

Professional Practice

High-quality healthcare organizations are driven by attention to their customers, excellent workmanship, empowered work forces, and innovation and change as a response to their environment. The forces that drive change in healthcare organizations also will drive change in society and life in the 21st century. Products and services must be needs-based, yet maintain a distinct identity to keep a company sustainable and in front of the competition. These organizations recognize the factors that will allow them to be successful: team building, group dynamics, conflict resolution, negotiation, sources of power and empowerment, and other environmental issues.

TEAM BUILDING

“A team remains the most flexible and most powerful unit of performance, learning, and change in any organization” (Katzenbach & Smith, 2003, p. xix). The abilities to express one’s ideas clearly and decisively, to listen attentively and respectfully, and to invite a range of opinions are among the communication skills that help managers build team cohesiveness. Teams usually are developed that reflect the diversity and culture of the organization, and although the chief executive may be fundamental in the formation of high-performance teams, he or she is not always a team leader.

According to Katzenbach and Smith (2003), developing a team is the inclusion of “a small number of people with complementary skills who are committed to a common purpose, performance goals, and approach for which they hold themselves mutually accountable” (p. 275). A team develops around the task to be accomplished while taking into account the mix of personalities and competencies; the desired performance outcomes; and the processes of communication, involvement, performance orientation, and enabling leadership (Higgs, 2006).

Central to a team’s success will be its members’ work behaviors, such as constructive listening and giving the benefit of the doubt to others (Katzenbach & Smith, 2003). Team members need to be not only mature and self-motivated, but also be aware of their social and cultural differences, appreciate each other’s cultural diversity, and have a basic understanding for each other’s value systems. Only through an active display of this understanding and open and nonjudgmental communication can a team develop its highest potential to meet group goals and complete its mission.

The team leader can facilitate this process by using good meeting skills and appropriate meeting behaviors. The task of reminding team members of their mission, goal, and tasks falls to the leader as well.

GROUP DYNAMICS

Social scientists have identified predictable stages of group development. The first stage is known as *forming*. Individuals come together and form a defined cluster. People are cautious in their communication with one another; they are still relative strangers and rely on a leader to define and direct their activities.

As the group proceeds through the maturation process, it arrives at the second stage known as *storming*. In this stage, members of the group compete for position, power, and status; informal leaders may emerge. The formal leader helps the group identify and work through conflict.

The third stage of group formation is called *norming*. Here the rules for working collaboratively are made explicit; structure, roles, and relationships are clarified. The leader’s role is to advance relationship building.

As the group matures, it enters the *performing* stage; it is in this mode that the work of the group is done most effectively. The energy of the group is focused on achieving its goals in a collaborative atmosphere. The leader’s role is to provide feedback on the work that the group is accomplishing, redirect group energy when necessary, and further cultivate interpersonal relationships.

Several experts have suggested that the group formation process, and thus the productivity of the group, can be accelerated under the guidance of a skillful facilitator or in the face of actual or fabricated crisis.

CONFLICT AND CONFLICT RESOLUTION

Conflict occurs naturally in and among groups and individuals; it is inevitable and a condition essential to change. Conflict may be *intrapersonal* (within oneself), *interpersonal* (between the self and another person), *intragroup* (among members of a particular group), or *intergroup* (among members of two or more groups). Other types of conflict include *competitive* conflict and *disruptive/destructive* conflict. In both instances, the desired outcome is to overcome one's opponent (i.e., to "win").

Conflict management occupies a significant portion of a manager's work. Some suggest that at least one-quarter of the manager's time is spent in conflict management activities. The challenge for the manager is, of course, to help her or his subordinates reach a "win-win" outcome in which the parties to the conflict each believe they have come away from the encounter with a sense of resolution. Strategies include:

- Focusing on goals, not personalities;
- Meeting the needs of both parties, equally if at all possible; and
- Building consensus.

Achieving a win-win outcome is much easier in the abstract than in the workplace setting. Nonetheless, it is a worthwhile goal.

NEGOTIATION

Negotiation can be thought of as a formal process, for example, the negotiations that take place at the time of contract deliberations between unions and management. Negotiation also can be thought of as a political process in that it is a "power play" among individuals who compete to "win" but generally compromise in the end.

The key to successful negotiations include the principles of

- Separating the people from the problem;
- Focusing on interests, not positions;
- Inventing options for mutual gains; and
- Insisting on objective criteria.

Interest-based negotiation is a somewhat newer concept, the principles of which were outlined by Fisher, Ury, and Patton (1991) in *Getting to Yes: Negotiating Agreement Without Giving In*. Bizony (1999) has distilled the principles listed below from Fisher and colleagues' work on the Harvard Negotiation Project; their value has been convincingly promulgated through the years:

- Treat people as equals.
- Resolve issues on their merits.
- Define issues with a definition that is acceptable to all parties.
- Focus on interests, not on conclusions or positions.
- Develop options that may meet the interests of both parties.
- Apply objective standards to resolve conflicting interests.

Twelve points of negotiation can prepare leaders for successful negotiations:

1. The greatest failure in negotiation is failing to negotiate.
2. The most important person to know in negotiation is yourself.
3. Everyone has power in negotiation.
4. Single-issue bargaining leaves both parties unsatisfied.
5. Urgency drives decisions.
6. Agreement is the end; trade-offs are the means.
7. The best results are obtained by keeping the other party on a need-to-know basis.
8. The value of something is always in the eye of the beholder.
9. Success in negotiation is directly related to the amount and kind of preparation preceding it.
10. Being able to walk away or select an alternative to a negotiated agreement puts a negotiator in a very strong position.
11. Two sides can always agree on something, even when they are far apart on major issues.
12. Conflict is a part of meaningful negotiation.

SOURCES OF POWER AND EMPOWERMENT

Power is the capacity to act and the energy to mobilize resources to create change. Whether power has a positive or a negative connotation depends on how it is used. Several types of power available to leaders have been identified:

- *Legitimate power* suggests that the leader has the right or authority to tell others what to do. The reciprocal nature of this power obligates employees to comply with legitimate orders.
- *Reward power* is exercised over others when the leader has the ability to compensate others in some way. Compensation need not be monetary.
- *Coercive power* indicates that the leader has the ability to punish those who are noncompliant.
- *Referent power* means that the leader has characteristics that appeal to others. People comply because they admire him or her or have a desire for approval.
- *Expert power* means that the leader has certain expertise or knowledge. People comply because they believe in or can otherwise gain from affiliation with the person with expert power.

All sources of power are potentially important, and the assumption is that the most powerful leaders are those who have high legitimate, reward, or coercive power. However, one should not underestimate the strength of referent and expertise power. These sources of power are more closely related to personal motivation and may, in the long run, make a greater and more lasting difference within a company or organization. Nor is it necessarily the leaders whose names are well known or who sit atop the organizational chart who exert the most power of this type.

In today's healthcare environment where the span of control has been increased for most executives, it is important that all staff members are empowered to make decisions, especially those decisions that affect positive patient care outcomes. Studies have previously documented that nurses like to function in autonomous roles. Such role functions must incorporate the concepts of power and empowerment.

ADAPTING TO CHANGE

Appreciative Inquiry

Appreciative inquiry is the process in which an organization asks questions of its members in seeking information that can be used to anticipate and identify areas of potential strengths. The four characteristics of appreciative inquiry are:

1. Appreciative,
2. Applicable,
3. Provocative, and
4. Collaborative.

Appreciative inquiry is best described through the 4 Ds:

1. Discovering the best of what is,
2. Dreaming what might be,
3. Designing what should be, and
4. Creating a destiny of what will be.

Appreciative inquiry is to organizations what creative visualization is to individuals, as both are a positive approach to foster change. Appreciative inquiry is considered to be a “soft business strategy” that can be used to create organizational visions, build cultures, and align groups to achieve organizational goals. Through imagination and thoughtful analysis, appreciative inquiry can contribute to measurable results for organizations.

Crisis Management

A *crisis* is anything that has the potential to significantly affect an organization. Organizations with crisis management plans are better able to work effectively with local responders, promptly attend to the needs of those affected, assist investigating bodies without jeopardizing the organization’s legal position, provide for accurate and timely information, and minimize damage to the organization’s reputation.

There are four objectives of crisis management:

1. Reducing tension during the incident;
2. Demonstrating organizational commitment and expertise;
3. Controlling the flow and accuracy of information; and
4. Managing resources effectively.

Managing a crisis begins with the creation of a crisis management team and accessing potential crises before they occur. Managing a crisis also includes:

- Developing crisis management team plans;
- Establishing guidelines for gathering information and beginning an internal investigation;
- Providing periodic crisis training evaluation; and
- Developing guidelines for crisis communication.

The key points for crisis management of any dimension include:

- Having a flexible structure capable of responding to any crisis quickly, decisively, and in a coordinated manner;
- Preparing operational contingency plans;
- Creating and communicating a document-retention policy (e.g., nothing is thrown away that might enhance an investigation or document the event);
- Developing training that includes addressing legal issues before they occur, developing investigational procedures, identifying necessary equipment and systems before a crisis, and developing good media relation skills;
- Preparing to communicate with a variety of constituents, including employees, the media, neighbors, investors, regulators, and lawmakers; and
- Preparing a business contingency plan to minimize disruption and damage.

Because crisis management has to do with the manner in which organizations respond to unexpected events over which they have little or no control, and “uncontrollable” situations occur with relative frequency in health care, developing purposeful intervention strategies seems prudent. The “truthful-disclosure” approach is one that healthcare organizations take in order to maintain public trust.

An exemplary approach to crisis management can be seen in the Johnson & Johnson’s handling of the Tylenol® tampering crisis (Kaplan, 1998). In 1982, seven people in the Chicago area died after taking Extra-Strength Tylenol capsules that had been injected with cyanide. The containers had been tampered with after they had left the manufacturing plant. Rather than claim that the company was not to blame, Johnson & Johnson immediately launched a public relations program to preserve the integrity of the product and the company.

Marketing experts believed that Tylenol would disappear from pharmacy shelves, never to be mentioned again except in negative terms. However, Johnson & Johnson’s leaders put public safety first and worried about financial impact later. They alerted consumers throughout the nation to avoid the consumption of any Tylenol product until the extent of the tampering could be determined. They stopped production of all Tylenol products and recalled all Tylenol capsules from the market at a cost of more than \$100 million. They offered to replace any Tylenol capsules people had already purchased with Tylenol tablets. They quickly began working with the Chicago Police Department, the Federal Bureau of Investigation, and the Federal Drug Administration. They put up \$100,000 in reward money to help catch the perpetrator of the crime.

Not only did the company survive and thrive, Tylenol remains one of its biggest selling and most profitable products. The forthright approach of the company reassured the community that its safety came first and that Johnson & Johnson cared enough to be publicly open and truthful about the crisis (Kaplan, 1998).

ENVIRONMENTAL FACTORS

Cultural Competence

Cultural competence can be defined as the ability to interact effectively with people of different cultures with a focus on personal awareness of one's own culture and attitude toward culture, and development of knowledge and skill across multiple cultures. Cultural competence is essential as a leadership strategy in today's healthcare environment. Shrinking national borders, globalization, and population movement bring people from different cultures throughout the world together in the workplace, and people may have a widely divergent understanding of identity and society. Globalization has increased the need for awareness of cultural ideas and expectations other than our own in an environment where intermixing national, religious, and ethnic identities may lead to conflict.

The world's population is expected to double by 2050 (Kotlikoff & Burns, 2004). Industrialized nations are "graying," while 80% of the world's population growth is in developing nations. Challenges for the workplace include language and cultural challenges, increasing incidence of chronic illness, generational issues, maximization of resource use, and ethical differences.

Strategies for success relating to cultural competence include:

- Know your own culture, values, and biases.
- Listen and observe.
- Emphasize corporate values at all times.
- Be a teacher and a learner.
- Hold up your end of the bargain by displaying awareness of personal cultural practices.
- Give clear directions and provide resources.
- Delegate the outcomes.
- Give the big picture.
- Consider the rules and procedures from all perspectives.

A leader's responsibility in cultural competence includes:

- Managing personal expectations,
- Providing straightforward steps for decision-making,
- Being courageous and displaying correct behavior,
- Applying leadership and management skills according to values and attitudes, and
- Providing employees the opportunity to grow.

Because today's workforce consists of four generations (i.e., mature, baby boomers, generation X, millennials), for the first time, a leader also must consider generational diversity as well as cultural diversity. There are challenges relating to work ethics, duty, and sacrifice for the job.

A leader's role in cultural and generational competence in today's healthcare organization includes:

- Creating a culture that has a diversity-sensitive orientation;
- Building the blocks of culturally and linguistically competent healthcare delivery;
- Recruiting and retaining a diverse workforce; and
- Ensuring the success of a culturally competent organization.

Effective leaders are aware of and make use of cultural competence to maximize the benefits of diversity in their staff and patient population and minimize the costs in delivering healthcare services today. In nursing practice, nurse leaders should encourage members of other cultures to become nurses, discuss the benefits of nursing, and support efforts from nurses from other cultures to assimilate into nursing's culture.

Leveraging Diversity

Leveraging diversity is the ability of an organization to become culturally competent and, in doing so, value diversity from both a personal (the organization) and business (the customer base) perspective (Shipp & Davidson, 2001). This business strategy links the workforce, the workplace structure, and the marketplace and displays the ability of organizations and their leaders to recognize and use every advantage to ensure success. Leveraging diversity maximizes all talents and intellectual capital within an organization and ensures that all persons are included in every aspect of the organization.

Leveraging diversity is known to boost employee morale, reduce grievances, and enhance problem-solving and decision-making abilities. This approach to management of human capital in an organization reduces barriers, enabling all employees to fully use their talents on behalf of the organization.

Leveraging diversity in the marketplace includes serving customer groups with a sensitivity to their cultures and allows an organization to maintain a multicultural perspective. Cultural diversity can be leveraged for bottom-line impact, and, as such, ties directly to business strategy and practices.

There are three leadership behavioral elements of leveraging diversity:

1. The *cultural element* includes exerting influence within the organizational culture to set the tone for underlying values, beliefs, and principles.
2. The *leadership element* includes giving employees a sense of direction, meaning, and purpose to navigate organizational waters as well as recognizing and using the full potential of all individuals in the organization.
3. The *connectivity element* includes building a bridge between cultural and leadership elements and organizational intellectual capital, maintaining vision clarity, sharing power, and identifying and assessing problems.

The end result of leadership support and participation in leveraging diversity for an organization is an increase in productivity, efficiency, and quality and ultimately an improved work environment.

The nurse executive is a role model in setting the tone and direction of an organization's daily work effort. The nurse executive acts as a coach and supporter of all employees' work efforts to achieve the end goals and objectives of an organization.

Organizational Transparency

Current management literature defines *organizational transparency* as a condition opposite secrecy in which there is a deliberate move away from opacity. A transparent organization encourages behaviors that support access to information, participation, and decision-making. These behaviors create a higher level of trust among all stakeholders.

Organizational transparency implies a trusting environment wherein transparency and trust are interconnected. Cultural trust in the organization requires clarity and consensus about what constitutes success, open access to information, and confidence in the competence of all involved. Leaders should consider creating an environment that fits the definition of success within the organization and for the organization.

Other important leadership behaviors include:

- Practicing non-manipulative leadership;
- Communicating frequently and repeating important information;
- Opening up access to documents regarding decisions;
- Sharing background information about important decisions;
- Providing clear financial reporting; and
- Hiring and appointing trustworthy people.

Challenges to organizational transparency include:

- Risks from potential distortion of the truth through increased access to information,
- A slower-than-usual decision-making process, and
- Additional organizational vulnerabilities.

Organizational transparency does not guarantee that the right decisions are being made and may require additional time and resources at all organizational levels. Transparency may have at some point diminishing returns, when communication, information sharing, and trust levels reach a status quo and there is a flow of information in all directions. In the end, analysis the value of organizational transparency lies in the protection and promotion of an organization's reputation, a corporate culture of communication among all stakeholders, and the involvement of current and future members in decision-making processes (Fung, Graham, & Weil, 2007).

Nurse executives serve as role models and should support the organization's mission, promote communication in all directions, and participate in shared decision-making within the organization.

Lateral Violence

Lateral violence is aggressive and destructive behavior, in this case, of nurses against each other (Woelfle & McCaffery, 2007). The end result is damage to another's dignity, confidence, and self-esteem. Often, one experiences lateral violence in the workplace and then transfers it to others.

Lateral violence in nursing can consist of a variety of behaviors, ranging from unintentional, thoughtless acts to purposeful, intentional, destructive acts meant to harm, intimidate, or

humiliate a group or individual. Behaviors can range from random instances to a pattern, and such behaviors can create a hostile work environment.

Examples of behavioral lateral violence include:

- Talking behind others' backs;
- Scapegoating;
- Criticizing a colleague in front of others;
- Excluding a fellow coworker from group interaction;
- Withholding pertinent information;
- Violating a coworker's privacy and confidentiality;
- Making inappropriate, condescending remarks; and
- Displaying inappropriate nonverbal language, such as making faces or raising one's eyebrows.

Any time there exists an “us vs. them” attitude or when an imbalance of power occurs, conditions are prime for lateral violence. Examples of relationships in which lateral violence can occur include nurse manager to a staff nurse, nurse executive to a nurse manager or a staff nurse, nursing faculty member to a student nurse, and peer to peer.

The consequences of lateral violence can manifest themselves as physical symptoms, increased absenteeism and, in extreme cases, suicide of the targeted employee. Increased turnover of staff is also a symptom (Beecroft, Kunzman, & Krozek, 2001). Lateral violence can place patients at risk for poor care and outcomes, for example, what might happen to a patient when one nurse deliberately withholds pertinent information about the patient's care that needs to be shared with another nurse.

Nurse executives must be aware of and address lateral violence in the workplace and implement strategies to prevent and stop such behavior, such as

- Educating all staff and managers about this behavior,
- Disciplining any manager or staff member who engages in this behavior,
- Creating a culture that does not tolerate this behavior,
- Implementing organizational transparency, or having an open culture, and
- Implementing research to study this behavior in their own organizations.

Emotional Intelligence

“The term *emotional intelligence (EI)* refers to the processes involved in the recognition, use, understanding, and management of one's own and others' emotional states to solve emotion-laden problems and regulate behavior” (Salovey, Brackett, & Mayer, 2004, p. i). Nurses are in an excellent position to recognize what is occurring emotionally in other individuals, especially their coworkers. According to Huber (2006), an important personal leadership skill for nurse executives is that of emotional intelligence, and Goleman (1997, 2000) states that emotional and relational integrity are hallmarks of good leaders. Understanding emotional intelligence is key when managing complex organizations.

The Ability-Based Model for Emotional Intelligence provides a framework for understanding the concept. This model views emotions as useful sources of information that help an individual make sense of and navigate the social environment. The four elements of the model are:

1. *Perceiving emotions*: The ability to detect and decipher emotions in faces, pictures, voices, and cultural artifacts and the ability to identify one's own emotions. Perceiving emotions represents a basic aspect of emotional intelligence, as it makes all other processing of emotional information possible.
2. *Using emotions*: The ability to harness emotions to facilitate various cognitive activities. Examples include thinking and problem solving. An emotionally intelligent person can capitalize fully on his or her changing moods to best fit the task at hand.
3. *Understanding emotions*: The ability to comprehend emotional language and appreciate complicated relationships among emotions.
4. *Managing emotions*: The ability to regulate emotions in ourselves and in others. An emotionally intelligent person can harness emotions, even negative ones, and manage them to achieve intended goals.

REFERENCES

- Arrendondo, P. (1996). *Successful diversity management initiatives: A blueprint for planning and implementation*. Thousand Oaks, CA: Sage.
- Beecroft, P.C., Kunzman, L., & Krozek, C. (2001). RN internship: Outcomes of a one-year pilot program. *Journal of Nursing Administration, 31*(12), 575–582.
- Bizony, N. (1999). Interest-based negotiation: Moving beyond our scarcity model. *OD Practitioner Online*. Retrieved May 17, 2003, from <http://www.odnetwork.org/odponline/vol31n3/interestbased.html>
- Busche, G. D. (2007). Appreciative inquiry is not (just about the positive). *OD Practitioner, 39*(4), 30–35.
- Cooperrider, D. L., & Srivastara, S. (1987). Appreciative inquiry in organizational life. *Research in Organizational Change and Development, 1*, 129–169.
- Covey, S. R. (2004). *The 7 habits of highly effective people*. New York: Free Press.
- Fisher, R., Ury, W., & Patton, B. (Eds.). (1991). *Getting to yes: Negotiating agreement without giving in*. New York: Penguin.
- Fung, A., Graham, M., & Weil, D. (2007). *Full disclosure: The perils and promise of transparency*. New York: Cambridge University Press.
- Goleman, D. (1997). *Emotional intelligence*. New York: Bantam Books.
- Goleman, D. (2000). *Working with emotional intelligence*. New York: Bantam Books.
- Gottlieb, M., & Healy, W. J. (1998). *Making deals: The business of negotiating* (2nd ed.). Greenwich, CT: Communication Project.
- Greer, E. (2006). *How to use the six laws of persuasion during a negotiation*. Cary, NC: Global Knowledge Training.
- Huber, D. L. (2006). *Leadership and nursing care management* (3rd ed.). St. Louis, MO: Saunders.
- Kaplan, T. (1998). *The Tylenol crisis: How effective public relations saved Johnson & Johnson*. Retrieved from <http://www.aerobiologicalengineering.com/wxk116/TylenolMurders/crisis.html>
- Katzenbach, J. R. (1997, November/December). The myth of the top management team. *Harvard Business Review*, pp. 83–91.
- Katzenbach, J. R., & Smith, D. (2003). *The wisdom of teams: Creating the high performance organization*. New York: McKinsey.
- Kedia, S., & Burns, N. (1999). Global managers: Developing a mindset for global competitiveness. *Journal of World Business, 34*(3), 230–251.
- Kinni, T. (2003). Exploit what you do best: The art of appreciative inquiry. *Harvard Management Update 8*(9). Available online at <http://hbswk.hbs.edu/archive/3684.html>
- Kotlikoff, L. K., & Burns, S. (2004). *The coming generational storm: What you need to know about America's economic future*. Boston: MIT Press.
- Leveraging a diverse workforce. (n.d.). *BusinessWeek*. Retrieved from <http://www.businessweek.com/adsections/diversity/diverselever.htm>
- Meyer, P. D. (2003, August). *The truth about transparency. Executive update*. Retrieved from <http://www.asaecenter.org/PublicationsResources/EUArticle.cfm?ItemNumber=11786>
- Salovey, P., Brackett, M. A., & Mayer, D. (Eds.). (2004). *Emotional intelligence: Key readings on the Mayer and Salovey Model*. Port Chester, NY: Dude Publishing.
- Salovey, P., & Mayer, J. D. (1990). Emotional intelligence. *Imagination, Cognition, and Personality, 9*, 185–211.
- Shipp, P. L., & Davison, C. J. (2001). Leveraging diversity: It takes a system. *Leadership in Action, 20*(6), 1–5. Retrieved from http://media.wiley.com/assets/51/56/jrnls_jb_lia_shipp.pdf
- Woelfle, C. Y., & McCaffrey, R. (2007). Nurse on nurse. *Nursing Forum, 42*(3), 123–131.
- Yoder-Wise, P. S., & Kowalski, K. E. (2006). *Beyond leading and managing: Nursing administration for the future*. St. Louis, MO: Mosby.