

POSITIVE FEEDBACK FOR POSITIVE RESULTS

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As a management consultant, I have worked with hundreds of organizations in a wide variety of industries in 10 different countries. I have found that strong, dedicated leadership is equally important to industrial distribution companies, multinational oil companies, educational institutions, and hospitals. What follows is a true story from my consulting experience about motivation techniques in a hospital setting. Keep in mind that your company and your people have the same human needs for appreciation.

I was contacted by the administrator of a 200-bed hospital distraught over a serious rift between the local doctors and the nurses on his staff. For background, most of the physicians you see in a hospital are not members of the hospital staff but, rather, refer their patients to various hospitals for treatment. Therefore, the patient care team is led a physician who is not an employee of the hospital, although most patients think s/he is.

The average age of the doctors practicing medicine in this facility was 55. When these doctors attended medical school, the average nurse had a two-year certificate and served as the primary link between the doctor and the hospital. In short, the doctors believed the nurses should stand at the foot of the bed with a clipboard and say, "Yes, Doctor."

Conflict was rooted in different role expectations. The average nurse at this hospital was in her mid-30's, had several years of experience, and had earned an undergraduate degree in nursing. Many had master's degrees. In recent years, society has seen nurses become important members of the patient care team with increasing responsibility; some nurses in America have even been sued for malpractice.

One day a physician and a nurse were making rounds; the doctor issued an order for a particular treatment. After leaving the patient's room, the nurse politely offered a suggestion she felt would benefit the patient. The physician snapped, "Listen, when you have an M.D. behind your name, I'll listen to your treatment recommendations. Until then, just shut up and write down my orders!"

Needless to say, the wounded nurse retreated to the nurses' lounge to vent her anger to the others. Meanwhile, the doctor complained to his fellow physicians and the administrator about the "arrogant nurses," and the problem began to fester. After several more similarly unpleasant exchanges, the nurses began to hold group meetings to commiserate. Even the patients and their families could sense the tension that pervaded the facility.

The administrator called a meeting of the physicians and nurses in an attempt to resolve the conflict. All the nurses attended, but only a handful of the more vocal physicians bothered to come. (Bear in mind that the administrator has little power or authority over an independent physician.)

The administrator allowed the two groups to sit on opposite sides of the conference table. Although his intentions were noble, he did not have the skills to conduct a conflict resolution session nor the power to control the physicians. In a matter of minutes, the situation deteriorated as the two groups shouted unpleasantries, expletives included, across the table. In the days that followed, many nurses began to update their resumes.

When I arrived a few weeks later, I politely chided the administrator for not calling me sooner. We now had a long way to go to rebuild the team. I met privately with several of the key physicians. They came to the meeting because they, too, did not enjoy the hostile climate. As we talked, they all agreed that there were serious problems. They knew the organization was “sick,” but most felt the fault lay with the nurses. Fortunately, one of the senior physicians was an informal leader and sincerely wanted to make the team whole again.

I discussed the power of positive feedback, but explained that the nurses actually have two major areas of expertise. The administrator could give them feedback on their scheduling, paperwork, and supervisory tasks, but only a physician could provide valued feedback on their medical duties. When I asked, “When was the last time you complimented a nurse on her medical skills?,” an embarrassed silence filled the room. The senior physician finally replied, “I haven’t done that in months. I think we all have done a rotten job of providing positive reinforcement.”

I taught the doctors how to give positive feedback and gave them a chance to practice, which they did – reluctantly.

One of the physicians was a female who had recently completed medical school. She wanted everyone to be sure she was not mistaken for a nurse, so she was very cold and aloof with the nurses.

My visit took place in early December. During the Christmas holiday, when the hospital was on reduced staffing, the female doctor was on call in the building. At 2:00 a.m., an elderly man in the intensive care unit coded (that’s hospital talk for “died”). Lights began to flash; bells began to ring. The head nurse in intensive care paged the doctor. Since the doctor was in the coffee shop three floors below, it took her a few critical minutes to reach the ward. In the interim the nurse performed several key procedures to help revive the patient (seconds can save lives). By the time the doctor arrived, the patient’s heart was beating properly, and his vital signs were improving.

After the emergency had subsided, the doctor returned to her office. She jotted a brief note to the nurse and dropped it in the in-house distribution box. Two days later, the nurse opened the envelope and read: “Dear Nurse Smith, I just wanted to let you know what a fine job you and your team did with Mr. Johnson. Your fast and accurate work saved his life. Thank you, Dr. Jones.”

When the nurse read the note, she went to see the administrator, shut the door, and wept. “That’s the nicest thing I’ve received in my professional career,” she said. After she regained her composure, she went to thank the doctor, and for the first time the two had a meaningful conversation.

Word of the note soon spread throughout the hospital. People began to volunteer to work with the female doctor. Other doctors began to notice she was “covered” with enthusiastic help. “I wonder if you are paying them under the table” one doctor joked. She said warmly, “No, I’m not paying them – I just thank them when they do a good job.” I cannot describe the turnaround in that hospital. It soon became fashionable to ask instead of tell, to praise instead of punish.

When I checked with the administrator a few months later, he didn’t have time to talk because he was in the midst of planning the first-ever hospital family picnic. They had a tremendous turnout. Nurses, techs, support personnel and, yes, doctors played softball, threw horseshoes, and shared positive feeling about their teamwork.

So there you have it. An entire organization was transformed from an unhealthy stressful, low-performing group into a strong, effective, and vibrant team who shared the joys of high performance together. You can reap these same benefits in your company by letting people know regularly that their good works are noticed and appreciated.