Leadership

Managing difficult situations

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Australian and NZ data

- 10% of NZ and Australian hospitalized patients experienced an adverse event, of which nearly half were considered preventable (2014)

'Patients deteriorate for many reasons. The problem is failure to recognise, <u>failure to escalate care</u> and failure to respond appropriately'

- (Merry, 2015. Learning from adverse events. Heath Safety and Quality Commission NZ 1 July 2014 to 30 June 2015)

- Doctor-nurse hierarchy - outdated traditional role.
- Still enforced (although changing)
- Up until the mid-20th century, nurses, almost always women, were expected to stand when a male doctor entered the room.
- Nurses waiting passively for instructions without questioning the physician.
- Nursing usually conspicuous by its absence from lists of national leaders.
- Public doesn't perceive nurse leaders as having power (slowly changing)

- Hierarchical culture, physicians are at the top.
- Research consistently shows adverse events often the by-product of physician-nurse disagreement
- Many studies found that poor communication between nurses and doctors was one of the leading causes of preventable deaths in hospitals (Taran, 2011)
- Common trend - nurses are either reluctant or refuse to call physicians, even with a deteriorating patient
- Intimidation, fear of a confrontational situation, fear of retaliation. (O'Daniel 2008)

- What is the main reason to why people leave their jobs?
- Poor management
  - but they state other reasons. (Selden, 2010)

- Many definitions of a leader.
- *'If you think you are a leader, and no one is following you, ...then you're not a leader.'*
- Confusion exists:
- Difference between managers and leaders

Examples of why managers fail

- Communication problems the main cause
  - Not listening, interrupting others
  - Monopolising the conversation
  - Too passive /and or too aggressive
- Becoming defensive and cutting off expressions of feelings
- Gossiping and having 'favorites'
- Fear of competition from others
  - Withholding information
- Moody and untrustworthy

Leaders do NOT:
- Become defensive
- Give staff the silent treatment – passive aggressive
- Avoid conflict

Common problem:

- Lack of skills in conflict management
  - Inability to manage destructive patterns or deal with conflict
  - Making judgment without the full facts
- Acting on the first story
- Makes a decision before hearing BOTH sides

Poor management qualities

- Other problems:
- Doing too much
  - Trying to fix everything, taking on too much and won't delegate
  - Don't trust others to do the work

More research

- Survey on Leadership 2015
- Poor ineffective communication
- Lack of connection to team members
- Little appreciation of others
- Micromanaging
- Bullying
- Narcissism, : (Solomon. 2015)

Continued –examples of poor management

- The "I" syndrome
- Its all about them
  - Never admitting they are wrong
  - Feelings of superiority
  - Rarely praising others – taking praise to themselves
- Emphasis on the 'authority of leadership'
  - Leading by instilling fear,
- Abusing position of power

Micromanagement

- Control and micromanagement is outdated
- Most common complaint in nursing management
- Excessive, unnecessary control over details
- Time spent on managing detail, to get others to conform
- Become irritated when a subordinate makes decisions without consulting them
- Even if the decisions are within the subordinate's level of authority.
- Disempowering others leads to demotivation and resentment.
- Have difficulty keeping good staff – high turnover
- Calls anyone who challenges a trouble maker

- Extreme cases of micromanagement closely related to workplace bullying and narcissistic behaviour
- May also have underlying mental-health condition such as obsessive–compulsive personality disorder

Culture Change – leadership role

Leaders play a crucial role in culture transformation

- Leaders address disruptive physician or nurse behaviour
- Flattening the hierarchy within the organization and fostering respect among the various disciplines providing patient care (Shannon,2012)

Democratic Leader:

- Authority delegated to others.
- Democratic leader has personal relationships with their team
- Relies on influence and trust, not control
- Uses group process to make decisions,
- Willing to share information
- Based on openness, fairness, transparency and as much information sharing as possible

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- Traits of leaders consistently identified in numerous research

How employees describe their leader

- Say they are tough but fair
- Approachable
- Not afraid to ask for help or advice
- May say they are not even sure if they like them
- However, they always treat people fairly
- They don't blame their staff
- Motivate and inspire
- Courageous

Why courageous?

- Dealing with difficult behaviour
- Dismal statistics effective management
- Majority of bullying cases management did nothing
- Usually side with the bully by their passive stance
- 2% of cases – justice, fair investigation

Self worth is vital traits of a leader

- *Why would you expect anyone to respect you, follow you if you don't like yourself, don't think you are of any value or respect yourself ?* (my quote)
- Before you can effectively lead others you have to understand who you are.
- Confidence in yourself
- Recognising your strengths
  - Acknowledge a compliment, but not looking for compliments
- Not emphasising your weaknesses

Need for approval

- Aim for respect not for being liked
- Respect, is the hallmark of a great leader
- *'I must have others like me, I must have others approval' - a* problem to the leader:
- When the acceptance of yourself depends on approval of others
- When you are overly concerned about your popularity

Successful leaders

- Train your team to bring solutions with their complaints
- Staff can get into a habit of always complaining
- Insist and ask them when they complain what is the solution.
- Ask: 'What do you think we should do'
- Philosophy – against gossip – refuse to participate
- Leaders are in a position of trust
- Don't sit by and ignore it when someone is being talked about

Develop these habits

- Behave predictable and consistently
- Being reliable
- Honest

Credibility

- Credibility (made up of many components) is the foundation of leadership
- 30 years research
- What employees look for in a leader
- Someone they would willingly follow
- Values and personal traits of the leaders:

Percentage of respondents selecting each characteristic

Characteristic	Percentage selecting
Honest	85
Forward looking	70
Inspiring	69
Competent	64
Intelligent	42

(Kouzes and Posner 2010)

Number one requirement

- Honesty is the most admired quality of a leader for over 30 years.
- High trust – more cooperation and communication
- Trustworthiness is the essential component of credibility
- Your word can be trusted
- Admit to mistakes / don't aim for perfectionism

Perfectionism:
- Hypercritical of self
- Anxiety
- Poor self esteem
- Permission to not know everything, to make mistakes
- Competent
- Don't be concerned if you don't feel as competent clinically as your clinical nurse
- You don't have to do everyone's job
- You are their leader, be competent in leading.

Meetings – assertive leader

- Be firm and assertive in meetings
- Always start on time
- Don't allow one or two people to talk too much
- Don't allow others to constantly interrupt you
- How do you react when someone consistently interrupts

Factors	What managers thought	What employees want
Appreciation	8	1
Money – good wages	1	5
Working conditions	4	9
Interesting work	5	6
Job security	2	4
Feeling 'in' on things	10	2
Sympathetic help on personal problems	9	3

(Summary from Selden, 2010)

Motivation requires recognition

- People will strive harder for recognition than for almost any other single thing in life.
- Powerful motivator
- A <u>must</u> for the successful leader
- Encourage team members to praise each other, lead by example
- Don't leave for the annual meeting
- Part of your culture

Not bullying

- Guide (WorkSafe NZ, 2014) provides examples that are NOT bullying
- One-off or occasional instances of forgetfulness, rudeness or tactlessness
- Setting high performance standards because of quality or safety
- Constructive feedback and legitimate advice or peer review
- A manager requiring a reasonable verbal or written work instruction to be carried out
- Warning or disciplining employees in line with the workplace's code of conduct
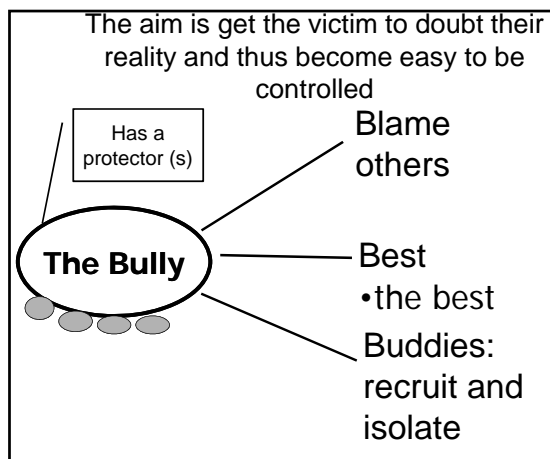- A single incident of unreasonable behaviour.

Important:

- A single incident of unreasonable behaviour is NOT bullying
- Must be a pattern - repeated
- Difference between bullying and aggressive behaviour

Leaders must have:

- Courage
  – emotional muscles
- Assertion skills
- Conflict resolution skills
- Leaders are role models
- Training of staff in communication
- Role play

## Bullying at work as well in relationships

- Narcissistic traits or:
- Narcissistic personality disorder
  - Sense of importance
  - Lies
  - Expecting admiration
  - Exploiting others
  - <u>No empathy</u>

The aim is get the victim to doubt their reality and thus become easy to be controlled

Has a protector (s)

The Bully

Blame others

Best
- the best

Buddies: recruit and isolate

Two common effects of abuse:
- Confusion
- Target believes they are incompetent

Recognising a bully

Bullying behaviour → - Charming / - Poor me
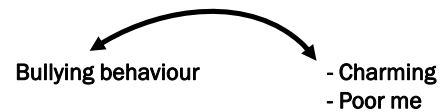
- Convincing, and <u>charming</u>
- Motive of the charm is deception
- Excels at deception
- Managements' lack of knowledge of this universal pattern
- Relationships at home – lack of knowledge

- Difficult for the leader to recognise
- Knowledge of psychological games of bullying behaviour
- Not being caught up in conflict

- In the majority of bullying situations, management doesn't respond adequately
- By its passive stance will usually side with the bully.
- Frequently the excuse is made that it is a personality conflict.
- The onus is put on the target to change:
  - work on the 'personality clash'
  - improve their communication.
- This absolves management of the responsibility of disciplining the bully.
- It's much easier to blame the target; they are easier to remove rather than confront the bully.

Difficult for the manager
- Manager is often caught in the middle of the conflict
- Not given enough information
- Target too fearful to document
- Staff are anxious and fearful of repercussions
- Will not talk without confidentiality
- Staff are psychologically terrified and traumatised by the bully
- Target hesitates to take action against the bully
- If manager challenges a higher level bully
- Focus may now change from target to the manager

- Dismal failure rate of leaders to address bullying
- 2 % of bullying cases are managed where the bully has negative consequences and the target is protected. (Fields)
- Majority of cases management was passive and target was retaliated against.

Targets

- Capable and dedicated, high achievers (both at work and personal)
- Ethical, have integrity
- Ability to cooperate and a nonconfrontative interpersonal style
- Well liked by co-workers.
- Educated, hardworking employees
- The target is perceived as a threat
- Bully tries to psychologically destroy them

- It is this non confrontational style, kindness that the bully takes advantage of

Fight and flight

- Stressful situation causes an outpouring of adrenaline
- Vasoconstriction
  - causes more blood to flow to essential areas
- Pale, sweaty, cold hands
- Blood in the skin has been moved to more vital areas.
- Fast heart rate , more blood flow and energy
- More energy to deal more effectively with the stressful event.
- Hypervigilant - being constantly on edge
- Leads to exhaustion then illness

Summary

- Bullying is about power and control
- Targets have admirable qualities which leads the bully to become envious
- Mismanagement of bullying is the norm rather than exception
- It's easier to remove the target than the bully – very little justice in the system
- If you have been bullied, its not your fault.
- You are not incompetent

Leaders are assertive

Three ways to communicate and deal with a problem

- How do you react to a problem, - at work or at home:
- Passive
- Assertive
- Aggressive
- Or
- Passive aggressive

5 second delay - to think

- Confrontation-provoking behaviour - don't take the bait
- Respond don't react
- Pause
- Take deep breaths, focusing on exhaling completely.
- Slow down your responses
- You may need a timeout - if you are being triggered
- Disengage briefly
- "I'll be back in 2 minutes – I need to ..."

- Maintain eye contact
- Don't smile or frown
- Nod when they make a point you find valid, but don't interrupt.

Female Patterns of Speech

- Tentative language
  - sort of; kind of, I guess, I may be wrong but;
- Saying 'sorry'
- Saying you or us rather than 'I'
- Giving long explanations
- Pitch, or intonation
  - women use "a peculiar sentence intonation pattern
  - which changes a declarative answer into a question

- Your posture must communicate confidence, self-control, and an expectation to be taken seriously
- Tone downward deflection strength
- Palms downward – communicates strength and power
- 93 % of communications is non-verbal.
- 7% for what you actually say.
- Don't put your hands over your hips or cross them
- Look at the persons eyes (don't stare)
- Stand sideways not directly across from them (especially with men) (Leckey, 2011)

Assertiveness

- Two components
- Respect for yourself and your standards
- Respect for the other person (despite their reactions)

- Sign of a confident great leader is the ability to take feedback and criticism
- Do you become <u>defensive,</u> or explain in great detail or become upset?
- Having emotional intelligence?
  - Can you self evaluate?
  - Do you know your strengths and weaknesses?

A good leader:

- Listens to criticism without becoming emotionally upset or defensive
- Has strength to ignore unjust criticism
- Has strength to pursue strategies, even if temporarily unpopular.

- Healthy boundaries protect you.
- Without them increase in incidence of anxiety
- Knowing who I am
- Knowing what I will and will not tolerate
- Personal boundaries are:
- How we teach people who you are
- How you want to be treated

Why is it difficult being assertive?

- Wanting others approval
- Guilt
- Lack of practice

- Leaders are use the Broken Record strategy
- Leaders don't defend or engage with disrespectful people
- Leaders don't become defensive
- Leaders don't answer disrespectful questions
- Leaders 'Fogg'

- While some believe that leaders are "born, not made," research shows that great leaders are, in fact, made.
- Nobody is born a leader, but a great leader is made (Jeffrie, 2005)

- Nurse leaders must acknowledge the oppression and expose it
- Knowledge of: Guide (WorkSafe NZ, 2014)
- Challenge disrespectful behaviour
- Elevate the self esteem of nurses
- Teach assertiveness skills
  - Reduce passive aggression amongst nurses