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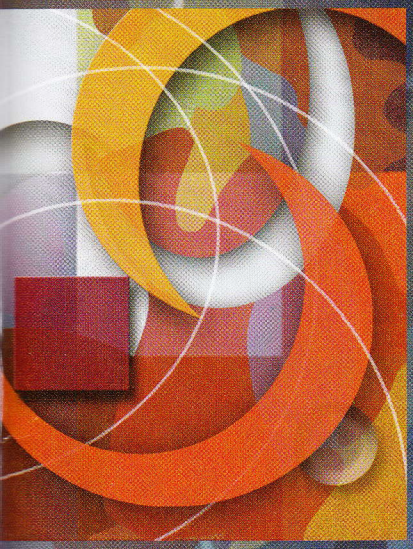

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Characteristics of Positive Working Relationships Between Nursing and Support Service Employees

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Collaboration among healthcare providers is essential for maximizing limited human resources in hospitals. This research identifies factors that contribute to developing collaborative working relationships between nursing and support services staff. Those factors include the predisposed mind set of leadership, how the actions of leaders impact the behaviors of staff, the nature of the relationship between support service employees and the nursing staff, ways in which learning happens, and the nature of communication. With a sample of nearly 300 individual participants in 10 geographically diverse hospitals, the author discusses the process, outcomes, and implications of her qualitative study.

Increasing staff productivity in hospitals is an issue most nurse managers are confronting. Wisely using human resources already available includes ensuring that current employees are engaged and collaborating with one another. Engagement, collaboration, and productivity are, however, profoundly affected by negative relationships.[1,2] The nature and functionality of negative workplace relationships have the capacity to affect organizational outcomes, turnover, and ongoing productivity in negative ways.[3,4]

Recently, more than 7,000 nurses participated in the Nursing Satisfaction With Support Services Survey (NS3). This survey, sponsored jointly by the American Organization of Nursing Executives (AONE), Aramark Healthcare, and The Studer Group, asks nurses how well they are being supported in their caregiving role by various support service departments. (For more information on the NS3 survey, please see the AONE Web site at http://www.aone.org/aone/about/SpecialEvents/NS3/NS3.html.) While the NS3 seeks to identify those elements that drive satisfaction on behalf of nurses, it begs the question as to what factors create a collaborative working relationship from the perspective of support service employees. This study, sponsored by Aramark Healthcare, seeks to discover which characteristics create positive working relationships between nursing and support service workers, from the perspective of support service workers. Identifying those factors that facilitate positive working relationships for support service workers will be another step forward in enhancing how care can be delivered efficiently and effectively.

The Literature

What it means to be engaged at work has evolved over time, from an individual perception of meaningfulness[5] to behavioral aspects that can be demonstrated and measured[6] to the notion of engagement as expending discretionary effort.[7] Currently, engagement is defined as the amount of emotional and intellectual commitment to the organization.[8] This research investigates the characteristics that help create engagement and collaboration between support service workers and nursing.

What is becoming more sharply focused is that the web of relationships that support collaboration are complicated by leadership structures, communication practices, and notions of status and authority.[9] Poor communication practices (nonfunctional behaviors that negatively impact workplace relationships) include, according to Rosenstein's[9] 2002

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research, yelling, raising the voice, disrespect, condescension, berating colleagues or customers, and the use of abusive language. Furthermore, those nearer the top of organizational structures are often less aware of how profoundly such nonfunctional behavior impacts those near the bottom of organizational structures.[9]

Negative emotions, such as personal distrust, distress, and anger, generated by dysfunctional working relationships can cause behavior to be prioritized differently,[10-12] thus harming organizations. Engagement, collaboration, and productivity are profoundly affected by the nature of workplace relationship.[13,14] The nature and functionality of those workplace relationships have the capacity to affect organizational outcomes, turnover, and ongoing productivity.[4]

Methodology

This study uses a grounded theory/qualitative approach. The methodology for this study was chosen because of its active nature, its application to actual organizational situations, the emergent nature of the topic, and the need for the research to reflect the nuances inherent in a problem of complexity. Grounded theories are likely to offer insight, enhance understanding, and provide a meaningful guide to action.[15]

Internal review board (IRB) approval was granted from Roosevelt University in Chicago, Illinois (IRB 551). Ten hospitals from various geographic regions across the United States participated in the study. The hospitals represented rural, urban, suburban locales, large and small institutions, those with outsourced support service employees, and those that were self-operating. Among the participants is a specialty children's hospital (Table 1).

Two hundred ninety-eight support service employees participated in the 65 focus groups. As outlined in the IRB documents, participants in the study were assured of their anonymity. Aside from their workplace role as a support service employee, no demographic information was gathered about the participants. For purposes of this research, support service departments in the hospital environment were confined to environmental services (housekeeping), food and nutrition services, patient transportation, security, biomedical (clinical) engineering, facilities management, security, and laundry and linen services. Many other areas, from human resources to information services to switchboard operators, were potential support services employees. This study, however, chose to select those departments that provide direct support to nursing units, thus offering the greatest potential for increase in communication and potential patient care benefits.

During regular working hours, each hospital gathered small groups of support service employees together into focus groups of no more than 10 employees. To ensure a wide variety of input, focus groups were held during all shifts at each hospital. The focus group process was consistent from group to group. After introductions, the researcher explained the purpose of the study and offered informed consent consistent with the university IRB approval that was obtained for this research. Then, the researcher asked the questions of the focus group, taking notes as the participants discussed their feedback. All participants received a $20.00 gift card to a major coffee retailer directly after participating. Immediately following each focus group, the researcher transcribed the notes and began a process of coding the text and creating any memos that would illuminate meaning. More than 2,200 individual comments were transcribed from participant responses. More than 180 distinct, open codes were created from those comments. Textual data were coded and analyzed, and the relationships between the discrete parts connected to create a model that is presented in this article.

Table 1. Hospital Participants

Hospital Geographic Region	Locale	Bed Count	Support Services	Standard or Specialty
Midwest	Urban	565	Outsourced	Standard
Northeast	Suburban	97	Outsourced	Specialty hospital
Northeast	Rural	213	Outsourced	Standard
Northeast	Rural	280	Outsourced	Standard
Northwest	Suburban	227	Self-operating	Standard
Southeast	Suburban	110	Self-operating	Standard
Southeast	Suburban	120	Self-operating	Standard
Southeast	Suburban	122	Self-operating	Standard
Southeast	Suburban	410	Self-operating	Standard
Southwest	Rural	634	Outsourced	Standard

The questions in the research used an appreciative approach. Participants were asked about the following:

- a time when the work they do made a difference
- the impact that their specific job has on the core of the business
- what others in the organization currently do to support their work
- what others in the organization could do differently to support their work
- think of, and describe, a great nurse that they have worked with
- how do they know what the nurses they work with expect of them

Results

Overall, the model (Figure 1) demonstrates the relationships between the most prominently developed themes revealed by the data. The primary elements of the model are mind set and modeling behavior. Secondary to mind set and modeling behavior are the ideas of learning, communication, and relationship. This model demonstrates how the most prominent themes relate to one another. The characteristics of mind set and modeling of collaborative behaviors are the overriding ideas that drive collaboration most strongly. The characteristics of communication, learning, and relationship also drive collaborative behavior, but in more specific and personal ways. A discussion of these characteristics continues.

Mind Set and Modeling of Collaborative Behaviors

The research reveals that that the mind-set leaders approach support service employees with effects how leaders demonstrate collaborative behaviors. The internalized attitudes that leaders hold toward those with less education, lower socioeconomic status, and less power in organizations become apparent in their actions. The way that leaders think and act becomes a self-reinforcing process. Support service employees articulated the mind set that they experience with many stories. Two follow:

> Don't throw urine in the trash. Be clear in your requests in patient areas. For a temperature change, etc. If it's important enough for a phone call, it's important enough for specifics. There are 2 million square feet in this hospital we have to manage and maintain—we have other responsibilities. Their attitude is that our time is less important than their time. There is a lack of understanding of the big picture.

> Miss Sharon and Miss Rebecca in postpartum—they are one of a kind. They go that extra mile. If we have an issue with a nurse, they will discuss it with her. The nurses will apologize. They have a positive attitude; they listen, and they include you.

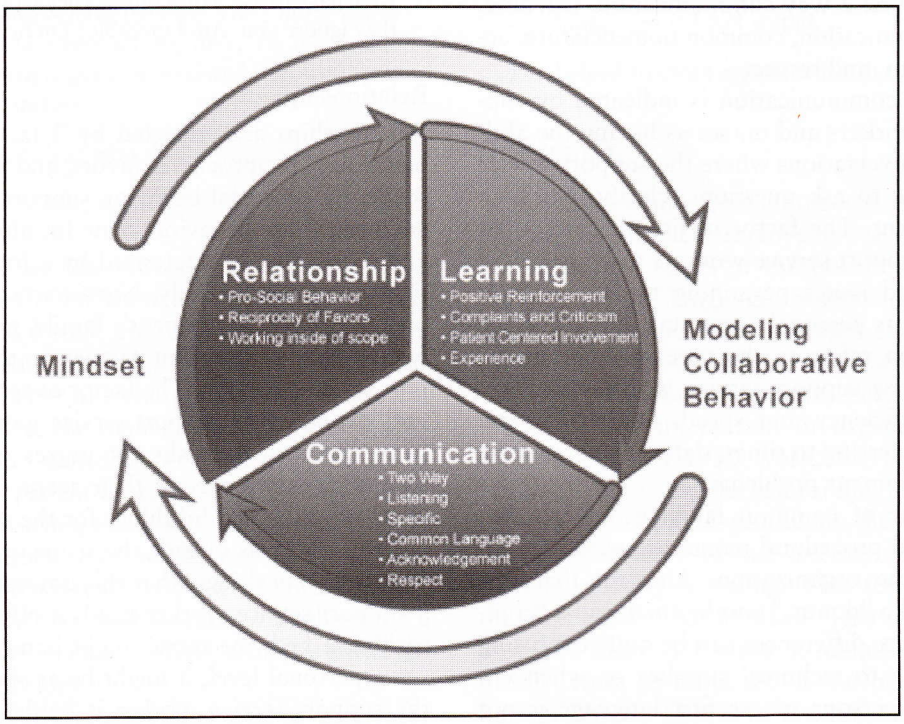

Figure 1. Model of collaborative working relationships.

The various ways in which hospital leadership models collaborative behaviors are affected by a preexisting mind set discussed above. How we act is determined by what we feel. The relationships between what is occurring in the mind and how that occurrence is borne out in demonstrated behavior are critical to the model. As an example,

> Nursing leadership is important. They pave the way for us to come through with their staff.
>
> If we are like this to each other, then how are the patients being treated?
>
> Tony—he's always keyed in, even to little things like ceiling tiles. He looks at us as a partner. He enforces the way things should be... we're secondary to vomit and stuff. That means nurses do the initial cleanup, and we do the secondary sanitizing. He makes them do that. Our people, we tell them, you have to work with these people every day, so just do it. But he makes the nurses do it.

In a smaller, more intimate and direct ways, the ability to collaborate well is determined by the manner in which we communicate, the way we learn about one another's expectations, and the nature of the relationship.

Communication

In the development of positive working relationships between support service workers and nursing, the nature of communication is impacted by 6 specific factors: 2-way communication, listening, specific communication, common nomenclature, acknowledgement, and respect.

Two-way communication is indicated by support service workers and nurses as having the ability to have conversations where the support service worker is able to ask questions, clarify issues, or determine intent. The factor of listening describes the need of support service workers to be heard by nursing around issues pertaining to the work at hand, as well as personal communication. Specific communication refers to the type of communication required by support service workers to maximize their efficiency and speed. Support service workers are referring to times, dates, plans, and the nature of equipment problems.

The factor of common language means that equipment and procedural names are used in common across the organization. An item that one nurse may call a "donut," another may call a "comfort ring." These differences can be quite confusing when referring to technical supplies or when encountered by persons whose first language is not English. The factor of acknowledgement refers to the presence of support service workers and their need to discuss a patient with nursing to transport them, enter their room, or complete some job-related need. Support service workers are often ignored when trying to seek information or permissions required to accomplish their tasks. Last, and most important, respect is key to successful communication with support service workers. Repeatedly, support service workers expressed that they were willing to go the extra mile, work above and beyond their required scope for those nurses who treated them respectfully. Support service workers often feel that they are people devoid of identity. Making eye contact, treating others with basic human dignity, and learning the names of the people one works with everyday are significant steps toward a more collaborative environment. As examples,

> One day, a nurse called and said that the patient was allergic to dust and asked me to clean her room again. I said no, and asked her if there was an empty room on the floor. She said yes, so I went in there and cleaned it from top to bottom for dust. Then, we moved the patient to the empty room. It prevented her from being exposed to more dust while I cleaned.
>
> Sometimes, there are signs that say, "Do not enter room without talking to my nurse." We have to enter, so I try to talk to the nurse, but she won't talk to me. She'll just walk away.
>
> Sometimes, we'll come up to the nurse's station, and we'll have to ask 3 or 4 times. They won't listen, and they ignore you. Am I invisible? I'm here.

Relationships

Relationships are impacted by 3 factors: prosocial behavior,[16] reciprocity of favors, and working inside scope. By prosocial behavior, support service workers mean those behaviors done for altruistic reasons and most often characterized by a focus on the patient or patient's family. Nurses who were focused on the patient, the patient's family, and their needs were viewed as excellent partners in the eyes of support service workers. The factor of reciprocity of favors denotes that support service workers were far more likely to do tasks for nurses or others who were technically outside their scope of work if the nurse occasionally did things for the support service worker who was outside the scope of his/her work. Practically speaking, what this amounts to is that if a support service worker needs a pillow case while making a bed, the nurse might hand it to him/her. On a personal level, it might be as simple as asking the support service worker if he/she would like a piece of birthday cake that is in the lounge.

The final factor associated with the development of relationships is the idea of working within scope. Support service workers often feel that nursing is unaware of exactly what the support service worker is supposed to do, and consequently, the support service worker is in a frequent position of having to tell a figure of authority (nursing) that he/she is not supposed to do the requested task. This is uncomfortable for the support services worker and contributes to bad feelings about the support service worker from nursing staff. Defining the scope of work for both the support service worker and for nursing will contribute to the development of a positive working relationship by clarifying the roles of each in a complex process. Comments from support service workers included the following:

> You've got to talk to them and ask them. We'll help out with anything as long as it's not ridiculous. They don't understand why we have to go and make beds on other units.

> There's a list of things we're not supposed to touch when we're doing a room. Nursing doesn't seem to know about this list. What we do and what CNAs [certified nursing assistants] do is so close. In labor and delivery, if there are more than 2 ounces of fluid in the basin after the baby is born, we aren't supposed to touch it. The CNA is supposed to handle the basin, but she won't. I have to tell her to do it. She says it's my responsibility. I know it's hers. Some people just end up doing it. But I don't always have the time. For a nurse who's really nice and sweet all the time, I'd do it. But then other people get confused and say, well, you did it for so and so.

> It's not always clear who does what.

Learning

Many support service workers also expressed that different nurses often wanted very different things from them, and it took time and familiarity to learn what these needs were. This familiarity includes experience over time like the positive reinforcement that they receive, the manner in which complaints or criticisms are delivered, and the opportunity to assist nurses in patient-centered ways. Relative to experience-as-a-teacher, many support service workers expressed that they were well trained technically but felt that they did not really know what nurses wanted from them until they had worked with them for a period. This time of experiential learning is critical to meeting expectations.

Positive reinforcement was also a motivator for learning and meeting expectations. Support service workers want to meet the expectations of nurses whom they admire, and when an admired colleague offers positive reinforcement, it is both motivating and a learning experience. Support service workers also learn a great deal from complaints and/or criticisms; not all feedback has to be positive for it to be educative or valuable. What does seem to be important is that the reasons for the negative feedback are made known (why was what was done or not done a problem) and that it is done respectfully (in private and not belittling). It is often most helpful if the complaint and/or criticism be given to the employee directly so that he/she can ask questions about what was done or to explain his/her actions, and an opportunity to repair the personal relationship is there. Finally, the closer that support service workers are invited to work with nurses on patient-centered concerns, the more they learn about how to better meet expectations in the future. Comments included the following:

> If we don't meet their expectations, they'll have an attitude on. If there are no complaints, we just assume we're meeting their expectations. Otherwise, communication is lacking.

> Melanie, the nurse—one of my staff was stuck by a needle in OB. She helped me to call Workman's Comp. I didn't know how to do it all, my manager was out that day. She helped me fill out all the papers and make all the appointments. I didn't know why we had to do it all. She was a great help to me. I feel safe and comfortable asking her anything, even if I feel stupid.

> I've helped to clean a patient for the nurse.

Discussion

Many issues cloud the relationships between nurses and support service employees. For example, there are significant issues of the power structure, education, culture, language, nomenclature, expectations, and socioeconomic status that impact the development of a collaborative work approach. This study reinforces what has been known about the nature of interaction in organizational relationships. In his 1950 work, the Human Group, Homan[17] discussed the reinforcing nature of activity, interaction, and sentiment: how our actions impact the nature of our interaction with others, thereby creating a feeling. This feeling will drive the next action that is taken. This study builds on Homan's ideas in 2 ways. It identifies the contributory nature of mind set of the participants in a human system. That is to say, the way in which individuals think about one another impacts the way

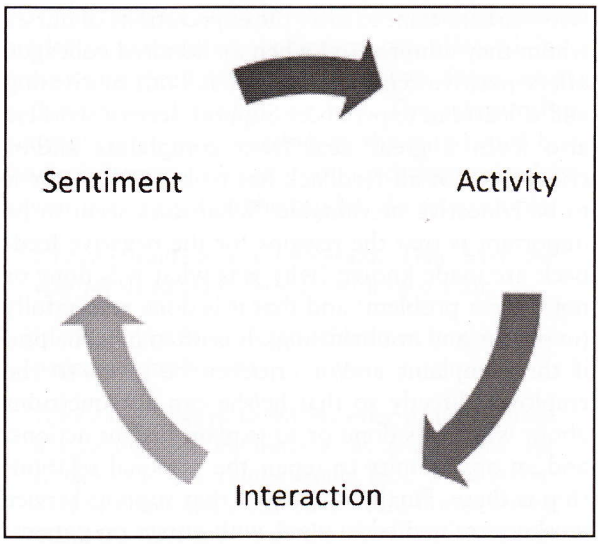

Figure 2. Homan's[17] A-I-S cycle.

they choose to interact. This mind set, and the subsequent modeling of it by leadership, acts as a precursor to the activity phase of Homan's model (Figure 2). This study also identifies how positive and negative cycles can be created out of our initial thinking about others. There is a choice present at the beginning of an interaction that makes our pathway within the context of the relationship much more difficult to alter in the future.

Conclusion

The mind set brought to a system impacts the system. Mind set is reflected back to the organization through the actions that animate it. It can be a positive or a negative feedback loop. The manner in which work and those who do work are approached brings assumptions about human dignity, the value of human work, and the balance of needs between nursing and support service workers to the forefront of the issue of collaboration and engagement. Organizations that are dependent on support service workers for collaborative working relationships would be wise to examine the assumptions that are being expressed in the workplace, specifically around the notion of mind set. The assumptions brought to the workplace that are animated by staff through their communication processes are key to how the communication is accomplished. The most productive collaborative working relationships appear to be focused on client needs, allow for discussion, include specifics around needs, and are full of active listening. These factors appear to help develop connections between support service workers and professional staff who lead to greater collaboration. This can only set the stage for greater productivity generated by more positive relationships.

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