

## Boosting Morale and Improving Performance in the Nursing Setting

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## Boosting Morale and Improving Performance in the Nursing Setting

### **Abstract**

**Aim and Background:** While the importance of morale is well-researched in the nursing literature, strategies and interventions are not so prolific. The complexities of interpersonal relationships within the clinical domain, and the critical issues faced by nurses on a daily basis, indicate that morale, job satisfaction and motivation are essential components in improving workplace efficiency, output and communication amongst staff. Drawing on educational, organizational and psychological literature, this paper argues that the ability to inspire morale in staff is a fundamental indicator of sound leadership and managerial characteristics.

**Evaluation and Key Issues:** Four practical concepts that could be implemented in the clinical setting are proposed. These include: role preparation for managers; understanding internal and external motivation; fostering internal motivation in nursing staff; and the importance of attitude when investing in relationships.

## Boosting Morale and Improving Performance in the Nursing Setting

‘By their very nature...organizations don’t readily encourage new learning...organizations thrive on routine and the status quo. Professionals in organizations rely on the established systems in order to carry out their jobs with minimal resistance and stress. As a result, most people in companies today have not challenged themselves to learn something really different for a long time’ (Goleman *et al.* 2002, p. 291-2).

### Background

Organizational success and an employee’s ability to thrive are influenced by a leader’s ability to ignite outstanding performance. When a leader creates *resonance* or a positive feeling that facilitates the best in people, then they generate natural motivation, morale and ongoing learning (Goleman *et al.* 2002). In the field of nursing, amongst many others, the concepts of developing emotional self-awareness in staff, self-control, adaptability and initiative in management, and organizational teamwork and collaboration in social networks have been poorly applied.

Despite this, it has been suggested that nurse and physician collaboration is one of three strongest predictors of psychological empowerment of nurses (Larrabee *et al.* 2003). Relationships on the ward are integral to nurse satisfaction. Contentment in staff and the confidence to interact as an equal with other professionals are closely linked to self-esteem or one’s own morale. The issue of morale in nursing has not been extensively researched despite suggestions that effective clinical leaders are those who encourage the moral-boosting qualities of caring, support and balance in their staff to promote retention and feelings of renewal however, low morale on wards has been shown to adversely affect staff (Pearcey & Elliott 2004).

Organizational literature has been coaching executives for years on how to create an environment where staff thrive (Seligman & Schulman 1987, Ashford & Tsui 1991, George 1995, Goleman *et al.* 2002) however this trend has been slow to apply in health care industries. In order to create healthy working clinical environments and encourage nursing staff for leadership and management roles, the issues of morale and motivation need to become primary concerns in the ward setting.

### The Motivation to Change

The act of contemplating change and indeed implementing it can fill any individual with dread, fear and anxiety. The notion of introducing change into an entire ward may concern any resonant leader. However, sustaining leadership change in order to influence morale levels in an organization is paramount to an employee's ultimate satisfaction with and effectiveness in the job (Goleman *et al.* 2002).

Motivation has been shown to exist either as an internal characteristic or as an external factor in people in general. Internal motivation is linked to neurological circuitry in the left prefrontal lobe; the feelings of accomplishment, passion for work, excitement in our day all link to the left prefrontal cortex (Davidson *et al.* 2000). It is this area of the brain, which governs motivating behaviour and discourages pessimistic feelings and performance. The reality is that some people *naturally* possess a high level of this internal motivation; those who focus on the internal feelings of satisfaction they will attain despite any difficulties they face along the way. However others require more than this.

External motivation is any external factor to generate positive behaviour. These might include monetary awards such as bonuses, tangible recognition or honour, prizes, or other incentives. The reality is, despite such rewards motivating behaviour in the short term, no amount of bonuses or acknowledgment will continually inspire people to work to their fullest potential (Goleman *et al.* 2002).

#### Guidelines for Registered Nurses to improve morale

Strong correlations exist between how staff are treated by a senior professionals, the role models they encounter and their perceived experience while in the clinical ward. Based on these concepts and the above philosophies, the following ideas have been proposed as ready-to-implement in clinical wards to assist in boosting morale in staff:

#### *Role preparation for ward managers*

Executives are coached, athletes are coached, why not health care professionals? The nature of helping others through clinical care provision may preclude staff from asking for help themselves.

Coaching as a leadership tool has been infiltrating organizations in several ways:

‘executives ask for professional coaches as part of their benefits package; corporations use professional coaches as a retention tool for middle-line managers and hard-to-fill positions; and managers use coaches to promote collaboration, innovation, development, and employee motivation’ (Fuimano 2004, p.16). Coaching has characteristically focused on developing personal strengths and development, rather than accomplishing tasks, however coaches fundamentally encourage employees to develop long-term goals and plans to achieve them (Goleman *et al.* 2002). A thriving

work environment and healthy working system may be assisted through the regularity of coaching key staff in the organization. Coaching builds resonance in leaders by connecting individuals' wants with the organization's goals and is appropriate to assist an employee to improve their performance by building and focusing on long-term capabilities (Goleman *et al.* 2002). Surveys of executive leaders have found that their strengths were initially cultivated under the guidance of a mentor (McCall *et al.* 1988).

Because leadership is an essential component of management, it is critical that leaders are developed (International Council of Nurses 2000). Coaching may be a key to creating clinical work environments with good retention, work satisfaction and high quality measures. Nurses can also learn how to self-coach, be more self-aware and develop themselves. In the nursing setting, linking nurses' daily work to long-term ambitions will improve their motivation, boost their self-confidence and assist them to function more autonomously at a higher performance level. Coaching will also help staff recognize their own management styles, and identify their leadership strengths and areas for improvement.

*Understanding motivation - the nature of external versus internal motivation*

As humans, we believe in, and are motivated either toward pleasurable outcomes (everything from rewards such as money, alcohol use, or relaxed feelings after a gym workout), or as an aversion from painful outcomes (someone tells us we are overweight so we diet, or we work 70 hours a week to escape debt). It is preferable to be motivated towards something pleasurable, however the reality is that some

employees are motivated in the opposite way. Offering both forms of motivation may be crucial to success in the ward.

Investigation has suggested that turnover for full-time nurses is instigated by ‘on-the-job’ factors which cause dissatisfaction (stimulating a ‘desire’ to leave), and results in actual turnover behaviour when the individual perceives relative ‘ease’ in leaving the organisation (e.g., attractive external job alternatives; Chan *et al.* 2004). Therefore, encouraging internal motivation in staff will result in a stronger long-term sense of satisfaction, happiness and associated productivity on the job (Schiller 1998, Goldman *et al.* 2002, Begat *et al.* 2005). Encouraging nurses to remind themselves of their ‘call’ to their work, and the reflective practices they may have engaged in earlier in their career, may link their everyday routine to a deeper sense of purpose. Research examining mentoring processes to facilitate learning (van Eps *et al.* 2006) has found that mentorship conveys realistic expectations of the nursing role, and in turn prompts reflection for a nurse on their own practice.

Practices involving such contemplation might include ‘reflection-in-action’ activities whereby nurses reflect during shift handover sessions. Schon’s (1983, 1987, 1991) work highlighted the processes and development of reflective practitioners and found that when effective practitioners were faced with a problem in their practice, they worked through it instinctively and, drawing on previous similar experiences, they tried and tested out various possible solutions until they resolved the issue. Schon called this process ‘reflection-in-action’ and coined the term ‘theory-in-use’ to describe the nature of the reflective activity.

*Fostering internal motivation*

Secondary education research has identified aspects of the teaching setting which enhance students' self-motivation (Bligh 1971, Lowman 1984, Weinert & Kluwe 1987, Lucas 1990). The absence of applicable nursing literature makes such research a sound starting point for fostering internal motivation in nursing staff. The following concepts are practical ideas for contemplation:

1. To develop the drive to achieve, nurses need to believe that achievement is possible, which means that they need early opportunities for success. The focus is to be on praising for effort, not just results (Bligh 1971, Lowman 1984, Forsyth & McMillan 1991, American Psychological Association 1992). Nursing work is frequently rewarded by patients' gratitude. Nurses within clinical settings often comment on the patients' capacity to say thank you and their appreciation of how nurses contribute to their well-being.
2. Ensure opportunities for nurses' success by assigning tasks that are neither too easy nor too difficult. Capitalize on their existing needs. It has been found that people learn best when incentives for learning satisfy their own motives for enrolling in a course and career (Forsyth & McMillan 1991). Nurse managers in contemporary health care practice recognise that performance appraisal is not the opportunity to inform nurses about deficiencies in their own practice but rather performance appraisal is ideally about recognising the direction an individual nurse wishes to pursue so that work assignment reflects the interests of the nurse. For example, nurses regularly carry responsibilities within their clinical workload such as occupational health and safety or implementing evidence into practice. Furthermore, within clinical teams there are often



opportunities to undertake the role of case manager or supervise students and graduates in the clinical context.

3. Help nurses find personal meaning and value in their work. Within the clinical context nurses are often inspired by patient progress. Organising nurses clinical work so that they rotate through inpatient and outpatient areas can provide valuable feedback to nurses about their contribution to patient progress. The opportunity for continued involvement by nurses to enhance patient outcomes on subsequent outpatients visits is a reminder about nurses achievements.
4. Create an environment that is open and positive and assist nurses to feel they are valued members of a learning environment. Communication is an important component of nursing work that if conducted at all levels within the organisation, for example, nurses handing over to each other at shift change, multi-disciplinary teams getting together to resolve difficulties and established channels such as regular email contact and communication books can assist nurses feel part of the team.
5. Research has also shown that good everyday practices can do more to counter apathy in staff than special efforts to attack motivation directly (Erickson 1978). Good practices within the team such as constant communication and inclusion of all staff within the activities of the clinical setting are important for establishing the norms of operation.
6. Helping nurses evaluate their progress by encouraging them to critique their own work, analyse their strengths, and work on their weaknesses will also develop internal motivation (Cashin 1979, Forsyth & McMillan 1991).  
Opportunities whereby management can engage with individual staff

members, talk about particular situations and how they were handled can be instrumental to the individuals' development.

*Invest in relationships*

Communication skills are often overlooked and undervalued as effective tools related to job satisfaction and contentment. 'Relationships with subordinates' has been listed as the number one success factor critical for positions such as the chief executive officer in large organizations (Kouzes & Posner 1999). It has been documented that the highest performing managers show more warmth and affection towards others than do the bottom 25 per cent (Kouzes & Posner 1999) and leaders create relationships.

There has been some inspiration in the literature regarding nurturing clinical relationships in the area of communication skills, dialogue, conflict resolution and negotiation. It has been demonstrated that good relationships between clinical staff are essential for learning (Bergman & Gaitskill 1990, De Young 1990, Dunn & Hansford 1997) and several have shown that good interpersonal relationships are *more* important than professional competency (Brown 1981, Hart & Rotem 1994). Furthermore, the caring attitudes of nurses in charge of clinical students appear to be taught through modeling and experience, rather than direct teaching (Wilkes & Wallis 1993). Qualities such as rapport building ability, empathy, genuineness and respect have been shown to be highly valuable in supervising nurses. These findings support Maslow's (1971) theory that desirable traits correlate positively with good teaching ability.

Nurse managers have a unique opportunity to invest in relationships with staff, because of the close daily interaction on a ward. However, individuals working in helping professions do not necessarily have relationship skills and an innate ability to lead, coach, and inspire. They may need to be taught. Great leaders inspire passion and the best in others but this happens at a physiological level as well as a physical. Research has shown that a good conversation between two people results in mirroring of their physiological profiles such as heart rate (Levenson & Reuf 1997). Moods do impact on an organization, and nurse leaders can be taught to positively affect the mood of individual and group interactions.

There is always a choice about the way one does their work, even if there is not a choice about the work they do. This concept appears simple but is often overlooked in a busy clinical setting. Sometimes the culture of an organization is infective and programs to change leaders do not always work. The groups in which leaders move and the larger surrounding culture, affect leadership practices and daily attitude. Beginning attitude change at the very top is suggested to be the only way to transform staff, and the whole organization (Goleman *et al.* 2002).

### Conclusion

The clinical experience and the positive role modeling a nurse perceives impacts upon the way they develop their own professional behaviour and orientation to the discipline of nursing. Positive ward culture and encouraging and affirmative leadership heavily influence learning experiences for registered nurses. It is vital that organizations address and encourage regular and effective methods to support staff and promote morale boosting atmospheres as the norm.

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