

Look Who's Speaking...

Is it Possible to Be Happy at Work?



Nancy Stampahar

The Southwestern Pennsylvania Organization of Nurse Leaders (SWPONL) is the professional organization for nurses who take the lead in influencing and managing healthcare services in the region. SWPONL's 200 members actively monitor and respond to regulatory and legislative developments that affect healthcare. Members include nurse leaders holding administration and management positions in hospitals, long term care, home health, and other service organizations; faculty in graduate nursing administration programs; consultants in nursing administration/management; and graduate nursing students as associate members. Visit www.swponl.org for links, educational activities, and membership information.

BY LISA BIANCO

“Despite what you think, it is possible to be happy at work. But as nursing leaders it's going to be up to you to do something outside of your comfort zone, rather than waiting for people or situations to change. It's a tough, competitive world in healthcare. And the changes you want in your workplace are going to require you to think differently, speak differently and respond to your daily challenges in a whole new way.”

So says Nancy Stampahar, leadership management consultant and owner of the consulting firm Silver Lining Solutions. Stampahar delivered this message in the keynote address at November's annual conference of the Southwestern Pennsylvania Organization of Nurse Leaders (SWPONL). Her work focuses on helping clients lead more empowered lives through the full exercise of their power of choice. Stampahar believes that happiness can be created regardless of outside circumstances when an individual's power of choice is expressed through accountability, attitude and action.

“The effort of evolving yourself may require doing things you don't enjoy so much. Yet, these things are necessary to achieve what you really want in life,” Stampahar emphasizes. “If you genuinely

want to be a better leader you have to start by becoming self-aware,” she advises and outlines three steps for healthcare leaders to take to build self-awareness.

1. Become aware of your own approach. Do you avoid conflict at work? Are you a people pleaser or do you go to the other extreme by being overly controlling?

2. Become educated about different leadership styles. Learn how passive, assertive and aggressive leadership styles differ. Seek out leadership training courses to give you a larger repertoire of skills.

3. Apply your new skills and knowledge. Step out of your comfort zone and begin to take actions you wouldn't have tried previously.

Stampahar finds that because healthcare centers on taking care of others, nurses often don't know how to deal with conflict. And many nurses who eventually move into leadership roles have risen in the ranks while the traditional dominant physician/compliant nurse model was slowly changing. Now that gender roles have evolved, women leaders in every profession are trying to find that fine line between being a doormat and being an overbearing micro manager. “As supervisors, women especially have a hard time stating what they need and expect,” Stampahar observes. “That makes it extremely difficult for employees

to know how to improve their performance.”

She poses solutions to this dilemma in her new book, *Peace, Love and Lemonade: A Recipe to Make Your Life Sweeter*. Applying those answers to healthcare leaders, Stampahar emphasizes the importance of three critical ingredients to turn difficult situations around. They are:

Accountability. Ask yourself what you need to do differently to get the results you want. Examine areas like how you delegate responsibilities, how you empower your team to work cooperatively, whether you give praise and how you coach and motivate employees.

Attitude. Believe that you can change and are deserving and capable of getting the results you want. Identify self-esteem issues and negative thinking which may impair your confidence and ability to assert yourself in a healthy manner. Remember, the leader sets the tone and attitude for the team.

Action. Consider the adage, “If you always do what you've always done, you'll always get what you've always gotten.” Demonstrate courage by taking action to face your fears, which prevent you from taking action. Stampahar believes that courage

is what gives individuals the power to ‘make lemonade when life gives you lemons.’

The entire process of taking control and trying new approaches doesn't happen overnight, according to Stampahar. It takes from three weeks to three months to change a habit, including how we think and react to situations. “Our brains are actually being reprogrammed as we learn to think and respond differently. Some time is necessary for the new behaviors to take hold, to allow us to get past our tendency to go with knee jerk reactions,” she cautions.

Those who attended the November conference received a little device to allow themselves a critical moment to think and act differently. Participants snapped a ‘habit zapper’ (actually a rubber wrist band) when they felt themselves falling into habitual negative thoughts. The gadget is a good summary of the principles Stampahar conveys in her consulting work. She advises that combating negative thinking begins when you ‘zap it,’ then ‘swap it’ (negative for positive thinking), and move in the right direction so you can ‘achieve it.’

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Look Who's Speaking...

To Retain Employees — Speak to Their Generation

BY LISA BIANCO

“There are four distinct generations staffing today's healthcare teams — and each generation speaks its own language and sees the world in dramatically different ways,” says Greta Sherman, Senior Vice President at TMP Worldwide Advertising & Communications. “The challenge is figuring out ways to get Veteran, Baby Boomer, Gen X and Gen Y employees cooperating, communicating effectively, and feeling actively engaged for better healthcare delivery,” Sherman reports. How to understand these groups and tackle those challenges was the subject of her presentation in San Francisco at the 2008 Annual Conference of the Society for Healthcare Strategy & Market Development of the American Hospital Association. The conference took place in September.

Sherman explains that a generation's unique viewpoint emerges out of seminal life events stemming from factors like wars, economics and technology. These influences cause individuals to view work and job satisfaction in ways that sometimes put them at odds with their coworkers. Nevertheless, hospital units ideally should be composed of different groups, as those very differences make for a rich working environment.

Take for instance Baby Boomers, born between 1947 and 1964. Boomers are characteristically workaholics, are married to their jobs and are the first generation to see

education as a birthright. Women of this generation were told they could be anything they wanted to be. Therefore, career became paramount. Few in this group even want to stop working. Boomers compose the core of American workers (76 million), with nurses largely represented in this category. Sherman notes that Boomers are motivated by money and status. They value hard work above having a balanced life.

In contrast, Generation X, born 1965-77 cherishes the work and life balance and tends to clash horribly with Boomers. “Why don't they have a work ethic?” is the complaint Boomers frequently make about Gen Xers. These individuals grew up as latchkey kids. While left alone they formed strong bonds with television, computers and all manner of technology. Under those conditions it's easy to understand why they've come to expect instant gratification. GenXers also have a more entrepreneurial mindset and believe in breaking the rules to do things their own way.

The oldest of the four groups is Veterans, born 1925-46. These folks are the traditionalists, accustomed to conformity and respecting management. Veterans play by the rules and easily sacrifice fun in the name of duty. They want to be respected for their experience and prefer personal or written instructions rather than emails. Already a small segment of the labor force, this group is shrinking yearly. By 2015 Veterans will be



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out of the workforce.

Which generation is considered the perfect fit for hospitals? That would be those born 1978-2000, dubbed Generation Y. As the second largest group in the workforce (74 million), GenYs were raised by a village — they enjoyed private schools, soccer camps and grandparents figuring prominently in their lives. GenYs have never been without technology. They can “hyper thread,” which is the ability to mentally run up to 15 threads of thought — for example, simultaneously taking a cell phone call, eating breakfast, searching online and text messaging. GenYs love their grandparents, are team players and will work for less money if it means improving their quality of life. More than sixty percent of physical therapists are GenYs, along with a majority of Pharmacists.

What are the implications for hospital managers whose teams are composed of these four generations? “How well you recruit and retain individuals from these groups hinges on the skills of your frontline hiring manager,” reveals Sherman. “That person is the number one reason why employees stay or go. Managers must be trained to speak the language of each generation. When you can daily reinforce and connect with the unique values and motivations of each group, employees will feel engaged and satisfied with their jobs.”

Sherman cites one example of how hospitals skillfully apply these generational differences on the Internet. GenYs are online all the time and will look for chat room discussions to find out if hospital employees are happy in their jobs. If employees are complaining online about low morale, that hospital's attempt to attract talented professionals is killed on the Internet. Evidence that even recruitment methods have changed is in the new practice of using text messaging to reach GenYs, whose attachment to their cell phones is ubiquitous.

In summarizing her advice to hospital managers Sherman asserts, “There simply aren't enough healthcare professionals today. Know your audience, and the idiosyncrasies of the generations you are speaking to. Pay attention to these differences and you can attract the employees you want and keep the ones you already have.”

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■ For information about the next annual conference of the Society for Healthcare Strategy & Market Development, contact Alyse Kittner at shsm@aha.org or (312) 422-3888.