



Realizing Your Incredibles: Leveraging the Hidden Power of Your Team

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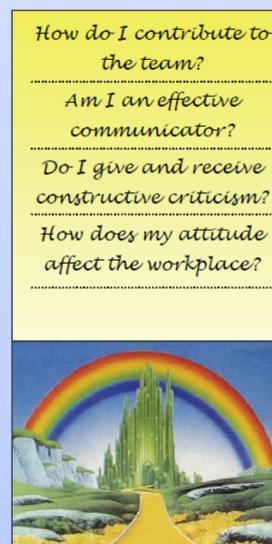
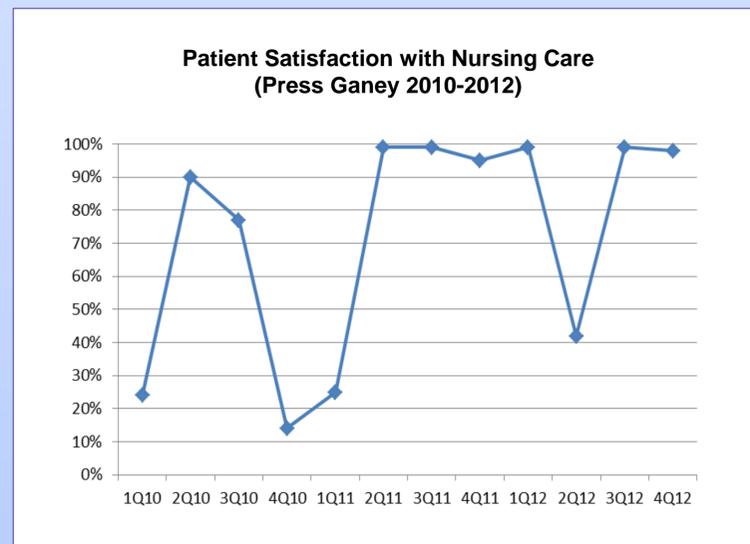
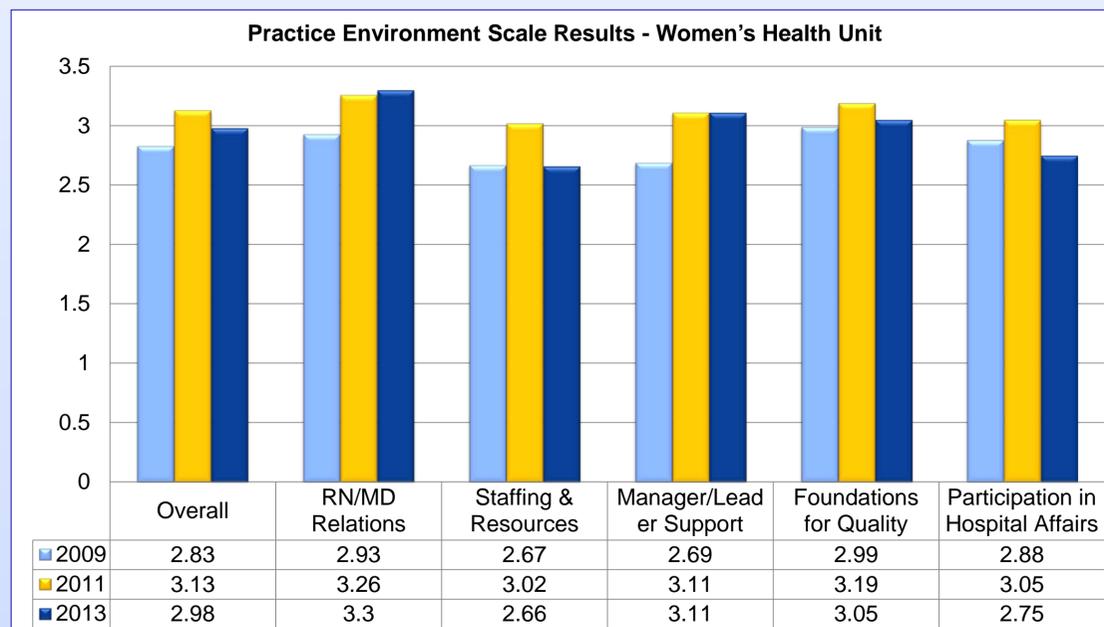
Introduction

The professional environment encompasses quality, safety, collaboration, and peer review. In 2008, an opportunity to improve the professional environment through collaboration and peer review among direct care nurses was identified. A group of stakeholders, The Teambuilders, was formed to address key issues of increased accountability for behavioral expectations, practice standards, and quality outcomes.

Methods

The Teambuilders served as role-models for peers. Because professional development underpins positive change, an educational series on personality and generational differences was provided to assist staff in communicating more effectively with each other. They learned how to give and receive constructive feedback and gained confidence in using the peer review process. Leadership used role-playing of difficult interactions as a tool to give direct care staff the confidence and ability to deliver peer review when it has the most impact – in the moment.

Results



One surprising short-term result was a 22% external staff turnover rate. Our evaluation suggested that turnover in this situation was desirable, in that departing staff recognized their professional goals were incongruent with unit strategic goals. However, the unit's overall practice environment mean score and subscale scores (participation, quality of care, nurse manager support, resources, and RN-MD relations) on the NDNQI RN Satisfaction Survey outperformed national and magnet benchmarks, moving from a 2.83 in 2009 to a 3.13 in 2011. Press Ganey Patient Satisfaction scores related to nursing care increased from the 10th percentile in 2010 to the 90th percentile in 2011-2012.

In 2013, our overall results for the RN Practice Environment scale were comparable to other Magnet organizations and to hospitals with similar bed size. However, we experienced declines in nurses' perceptions of staffing adequacy, foundations for quality of care, and participation in hospital affairs. We attribute these changes to the shared governance restructuring that included "right sizing" council membership and a 7% increase in patient admissions. We established an RN Staff Satisfaction Task Force to address the related issues and to explore with nurses what our "ideal" work environment should look like.

Conclusions

Nursing leaders have the responsibility to create a healthy work environment. Building effective teams has an impact on Nurse/Physician relationships and ultimately an even greater impact on patient care. The collective efforts of direct care nursing staff working with leadership demonstrate the hidden power of teams.



References

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