patients about their number one priority for the day gives them specific information about the people in their care and helps them prioritize effectively. When you start a shift feeling like you’re on top of things, you’re less likely to find yourself crushed under the weight of it all later. Also, clinicians tell us that while they may wish they could do “everything” for a patient, they know that’s not possible. It is, however, satisfying to partner with a patient to accomplish their number one priority for the day. “While I can’t do everything, I can do something.” This practice helps patients to feel held in our care and clinicians to feel like they’ve done something for patients that has made a real difference in helping them to cope.

2) **Finding opportunities to be proactive helps people feel (and be) less rushed.** Doing change of shift report at the bedside and asking patients about their number one priority for the day both help us to partner with patients, which has two distinct benefits. They help us to anticipate both the technical and relational needs of our patients and their families, and perhaps even more importantly, they help patients to feel held in our care. Patients who receive even three to five minutes of your undivided attention at the beginning of your shift will feel safer and better oriented to what’s going on around them and will likely need less of your attention during that shift. When you’re intentionally partnering with patients and their families, they feel respected and informed rather than anxious, overlooked, and afraid.

3) **Cultivating teamwork helps us to feel “held” by our colleagues.** There’s a kind of teamwork that helps our thinking and our proactivity. If we have each other’s backs, we can delegate appropriately, get more done, and feel like we’re not in it alone. If you’re working in an environment with teamwork challenges, we encourage you to work with your clinical leadership on your unit (both formal and informal leaders) to cultivate teamwork marked by greater trust, mutual respect, and consistent and visible support. Staff members around the country say that they would rather work short staffed with fully engaged and committed team members than fully staffed with people who are not pulling their own weight or contributing to the good of the whole.

Each of us has the power to influence others, but we’ve learned that it’s best to start the inquiry with yourself. Ask yourself these questions:

- Am I the team member I want to be?
- Do I offer and ask for help?
- Do I treat my colleagues with respect?
- Do I communicate directly and honestly?
- Do I actively collaborate to benefit the patient, the team, and the organization?
- Do I tend to the well-being of the whole group?
Stressful Encounters with People
Here are four tips for coping with stressful encounters:

1) Remind yourself that it’s normal in most acute care environments to have what we call “amygdala moments”—those moments that throw us into the part of the brain that wants to fight or flee. Part of your role as a caregiver is to keep calm and take care of the person in front of you. But managing your own emotions can sometimes be challenging. It’s hard to remember in moments in which someone is angry or distressed that it’s a normal human response to illness to express fear and anger. Illness, trauma, and crisis can cause us to panic internally, if not outwardly. Simply remembering that it’s a normal human response can help us to move into a mode of accepting the person so that we can “power down” and listen rather than trying (futilely) to change the behavior of the person who is expressing strong emotions. It helps to remember that just as bleeding is a symptom of physiological distress, anger is a symptom of emotional distress. Helpful “treatments” for anger include a deepening of attunement with the patient, staying present, wondering with and about the patient, and listening with compassion.

2) In an encounter with a person who causes you stress, it is helpful to consciously wonder and suspend judgment. If we see people as fascinating, it’s far more likely that we’ll keep our composure when they do some of the seemingly irrational things they do. Wondering helps us maintain the joy in this work by pouring some “light” into the interaction. If you stay in wonder, you won’t feel the pressure to figure it all out; instead you’ll be curious to learn more about what the person is showing you in that moment. The practice of wondering is a joyful not knowing. Agitation, anger, and demanding behaviors are predictable and normal responses for people who are out of their comfort zones. When we remember that and understand these emotions as symptoms of powerlessness, difficulty coping, physical and emotional pain, and/or grief and loss we are more able to stay in wonder and attune to our patients with compassion.

3) Know that you’re not super human. Sometimes “enough” really is enough for you. In many high-pressure instances it’s perfectly acceptable to say to a team member, “Your concern is important to me too; and I can talk with you about it later.” Learn to create the pause, give yourself a little breathing room, and know your own limits. Some days we can handle stressful encounters and stressful people better than others; this might be one of those days where you have to lean into a colleague and ask for help. Compassion for others begins with having compassion for ourselves.

4) Find a way to take mindful pauses throughout the day as a proactive practice. Dr. Stephan Rechtschaffen, MD, author of *Time Shifting: Creating More Time to Enjoy Your Life*, supports the practice of using the many moments of hand washing throughout our work time to pause and clear our minds. Rechtschaffen points out that unless we’re intentional about noticing our energy and pace and slowing down, we’re likely to become automatically entrained
to the fast pace and chaos of the environment in which we work. Sometimes that fast pace is
critical to being responsive to urgent needs and saving lives. But calm energy and presence are
essential if we are to truly attune to and see the patients and families in our care. Exemplars tell
us that taking conscious control of their own pace helps them to feel more in control of their
lives and work and enables them to be present and proactive with their patients and families.

**Toxic Environment: Lack of Teamwork/Lack of Engagement/Low Morale/Low Performance/Negativity**

These responses are clustered together because they often exist in the same environment. A culture
marked by pervasive negativity, pessimism, cynicism, and victimization can take the best of us down.
Turning the culture around is critical in order to deliver respectful, productive, and compassionate care.
Here are some steps toward improving a culture that any unit can take:

1) **Diagnose what is getting in the way of teamwork.** Begin with an “appreciative process”—
one that focuses on what is going well and how we can do more of it—so that the team can
build upon its successes. Consider some peak moments of excellent teamwork. It’s likely that
even the most challenged team can point to moments in which they really came together in
service of a patient and/or family. Once identified, you can explore how those moments can
become more of a norm. It’s easy, in an inquiry into what’s getting in the way of teamwork, to
focus on what’s going wrong. Still, you’ll find that for everything that’s going wrong, the same
sort of situation is sometimes handled beautifully. When you go looking for solutions, look for
examples of what’s already happening right in your own milieu. These examples of excellence
will form your vision and direction for improvement.

2) **Recommit to each other.** Creative Health Care Management’s *Commitment to My Co-Workers*
   card is a great tool for a discussion about what healthy team relationships can look like. It’s both
   practical and philosophical, leaving people with a very solid sense of what they must commit to
   in order to be part of a healthy team. It includes principles such as “I will accept responsibility
   for establishing and maintaining healthy interpersonal relationships with you and every other
   member of this team” and “I will not complain about another team member and ask you not to
   as well. If I hear you doing so, I will ask you to talk to that person.”

3) **Cultivate a culture in which positive relationships are expected.** Based on the
   appreciative process, create a vision for what positive teamwork would look like. Use the
   *Commitment to My Co-Workers* statements to help you identify a few vital behaviors to focus on
   that will help everyone in the group to move toward the vision. Highlight improvements as they
   happen by working on one commitment at a time.
What we have learned about naysayers is that it’s more productive to reward those who move toward improvement than it is to be pulled back by those who do not want improvement. It’s true also, however, that healthy teamwork is the number one predictor of high quality safe care and therefore poor interpersonal relationships cannot be tolerated. Create a system by which poor performers are coached and if necessary disciplined, but keep the lion’s share of your focus on creating the collaborative culture you want rather than correcting what’s “wrong” with your current culture.

**Staff Engagement**

Staff engagement is high in cultures in which the purpose and meaning of the important work of human caring is foremost and where teamwork is expected and nurtured. These cultures develop infrastructures to support decision making by those closest to the point of care and service. These cultures cultivate a fierce commitment to achieving the very best possible care for every patient and recognize the value and interdependent nature of all roles and contributions within the organization. Executive leaders and managers in such cultures recognize that the patient care experience is dependent on staff members owning their responsibility, authority, and accountability to function at the highest level of their role. These leaders recognize that care happens between one human being and another human being and thus cultivate a culture in which commitment to and compassion for people is primary.

**Summary**

There is a myth that people are just who they are and cannot change ineffective habits. The research on human motivation and cultural transformation debunks that myth. With supportive environments, clear standards and expectations, and a call to fulfill the higher meaning and purpose of our work—a call to bring forth our better selves—people and cultures transform. Heidi Grant Halvorson studied those things that “successful people” do to achieve their goals and thrive in their work. I find the following information and guidance very useful and inspiring. Consider it as you think about the challenges in your work life and what it takes individually and collectively to move beyond them and achieve your vision for excellence and success:

Focus on getting better, rather than being good. Believing you have the ability to reach your goals is important, but so is believing you can get the ability. Many of us believe that our intelligence, our personality, and our physical aptitudes are fixed—that no matter what we do, we won’t improve. As a result, we focus on goals that are all about proving ourselves rather than developing and acquiring new skills.

Fortunately, decades of research suggest that the belief in fixed ability is completely wrong—abilities of all kinds are profoundly malleable. Embracing the fact that you can change will allow you to make better choices and reach your fullest potential. People whose goals are about
getting better, rather than being good, take difficulty in stride and appreciate the journey as much as the destination. (Halvorson, 2011)