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# The Nurse's Responsibility In Creating a 'Nurse-Friendly' Culture in the Workplace

Many nurse-intensive agencies have attained or are seeking Magnet® designation. To attain Magnet recognition for excellence in nursing care, these agencies are directing their attention to changing the culture of the workplace. As we all know, many facets must be demonstrated to achieve Magnet designation; however, this discussion will focus on the, organizational climate and nurses' responsibility to support and maintain a *nurse-friendly* culture.

Way and MacNeil (2006) recently published a systemic review of the literature on the relationships between organizational characteristics (job demands, social support, job control, and other resources) and their effect on workplace outcomes (job satisfaction, commitment, general health, and injuries). Many studies and numerous variables were discussed in this article, with the authors concluding that job demands, social support, and structural empowerment had an effect on job satisfaction, commitment, and perceived health. Further, they recommended that health care agencies support a nursefriendly culture wherein nurses can carry out their patient care and administrative responsibilities. A nurse-friendly culture would include a management perspective that is participative, supportive, evidencebased, and flexible. Nurse autonomy would be sustained by decentralized decision-making processes (Way & MacNeil, 2006).

### Time to Lead

I strongly support the notion that health care organizations should foster a nurse-friendly culture, albeit an *employee-friendly* culture would



be more inclusive and achieve posiorganizational outcomes. However, the context of this discussion is on nurses and their responsibility in creating and maintaining a workplace environment that fosters quality patient care, job satisfaction, commitment, and health. As professionals, nurses must participate in creating and sustaining a positive and healthful workplace environment. This requires a commitment enhance patient care and strengthen organizational communication and processes, and a willingness to be a leader.

In most cases, nurses do not think of themselves as leaders. When asked about the leadership within a unit, most nurses identify the nurse manager as the leader. Of course that is true from the perspective of line authority. However, leadership is more than a position of authority; it lies within an individual. Limiting their perspective to the notion that the manager is the unit's leader, many nurses look to that manager to fix the problems that arise. Often we fail to recognize our ability to fix the problem, to initiate change, to make the difference. Even more often we do not realize that it is our responsibility to take

the lead in resolving issues that affect the welfare of the patients and the functioning of the unit.

Accepting the professional responsibility of being problem solvers and change agents may require some consideration. First, we must believe that it is our professional responsibility to create and maintain a workplace environment that fosters quality of care and the efficient and effective provision of that care. Second, we must believe that we can lead, facilitate, direct, and participate; we can initiate actions that resolve problems.

## **Overcoming Barriers**

Many barriers can block our path to leadership within the workplace. A lack of confidence may interfere. A fear of "rocking the boat" may stand in our way. Maybe it is a concern that no one will join us in initiating change. Perhaps we do not know where to begin to address the problem. Maybe we have tried to facilitate change in the past and did not achieve our goal. Or maybe the unit is so busy, so hectic that we cannot bear to take on one more responsibility. Finally, we might not want to get involved. We may just want to put in our time and go home. Any one of these barriers can immobilize us and deter us from acting. However, if we do our part to enhance the workplace environment, we will stimulate others to do their part. We'll also earn the respect of our colleagues for initiating actions that will make the unit a better place to work.

To effectively initiate change, we cannot blindly lead the charge for change. Sometimes we fail to take the time to develop a strong proposal for change or problem resolution. Without a clear plan of action, we are not likely to receive due consideration by our colleagues, manager, other departments, or administra-

tion. Information and "know how" are needed to move an initiative forward. First, understand the problem. What do we need to know to fully understand the issue? What are the options for resolving the issue? What resources are needed to address the situation? What is the cost? A costbenefit analysis might be in order. Second, know and understand the organizational system, particularly those entities that will be involved in addressing the problem. Who is involved? The unit nurses? Patients? Physicians? The manager? Other departments? The chief nursing officer? The chief executive officer? What is the appropriate channel of communication? Who will be our allies? Who can help us with the issue? Who do we need to get "on our side?" Who will not be supportive? What will their objections be?

#### **Time for Action**

Once the issue is examined thoroughly, develop an action plan.

The action plan should include the problem statement, objective, proposed actions to address the issue, responsible parties, the resources needed (including cost for employee time, equipment, etc., as appropriate), expected outcomes, and a timeline. The plan of action need not be a long formal document. However, it should be developed sufficiently so that all involved are clear about the approaches to resolution of the issue. If the issue will be circulated throughout the organization, it is important to have a more formal proposal. The more impressive the proposal, the more likely it will receive serious consideration.

A good proposal needs a voice or a team of voices that can speak to its value, argue for its feasibility, and be committed to supporting its implementation. One spokesperson is good, but a team of committed supporters and allies adds strength.

Due process is an important factor. It is important to follow the organizational chain of command and to interface with other colleagues or departments that would be affected by or involved in the change process. Attempts to bypass the organization's communication chain may permanently derail a good proposal.

Empowered nurses can effect change in the workplace with a well thought out plan of action and the support of colleagues and allies. These changes can make a difference in the workplace environment, job satisfaction, and commitment to the organization. A nurse-friendly culture is possible if nurses are willing to be leaders within the workplace.

#### References

Way, M., & MacNeil, M. (2006). Organizational characteristics and their effect on health. Nursing Economic\$, 24(2), 67-76.

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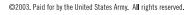


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