Memorandum

To: CNO of XYZ

From: Bethany Perry, RN

Date:

Re: Using teams to assist managers and leaders in change and innovation in the nursing unit

Teams of employees can assist managers to calculate, contemplate, and incorporate ideas and strategies in the unit. The unit manager can implement teams with clearly defined purposes and guidelines to assist in brainstorming for suggestions and approaches to dilemmas in the health care environment. Findings show that distributing leadership into teams positively engages employees and promotes vision and commitment to meeting goals. Using teamwork supports leaders in making informed, expert decisions. It is recommended that the unit leader take into consideration implementing teams to assist in change and innovation.

USING TEAMS TO ASSIST MANAGERS AND LEADERS IN CHANGE AND INNOVATION IN THE NURSING UNIT

For: CNO of XYZ organization

Submitted by: Bethany Perry, RN, CMSRN

Submitted on: October 2, 2012

*Background:*

Most organizational models used in today’s healthcare settings require multiple numbers of employees from several different job positions to report to one single manager. This report suggests a plan on how to use teamwork to assist nursing managers and leaders in creating and implementing goals. Distributing leadership and using a bottom-up approach encourages staff to be involved in decision making and utilizes employee recognition. The report that follows will demonstrate a way that nursing managers may use teams to help implement change and innovation on the unit level. This study is needed to explore transformational change that can help maximize the time and energy of nursing managers in making the decisions required to increase the satisfaction of both employees and patients.

*Body:*

WHO: This change begins with the unit manager creating and facilitating teams and giving them clearly stated purposes and guidelines. Teams may be made up of nurses, nursing assistants, and unit secretaries. Personnel from ancillary departments may be used depending on the goal of the team. These teams will be used to assist the unit manager in reviewing problems and changes that need to be made in the unit whether on an employee or a patient level. They will review and brainstorm for different ideas to fix those problems. The team will create goals to help innovate the changes that need to be made and assist in implementing those changes.

WHY: Tomlinson (2012) rightly states that “Expecting individual leaders to fix all the problems the health service faces is not feasible” (p 31). Teams can be utilized to assist nursing managers in creating ideas and implementing goals to improve patient-centered care, research for new evidence to enrich and advance patient safety, increase employee satisfaction, and control costs.

WHAT: If an employee or a patient has a problem, a question, or an idea the person to report it to is the unit manager. However, this individual does not always have the time to be able to analyze the problem and research for a solution on their own. Teams are put in place to assist the unit leader in tackling these issues. There are certain topics that need to be recognized before change can take place. It needs to be known whether employees are for or against the change, positive behavior needs to be in place to help support the change, and what resources are needed to make the change possible.

WHEN: Every manager knows that there is always an issue on the unit that needs improvement. There is always a better way to do something. Healthcare is constantly changing. This change requires use of resources that are readily available. A new team with clearly defined purposes and goals can be implemented within the next quarter. The purpose of the team may be simple or complex depending on the needs of the unit.

HOW: The unit manager must research and acknowledge his or her own learning, communication, and conflict styles. In knowing these personal strengths and weaknesses, they can begin to move into the role of facilitating teams. The facilitator should choose team members with varying levels of knowledge and personalities. The team should then research and understand the nature of change and innovation and the tools needed to support it. Collaboration is required to help clearly identify goals. The team will work together to map out the who, what, why, when, and how of the change. The team will also identify and minimize the risks of the change (Porter-O’Grady & Malloch, 2013, pp 50-55).

*Team size*

Managers may either interview employees, request volunteers, or they hand pick certain staff to make up a team. In larger units more than one team may be needed. Research recommends that a good size for a team is five to nine people. This will promote optimum consensus and team building. If teams are larger, they can divide up responsibilities into smaller teams that meet on a regular basis to report progress made and make decisions. (Asselin, 2001, p 26).

*Guidelines*

Assessing multiple teams can be difficult for a unit manager. Having clearly outlined guidelines and outcomes is essential. Good communication skills, clear team priorities, and a clear vision of organizational objectives all contribute to successful transformation of leadership (Tomlinson, 2012, p 32). At the beginning of each team meeting, the team leader will go over the priorities and objectives so the team stays on track and avoids miscommunication.

*Outcomes*

The outcomes of the team should be visible to employees, patients and higher management. Recommendations for desired outcomes include a good communication system between team members and the team leader and clear team priorities that are conveyed to the entire unit. Assessment of issues should be brought up and researched in a timely manner, depending on the urgency of the issue. Changes with minimal risk should be introduced as well as a plan to help control unavoidable chaos. Teams should present suggestions, strategies, timelines and proposed cost for change to the unit manager for approval.

*Purpose*

These teams have multiple purposes depending on what they are needed for. For example, a team may be made up because the unit manager has received feedback about nurses having to spend time going to pharmacy or different floors to find patients’ scheduled medications. In this case, having a pharmacist on the team would be a good idea. Not having the right medications available takes time away from bedside care. Finding a way to change and improve this issue would be beneficial to both the nurses and the patients. In a larger hospital with more employees, the unit manager could create permanent positions for a large team to assess patient related cases and a smaller team for employee related cases. On smaller units, the unit manager may only have enough employees to make up one team.

*Goals*

The goal of these teams is to be able to assess the situation assigned to them, identify what needs to be changed, create a plan on how to change it, and help to put those plans into action. They need to be knowledgeable of their environment. They need to be able to research the situation andknow how the situation is currently handled and how other hospitals or units handle the situation. They will then decide what the best outcome is for the unit. They will outline what needs to be changed and why. They will brainstorm on ideas how to change and goals needed to make that change. Then they will put the plan in place and make the changes needed. The unit manager is constantly facilitating and overseeing the group to make sure the team is heading in the right direction.

*Variables*

Because of the varying schedules of employees in the healthcare sector, not every single team member is going to be able to attend each meeting. The size of the team is most likely going to be different every meeting. There will also be different problems that need solving. Some may be solved quickly, others may take more research and time. For example, it may be brought to attention that several employees have requested a microwave in the breakroom so they don’t have to go to the cafeteria to warm their food. A small team can quickly research the benefits of having a microwave, the cost, and where it can be positioned in the break room. The team will send their findings and suggestion to the unit manager so a decision can be made whether or not to purchase a microwave. This can be resolved quicker than other problems, such as coming up with a different way for scheduling so that each nurse can have more weekends off. Healthcare is in an ever changing state so the team will need to recognize and adapt to those changes.

*Competencies*

The team should be made up of members with differing personalities and communication and conflict styles. Team members should have varying levels of knowledge and skills. Each member needs to contribute their own special expertise. For example, a nurse with 20 years of medical unit experience can contribute an excellent amount of knowledge related to patient safety and patient-centered care while a nurse with one year of experience may contribute by creating a positive and encouraging attitude towards change. Team building from outside experts can also help develop capabilities.

*Timelines*

A team with clear priorities should be in place with at least one new topic for change within the next quarter. The team will work together and build up to multiple changes or more complex changes within the next six months. A more complex change may take a team’s focus while another team deals with smaller changes. If a team is large enough to split up responsibilities into smaller teams then all teams should meet as a whole at least once a quarter, with the unit manager determining if more meetings are needed.

*Cost*

It will cost a corporation to change. Monetary costs of teams include hourly wages, supplies, and incentives. Some costs are already built into operating the hospital. A team can use a hospital conference room as a venue. The manager can request IT to provide a computer that the hospital already has available to be in the room for the team’s use as needed. A white board is usually already installed and ready for use. As a manager works to define what the priorities of a team may be, they can determine what extra supplies may be needed and turn in a list of expected costs. See Table 1.1 for a list of proposed costs to implement a unit team. Once a team is in place and ideas for change are brought up, costs can be better estimated.

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| --- | --- |
| Hourly wages | Apx $30/hr/per person present |
| Supplies needed  (i.e. notebooks) | $2/notebook/per team member |
| Incentives | A coupon for a free meal in the cafeteria/per team member |

Table 1.1 – proposed costs for implementing a team

*Managing resistance*

Not everybody likes change. Some people are always looking for a better way, while others like to stay in the groove as long as it is working well enough. No matter how well a process is thought out, there will be resistance to the change. One of the first ways to manage resistance is to examine what the attitude towards change is. Clearly communicate why the change is needed. Explain the benefits of the change. Also make clear the risks of not changing. In the case of creating teams to assist unit managers, the unit manager should examine to see how many employees are willing to be part of a team. If unit employees do not work well together then the unit manager needs to focus on being a leader and pull the unit together as a team rather than being a facilitator. Resistance should be identified as soon as possible.

*Measuring Change*

The team should be constantly looking for ways to measure the success or failure of their changes. The whole unit should regularly be required to respond to simple questionnaires asking whether they feel that suggestions can be made to the team. The team should receive feedback on whether the changes made are improving patient care, increasing the time at the patient’s bedside, raising awareness to patient safety, and enhancing employee morale.

*Conclusion*

Teams with clearly defined purposes and guidelines are a primary way to aid unit managers in creating and innovating plans for change. Change is essential to healthcare and continuing to keep the focus on patient-centered care. Change can be a good thing. There will be a certain amount of chaos with change, but a team of nurses, nurse techs, managers, and leaders can brainstorm for strategies to keep chaos and risk to a minimum. Feedback should be sought regularly from patients and other employees. The cost to create teams is justified through the benefits that the results will bring to patient-centered care, patient safety, employee satisfaction, employee teamwork, and leadership opportunities.

*Recommendation*

I highly recommend nursing managers and leaders to implement a team to help create plans for change and innovation. Smaller hospitals may only need one team made up of employees from various units. Larger hospitals may have teams that dedicate entire shifts to assessing and innovating change on the unit. The outcomes the manager, the unit, and the hospital overall will begin to see will be beneficial to every person who steps through the door.

References

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