

July/August 2018  
Volume 3, Issue 4

endopromag.com

# ENDO PRO MAG

## CLOSTRIDIUM DIFFICILE

HOW TO BEST TARGET A COSTLY  
AND DANGEROUS BACTERIUM

THE 2017 FOLIO:  
**EDDIE  
AND OZZIE**  
AWARDS  
WINNER

# CONTENTS

## DEPARTMENTS

- 6 FROM THE EDITOR**  
**Yes, it can happen here**  
By Karin Lillis
- 8 PERSONAL DEVELOPMENT**  
**Signposting: An effective communication tool**  
By Edward Leigh, MA
- 10 INFECTION PREVENTION NOW**  
**Spotlight on gastrointestinal pathogens: Clostridium botulinum**  
By Nancy Haberstich, MS, RN
- 37 NEWS**  
**Metastatic cancer gorges on fructose in the liver**  
By Debbie den Boer, BSN, RN, CGRN, CPAN
- 38 ENDOPRO ALLSTARS**  
**Northside Hospital**

## FEATURES

- 16 Clostridium difficile: How to target a costly and dangerous bacterium**  
By Elizabeth Srejic
- 29 Geriatric assessments could fine-tune cancer care for older adults**  
By Judith Graham
- 32 How performance reviews can eliminate workplace bullying**  
By Renee Thompson, DNP, RN
- 34 Service recovery: Turn unhappy patients into your biggest fans**  
By Edward Leigh, MA

# ENDOPRO MAG



Volume 3, Issue 4

### PUBLISHER

Bill Eikost • Advertising@EndoProMag.com

### EDITOR

Karin Lillis • Editor@EndoProMag.com

### ACCOUNT MANAGER

Gregg Willinger • Gregg.Willinger@EndoProMag.com  
877-519-9592 x107

### CREATIVE DIRECTOR

Tammy Nordin-Garcia

### LAYOUT EDITOR

Jason Garcia

### REPRINTS/ SUBSCRIPTIONS/ CUSTOMER SERVICE

(877) 519-9592



### PRESIDENT

Bill Eikost • Bill.Eikost@7ToesMedia.com

### GENERAL COUNSEL

Robert Stewart

### ACCOUNTANT

Ken Krueger, CPA, PLLC

PO Box 10547, Glendale, AZ 85318-0547  
Tel. (877) 519-9592 • Fax (877) 463-6097  
eMail: info@endopromag.com  
Website: www.EndoProMag.com

 @EndoProMag

 www.facebook.com/endopromag

ENDOPRO Magazine (ISSN 2469-3731 print; ISSN 2469-374X online/digital) is published six times per year by 7 Toes Media, PO Box 10547, Glendale, AZ 85318-0547; (877) 519-9592, Fax # (877) 463-6097. Postage paid at Glendale, AZ and additional offices. POSTMASTER: Please send address changes to: ENDOPRO, PO Box 10547, Glendale, AZ 85318-0547. Volume 3, Number 4. EndoPro subscription rates: one-year domestic \$36; one-year Canada USD \$66; one-year foreign USD \$96. All subscriptions are non-refundable. Foreign/Canadian subscriptions must be prepaid in U.S. funds only. Copyright © 2018 7 Toes Media. All rights reserved. The publisher reserves the right to accept or reject any advertising or editorial material. Advertisers, and/or their agents, assume the responsibility for all content of published advertisements and assume responsibility for any claims against the publisher based on the advertisement. Editorial contributors assume responsibility for their published works and assume responsibility for any claims against the publisher based on the published work. No part of this publication may be reproduced in any form or by any electronic or mechanical means, including information storage and retrieval systems, without permission in writing from the publisher. All items submitted to ENDOPRO become the sole property of 7 Toes Media. Editorial content may not necessarily reflect the views of the publisher.



# How performance reviews can eliminate workplace bullying

By Renee Thompson, DNP, RN

**D**o performance reviews come to mind when you think about the workplace bullying epidemic we have in healthcare? Of course not, but they should.

I've talked with thousands of nurse leaders over the years about their attempts to set behavioral expectations and hold their employees accountable. At least 75 percent bring up a significant barrier or brick wall. The brick wall, according to the leaders, is the human resources department (HR). The leaders tell me that, when they finally decide to terminate an employee because of their disruptive behaviors, they can't get approval from HR. When they go to their HR business partner, they're told that they don't have enough evidence to support a termination. "Well, did you counsel this employee?" "Wait a minute, I see that you didn't cross that 't' or dot that 'i.'" And on and on.

However, it's not always HR's fault.

I've talked with a lot of HR business partners and learned that what you think is a brick wall, isn't necessarily put there by them. It's built brick by brick by the leader who doesn't build a compelling case.

HR shares that leaders frequently request approval to terminate an employee yet they don't have any documentation, the HR business partner has never heard about the employee as being a problem. Additionally, the employee has met or exceeded expectations on their last 27 performance reviews.

A 2016 survey conducted by Weber Shandwick revealed 87 percent of employees reported that workplace incivility had an impact on their work performance, 55 percent said their morale suffered, while 45 percent expressed a desire to quit. Make no mistake about it, unaddressed bullying and incivility have a negative impact on retention, morale, the budget and patient care.

Leaders need to do a better job addressing disruptive behaviors so that we can stop the hemorrhage of really great healthcare employees.

Why haven't we gotten this right yet?

**We only give feedback once a year.** According to a study conducted by PwC (a consulting firm), 60 percent of respondents reported wanting feedback daily or weekly. Keep in mind that this number increases to 72 percent with employees under the age of 30. Despite the studies that show the importance of ongoing feedback, most managers rely on the annual performance review as their forced opportunity to talk with employees about their behavior and performance.

**We are uncomfortable saying anything negative.** It's so much easier to give positive feedback. I really don't know anyone who loves to give negative feedback — so we avoid it. Instead of confronting disruptive employees, we secretly hope they quit or transfer to another unit before it is time for their evaluation next year.

**The toxic employee is usually clinically competent.** In many cases, the disruptive employee is clinically competent; actually, they tend to be your most clinically competent nurse. It is so much harder to address a competent nurse's behavior, so we rationalize, justify and ignore their bad behavior.

**Leaders aren't skilled in how to communicate behavioral expectations.** Nobody is teaching leaders the skills they need to engage in uncomfortable conversations with their employees. It's rare that I find an organization that equips their front-line leaders with initial and ongoing education and training regarding how to set behavioral expectations and hold their people accountable.

As a result, leaders fail to build a case compelling enough for their HR business partner to approve a termination and then claim to hit the HR brick wall. The good news is that the brick wall can be easily broken down.

Leaders need to build a case if they want to hold an employee accountable for their behavior and a critical component is the performance review. However, one reason why we don't capture the essence of an employee's issues on the

performance review is because we are not prepared. Your ability to clearly capture an employee's disruptive behavior on their performance review starts with three basic steps.

**Build a relationship with your HR representative.** The Human Resource department plays an integral role in supporting a healthy workforce. However, it's rare to find an organization that fosters building relationships between their HR and healthcare leaders. Schedule a meeting with your HR business partner. Talk about your intent to cultivate a healthy workforce and that you need their help to make sure you are documenting ongoing feedback and completing the performance evaluation in a way that serves to accurately reflect behavior (good, bad or ugly). View your HR business partner as an extension of yourself.

**Give feedback often — not just once a year.** Why do we succumb to the annual evaluation trap when we know we should be giving ongoing feedback to our employees? When I work with leaders to cultivate a healthy workforce by addressing workplace bullying and incivility, one of our first strategies is to engage in one-on-one conversations with employees once a month. Yes — once a month! Don't panic — it can be easy. Say, "Here is what you are doing well (*be specific*) and here is something I want you to work on (*be specific*)." Then you document this conversation. It can take you a total of 10 minutes. The reason this works is that when it comes time for the employee's performance review, you already have the content you need to populate the sections pertaining to behavior.

**Build a case using ongoing documentation leading up to the performance review.** Gather any and all documentation about behaviors throughout the year. It doesn't matter if this documentation is anonymous, has a signature or is something verbalized to you. Gather all evidence. Because what you're doing is building a case. Just like a jury, they make decisions based on the preponderance of evidence. Review all of that evidence before you complete an employee's performance review. Pull out any objective behaviors and counseling's you've provided and be sure to include the outcomes in their review.

Nurse leaders and HR representatives are on the same team; we want the same things — for employees to bring their best selves to work every day. It's time that we see ourselves as partners and support each other to make sure we are all doing our part to stop the cycle of bullying and incivility in healthcare.

*As an international speaker and consultant, Renee Thompson, DNP, RN, tackles the clinical and professional challenges currently facing healthcare leaders. With 26 years of experience as a clinical nurse, nurse educator and nurse executive, she is an expert on workplace bullying, professional development and clinical competence. She can be reached via the website [www.healthyworkforceinstitute.com](http://www.healthyworkforceinstitute.com).*

## **Leaders need to do a better job addressing disruptive behaviors so that we can stop the hemorrhage of really great healthcare employees.**