

## **The Rules of the Game**

by

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*Organizations operate under unspoken rules; knowing and using these rules helps nurses become more influential.*

### **The Rules of the Game**

“Nursing’s not a game,” the woman said to me at a workshop. “It’s serious business,” she added.

She was right. Nursing is serious. And it is a business.

Nursing is a business practiced within the context of organizations. Organizations operate according to a game plan, use a game board, and follow a set of rules. It is at our own peril that we ignore the game and its rules.

What are these rules? Where can I find them? You won’t find them on the internet, nor in a policy and procedures’ manual, and you certainly won’t learn them in orientation. They are the unwritten rules that accompany every game, including the game of work.

A savvy game player learns the rules and uses them to accomplish goals, deal with problems, and build a satisfying career. Nurses, unaware of the game of work and the rules that control the game, inhibit their ability to influence their environment and that of their patients.

What are the rules?

Many rules control the game of work. Of the twelve rules presented in *Becoming Influential: A Guide for Nurses* (2004), four of them discussed here are:

1. Accept responsibility
2. Become a team player
3. Don't be a victim
4. Accept risk

### **Accept Responsibility**

Responsibility requires that we accept credit for our successes as well as taking blame for failures. Nurses tend not to do either.

Given credit, we often say, "Any nurse would do it." But any nurse didn't do it, you did it journalist Suzanne Gordon (1999) reminds us. It is up to nurses to acknowledge their accomplishments so that the world will know what nurses do and how vital we are to the public's health.

Accepting responsibility also means acknowledging mistakes. The tendency is to rationalize, pointing out others' wrongdoings, or the perennial favorite, "it's not my job."

Regina, R.N., has worked on the orthopedic surgery floor of a large teaching hospital for 8 years. For the past 4 years, she has worked as a preceptor for graduate nurses, a role she enjoys. Charles, G.N., has been assigned to Regina for his 8-week orientation.

Three weeks into the orientation program, Regina was called to assist another nurse for a difficult dressing change. After they reviewed the medication administration orders, she left Charles to complete administration of the 0900 meds. Ten minutes later, Charles rushed into the room and blurted out that he had given the wrong medication to a

patient. Regina went with Charles to quickly assess the patient and determine appropriate care. Fortunately, the patient didn't suffer any ill effects of the medication.

Charles and Regina completed an incident report and forwarded it to their nurse manager. The nurse manager met with Charles and Regina to discuss the incident.

When asked what happened, Charles stated "Regina just rushed off to talk with one of her friends and left me to figure out all the morning meds!"

Although she was angered by Charles' statement, Regina calmly outlined the facts and provided the manager with the orientation documentation, which Charles and Regina had both initialed. The documentation showed that medication administration procedures had been reviewed on numerous occasions during the orientation period. Regina offered to spend additional time with Charles in reviewing medication administration and organization skills. She also asked Charles to clearly inform her whenever he felt uncomfortable with a task.

Influential leaders know how to admit errors, correct them the best they can, and move on.

### **Become a Team Player**

Individuals give up some of their own independence to work for the good of the team. In the end, the team hopes to win, which makes all the players winners.

Being a team player involves more than just following the leader; it requires you to be proactive when the occasion calls for it.

Denise, R.N., is in her first year as a school nurse in a large suburban school district. Previously, she was employed as a psychiatric nurse for an adolescent substance abuse program. One of Denise's duties is to serve as a member of the student support

team. The team consists of Denise, the high school principal, a counselor, and three teachers. A student can be referred to the team for academic concerns, social conflicts, health issues or any other problem that impacts a student's ability to achieve in the school setting. The team meets on a weekly basis to address referrals from teachers, parents, coaches or students. The principal acts as the team leader.

The freshman volleyball coach has referred three girls to the team for concerns about eating disorders. Denise has pulled their health files and notes that each girl has lost approximately 10% of their body weight since the previous athletic physical. The coach is concerned because the girls are fixated on thinness and excessive exercise. Although she has attempted to talk the girls about the issue, they deny any patterns of disordered eating. She is further concerned that other members of the team may be adversely influenced by the girls' behavior.

The principal doesn't believe there is any real concern, "Just girls being girls." Denise and the counselor are worried the girls have already settled into a destructive pattern and the behavior may spread among the other team members. The principal wants to take a "wait and see" approach. He moves on to the next referral. Denise attempts to move back to the topic of eating disorders and is promptly cut off by the principal.

At the next weekly meeting, Denise provides each team member with a brief outline of the proliferation of eating disorders among freshman girls in similar sized schools, outcomes data on effective treatment if the condition is left untreated longer than 3 months and a list of free speakers who will provide awareness materials for the school.

She offers to work with the counselor and coaches to implement the program. The principal agrees.

### **Don't Be a Victim**

How many times have you heard a nurse complain? Too many to count? And to whom do they complain? Each other! Complaining to a co-worker does little to change what is wrong whether it's a patient complaint, the lack of parking, or an argument with your boss.

“Deliver the mail to the right address” is an adage a former colleague taught me. When we talk about our problems to people uninvolved and/or unlikely to help, we do two things: First, we get it off our chest. We feel better and can go on about our work until something else happens. Then we're back to the same place, we tell our friends again, and the cycle continues. No real change occurs.

Karen, R.N., has just completed her first year in the post anesthesia care unit. Over the past 12 months, she has often had the displeasure of working with Bert, a CRNA. Bert gives poor report, provides incomplete documentation and is verbally combative. Bert is quick to point out any mistakes new nurses make, in a loud and sarcastic manner. Most of the other nurses simply roll their eyes or avoid taking Bert's patients. Since Bert is an employee of the anesthesia group that provides services to the hospital, he does not report to the peri-operative nurse manager.

Karen has a quiet demeanor and although she doesn't respond to Bert's verbal barbs, she often blushes and becomes flustered. Finally, after Bert throws a chart on the floor and again verbally abuses her, Karen demands that he treat her as a professional. Further, Karen sets up a meeting with her nurse manager, Bert, and the anesthesiologist

in charge of Bert's group, to discuss his behavior and expectation that he treat the nursing staff with respect.

If you deliver your message to the right person, you create an opportunity for change. More importantly, you are no longer a victim.

### **Accept Risk**

Taking chances in the modern world is usually safe compared to the risks early humans took when they left the cave to hunt bears. We, of course, can be in danger when we pull out onto a highway, submit to a surgical procedure, or simply are in the wrong place at the wrong time. We accept such risks in order to live our lives, and most of the time we do that without excessive fear.

The risks, though, that most of us try to avoid are failure, and its resulting humiliation. The consequences of public failure can be perceived as so embarrassing that some people will do almost anything to avoid that possibility.

How many people do you know who would never consider going to another organization to work? Or who wouldn't even entertain the notion of entering a different field? Or wouldn't apply for a different job in their own organization? Why not? Because they might not be able to do the job well or they might not like the new boss? What do you think they might be missing because they aren't willing to risk failure?

Influential people risk failure regularly. Politicians who run for office risk failure. Successful people experience failure; unsuccessful people rarely do because they don't take chances. But what else do they risk? Success! If you decide you want to be more influential than you are, you must decide how much risk you are willing to take.

Louise, R.N., is a 25-year employee of a multiple facility health care organization. For the past 10 years, she has been the director of education, with 45 employees under her management, including 12 masters-prepared nurse educators. During her tenure, Louise has survived two mergers, multiple changes in patient care delivery models, four title changes, and several “paradigm shifts.” She has also earned her BSN and MSN and actively educates herself regarding new trends in health care and nursing.

Recently the board of directors hired a consulting team to evaluate the effectiveness of operations. One of the recommendations is to move all the education employees to specific units, where the masters-prepared nurses will act as unit based practitioners and provide education to the nursing staff. This would eliminate the education department and Louise’s position. However, the consultants have also recommended that the organization pursue magnet hospital designation. Louise has spent the past six months developing a plan for the hospital to pursue magnet hospital designation. She approaches her supervisor, the vice president of nursing services, with her plan. The vice president is impressed with Louise’s plan and presents it to the CEO and COO. Louise is offered a new position as professional practice project manager.

Successful people take risks; they expect to lose some of the time. If they’re not losing, at least occasionally, they know they’re not risking enough. Embarrassment is not fatal!

By learning and using the rules of the game of work, nurses can be more effective advocates for their patients, their colleagues, and their profession.

### References

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