Dear Reader,

The United States has been called a “melting pot” of cultures. Depending on where you live, your coworkers may have a language of origin, religion, and customs very different from your own. With such diversity, is it possible to create effective teams?

Yes! This can be done by keeping the lines of communication open and expressing genuine interest in each other’s points of view. This will help to build a level of mutual understanding that supports professional camaraderie and team spirit.

I hope you enjoy this issue of Nursing Assistant Monthly!

Best wishes,

Chris Rheaume, RN
Editor

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Trust: a key ingredient in teamwork

An interview with Kathleen G. Burke, RN, PhD

Dr. Burke received her master’s degree in nursing from Widener University and her PhD from the University of Pennsylvania. She has held a variety of administrative positions in the School of Nursing and the University of Pennsylvania Health System over the last 24 years. Dr. Burke has been the director for the Center for Professional Development for the last 12 years and in 2006 was appointed as program director for the Nursing and Health Care Administration and the Health Leadership Program. Dr. Burke’s expertise is in the area of leadership and professional development. Her more recent work addresses leadership development in long-term care settings. Dr. Burke has published several articles and book chapters in the area of advanced practice, health care technology, nursing education, and nursing leadership.

How did you become involved in the long-term care field?

My colleague, Dr. Eileen Sullivan-Marx, associate dean for Practice and Community Affairs at the University of Pennsylvania School of Nursing, is a geriatric nurse practitioner. Together, we have worked on two HRSA (Health Resources and Services Administration) grants, helping long-term care nurses to develop leadership skills. With my expertise in leadership development and her background as a nurse practitioner in geriatrics, it has been an excellent joint venture for us.

How can we create strong teams with so many staffing changes in the long-term care environment?

I do think that it requires an effective leader, such as a nurse manager with a vision for the quality of care on the unit, someone who can communicate that passion to the team. If the staff believes in that vision, then even if some team members leave and newcomers join the team, everyone is still working toward the same goal. People need to feel that they are part of a bigger mission, and not just working by themselves in their little silos. Also, each team member is responsible for helping to build a strong team. One way they can do this is to appreciate the strengths of each team member and compliment each other for a job well done. We all need to hear that we are appreciated for our good work. I also think we need to model the behavior we expect in our leaders. In Michael Useem’s book, Leading Up, he discusses how we all have opportunities to lead, even if we don’t have a formal leadership title.

What does it take to work effectively as a team?

I would say that trust is key. Teams cannot function effectively without trust. Many people don’t trust each other because of differences in style. For example, someone who is very quiet at meetings may seem distant, uncaring, or disinterested to other people. Another team member who is more extroverted may only trust people with a similar outgoing style, and may feel less trustful of people who keep their thoughts to themselves.

Some team development books talk about the importance of choosing the best individuals for your team. However, in health care, we cannot choose our coworkers. Do you have advice for making the best of this situation?

First, every member must know the team’s mission and his or her role on the team. It helps to have a strong leader to guide the staff. There also needs to be some exploration of the strengths and weaknesses of everyone on the team, so that individual talents can be put to good use. And finally, learning how to deal with conflict is critical. There will always be conflict, and this is not always a bad thing. I highly recommend the books, Crucial Conversations and Crucial Confrontations, for learning how to deal with conflict. Many hospitals are encouraging their staff to become certified in the “Crucial Conversations” method. This is something I would highly recommend.

What factors in long-term care settings pose extra challenges for team development?

Based on my experience thus far, I think team development is very challenging in the long-term care setting. Staff turnover is high in many nursing homes, and there are fewer registered nurses, who would be more likely to have leadership education and training. On the other hand, many health care professionals who work in long-term care are passionate about their work and about caring for older adults. I think that if you can capitalize on that, you can create a very strong team.

Do you have anything else to add?

I want to say that I admire those who work in long-term care. It is very challenging work, but given the tools, they can become empowered to make positive changes. There is a lot of talent and caring among long-term care staff, and we need to spend more time helping them to acquire the team building skills they need to succeed.
Recognizing CNAs as team members

An interview with Renee Tillman, CNA

Renee Tillman is president and founder of the Texas Association for Nurse Assistants, and has been a nursing assistant for more than 30 years. She is certified in hospice and palliative care, and has worked in this specialty for the past 15 years. Renee is on the Board of Directors of the National Board for Certification in Hospice and Palliative Care, and since 2002 has sat on the organization’s exam committee, helping to develop the certification exam for CNAs. As part of her efforts to support her fellow CNAs, Renee will be traveling to Washington, DC this month to help educate legislators on the needs and contributions of direct care workers in Texas and across the nation.

What are your thoughts about teamwork in long-term care facilities today?

I think it depends on the facility. But in my opinion, teamwork has gone away from many facilities. I remember when teamwork was all that got us through the day. We were each other’s eyes and ears. I believe we were more productive, gave better care, and probably had fewer injuries when we worked together as a team. In many facilities, nursing assistants are not encouraged to participate in shift report. Instead, they are given a quick overview, and off they go.

Do you have any advice for nursing assistants on working as a team?

In my work in hospice and palliative care, I work both in people’s homes and in nursing facilities. When I know I’ll be working with another CNA, I make sure we communicate early in the day to arrange a time to meet at the facility. Once we’re there, we get a report about the resident. Then, I always ask my partner how he or she is doing, just to put things on a more personal level. It helps us to feel more like teammates. We then decide how to split up the tasks. For example, one of us might gather the resident’s clothes, while the other helps the resident to the bathroom. One of us makes the bed, while the other helps the resident get washed. That’s teamwork. It’s all about communication, attitude, and being sensitive to your teammates’ feelings.

What can facilities do to better support teamwork among nursing assistants?

I feel strongly that nursing assistants need to be educated about how to do their jobs effectively. The nurses are very aware that their licenses are on the line, and they depend on the CNAs to bring them the information that they need to make sure the residents receive the proper care.

Also, I think CNAs need to be recognized as part of the team. For example, when I worked at Leader Nursing and Rehabilitation Facility, the CNAs would listen to reports, then go into the dining room to plan our care for that shift. After listening to reports, we knew which resident needed to be up first for a doctor appointment, which resident needed to get to rehab, and which resident had not had a good night and needed extra attention.

Un Fortunately, most nursing assistants aren’t allowed to listen to reports, so they don’t have the information they need. If they can listen to reports as part of the team, then they can take better care of the residents. Even on our hospice team, where the nursing assistants are part of the interdisciplinary team, we are often left out of the weekly interdisciplinary team meetings. In general, I think we have a long way to go in learning to recognize and include direct caregivers as part of the team.
Teamwork in long-term care

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providing quality care and quality of life for all of its residents. Smaller teams—consisting of nursing assistants, nurses, and other staff—provide care to groups of residents on separate units or floors within the facility. The nursing home administrator or director of nurses may appoint a special team of staff members to work on resident safety, infection control, or reducing medication errors.

**Essential T-E-A-M elements**

Four elements that combine to create an effective team are (1) trust, (2) empathy, (3) the right attitude, and (4) mutual respect. Let’s look at these a bit more closely.

**Trust:** Trust is the glue that holds teams together. Members of a strong team know that they can rely on each other to put the group and its goals first, above individual recognition. When there is trust, each group member can be honest about his or her strengths and weaknesses, so that the team can make the best use of everyone’s talents and compensate for individual weaknesses. Without trust, individual team members spend a great deal of time and energy trying to protect themselves or to outdo each other, reducing the team’s effectiveness.

**Empathy:** Empathy is the ability to imagine “being in someone else’s shoes.” It means being aware of, and appreciating, another person’s experiences and feelings. As a nursing assistant, you are an expert on empathy. Each time you gently assist a resident to ambulate, guide a frightened and confused resident to safety, or comfort a grieving family member you are displaying empathy for another person. Extending this level of consideration to your coworkers helps to strengthen the bonds between you, and at the same time strengthens the team.

**Attitude:** We all know people who seem to have a positive view of life, no matter what situation comes their way. These are the optimists, the people who “see the glass half full.” Others with a less rosy view of the world “see the glass half empty.” Of course, anyone can have an occasional “off” day when personal or work-related challenges seem overwhelming. However, your team will function better if you leave your personal problems at the door when you show up for work. Try to address minor work issues before they grow into major ones. If you are dealing with an unresolved conflict (for example, with a coworker), speak with a trusted friend, supervisor, or pastor to help you think things through. Be sure to seek professional help if you find that personal problems are affecting your health, emotional state, or ability to care for residents.

**Mutual respect:** Respect means recognizing and striving to uphold the rights and dignity of another person. It also means accepting (not necessarily agreeing with) each other’s views and the right to have them. It is a joy to watch two people—or team members—interact when their relationship is based on mutual respect. Neither enjoys “putting down” the other. They celebrate each other’s successes, share disappointments, and work toward solutions together.

Remember that you don’t have to necessarily agree with, or even “like,” all members of your caregiving team. However, treating everyone with courtesy and respect is crucial, and will go a long way toward building a team that can work together toward a common goal. ✷

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