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## OB Department Interview Report

April 2022

## Background

Civility Partners was retained to conduct discovery interviews with the OB Department at Barton Health Hospital due to ongoing issues that can’t seem to get resolved. We interviewed 29 people total, both within and outside the department including staff nurses, traveling nurses, unit coordinators, managers and employees in parallel departments, such as anesthesiology.

Interviews were scheduled for 20-30 minutes each, many extending past that time into 45 minutes to an hour. We find in our experience that this is one indicator of a poor culture. Interviewers asked questions that included the following:

1. Tell me about your relationship with your direct manager. What is their management style like?
2. Do you have confidence in your manager’s abilities to lead and manage? Why or why not?
3. Tell me about what it’s like to work here. Tell me about “the way it is around here.”
4. The survey results indicated many people think there is a lack of trust here. Can you tell me why you think that might be?
5. We often see a divide between groups who’ve worked together for a long time and those who don’t. Tell me about the relationships between nurses who’ve been here and nurses who travel.

Between the interviews, a total of 60 pages of feedback was documented. In order to streamline the report, Civility Partners sorted through the data, identified themes, and chose comments that represented each particular theme.

## Observations

We thought it important to share that distrust was apparent in the interview process. Employees expressed concern around confidentiality and were skeptical that change would occur. Many seem to have been struggling for an extended period of time as employees took the time to vent frustrations, some even in tears. Given the pent up frustrations, several interviews went well over 20 minutes.

Given the challenges with the union contract and the issues surrounding payroll and short staffing, employees were looking through a negative lens as they provided feedback. That’s not to say they did not show hope that the situation would improve, however, given the circumstances they seemed to dwell on the negative in many aspects.

The negative mindset around Barton Health as a whole seems to perpetuate the toxic behavior occurring in the department. As you already know, staff nurses in particular are dwelling in the past slights they perceive to have experienced which is influencing their day to day communication and interactions.

While current processes and procedures are part of the issue, employees must first work through the past to build a more positive culture in the department. This can only be successful if the two department managers are trained to navigate and address the dynamics of the work environment. Only then can organizational changes to areas such as recruitment, onboarding and other important processes make a difference.

## Summary of Findings

The following themes emerged as strengths in the department:

* Positive relationships with peers and direct managers
* Positive relationships between Staff Nurses & Travel Nurses
* Travelers have been working well
* Nurses are good at their jobs
* Employees can feel some positive changes

The following themes emerged as opportunities for improvement:

* Contract with Union causes dissatisfaction
* Communication is lacking
* Poor communication from leadership to OB
* Interdepartmental communication/collaboration is lacking
* Unclear job expectations for travelers
* Not feeling heard or supported
* Veterans not open to change
* Department known for toxic behavior (i.e., gossip, constant negative attitude, lack of professionalism, constant reference of a negative past, day shift is particularly an issue)
* Perceived unfairness around compensation
* Lack of training for everyone and lack of onboarding for travelers
* Lack of recognition
* Divide between travelers and staff
* Perceived racism and bias

Additionally, Tanya has several opportunities for improvement. Her staff believe her to be dishonest, playing favorites, lacking the ability to have upfront and crucial conversations, inconsistent and unclear in her communication, dismissive, gossiping, and underperforming as their manager.

Adam is seen as a positive light in the OB Department as people feel supported by him and can see that he has made Tanya’s job easier. However, he too is perceived as lacking the ability to have upfront and crucial conversations – something you must address immediately.

## Immediate Recommendations

1. We always recommend delivering a summary version of the report to the workforce, in the interest of transparency and building trust. We suggest delivering this high-level information in an all staff meeting (obviously leaving out feedback focused on specific individuals such as Tanya). It’s imperative that this meeting also include a few immediate actions that will be taken to address the feedback, which demonstrates that the feedback is being taken seriously. We suggest those immediate action items include:
   1. Engaging Tanya in a conversation about her own role in the negative team culture, and sharing expectations about how her behavior must change. Be sure to provide Tanya the resources to make the changes being requested, such as leadership coaching with Catherine of Civility Partners. Catherine specializes in coaching leaders perceived as engaging in poor leadership behaviors.
   2. Engaging the entire department in civility training with Civility Partners. During the training, Civility Partners would have the opportunity to reveal some of the feedback and assist in creating boundaries and expectations.
   3. As part of the training process, ensure the department understands that they will be held accountable for exhibiting the behaviors learned in the training (e.g., consequences may include discipline, up to and including termination).

## Additional Recommendations

1. In addition to the civility training mentioned above, provide ongoing training related to communication, relationships, conflict, and more on a monthly basis. This provides the ongoing message that this behavior is expected, and facilitates a safe place for attendees to share concerns and progress. See Civility Partners’ [list of training topics](https://drive.google.com/file/d/1hKS2gMAsA2aT2V1djCwEFGLyGKVJXdDE/view?usp=sharing) for reference.
2. As veteran nurses are having a hard time making change, engage the team in a change management program with Civility Partners. This includes training for the entire team about how culture change occurs, the phases of change (starting with fear of change), and how to move through improving the culture together, as a team. Using changes suggested by the team (see next item) we will work with the department to create an action plan for change and measure success.
3. In conjunction with item 2, create opportunities for nurses to voice opinions around the future of the department. For an immediate opportunity to do so, Civility Partners might send a survey link with one open-ended question: What should we start doing, stop doing, and continue doing? Getting them to then implement some of the suggested changes will go a long way in building trust.
4. Set clear expectations in the interview and onboarding process. Ensure conversations about handling babies, for example, are had. Update interview questions and process for bringing on travelers to ensure they understand expectations and the team understands their capabilities. Veteran nurses could take this on (see item 3, below).
5. Empower and require the veteran nurses to engage in tasks and behaviors that better the department and cross-departmental communication to minimize the amount of idle time they have to chat. Ideas include creating onboarding/orientation for travelers, revisiting processes and improving them, and other areas that facilitate feelings of ownership and accountability. Suggest setting monthly or quarterly goals to keep them on track and measure success.
6. Create and incorporate a peer review system regarding the hiring of travelers after completion of their contract. This will increase long-term staff buy-in and collaboration with travelers.
7. While OB has a hard time getting along with other departments, the lab seems to be the biggest issue. Through interviews with the lab, and/or a specific survey for the lab and OB to fill out regarding their relationship, we can uncover further what needs to occur for them to work better together.
8. Implement a peer recognition program. This can be very simple, ranging from a whiteboard wall where people can acknowledge each other, up to a more formal awards program (e.g., nominating fellow team members for a small monetary bonus each month).
9. Engage in activities that can assist nurses in releasing the past and instead thinking about the present and future. One example includes the tangible action of writing down their stories and past gripes, and then ripping them up/throwing them away as a way to send them off. One of our trainers could also run a “group therapy” training session focused on discussing the past and how to let it go.
10. Provide Adam with leadership coaching now, as he is building his reputation as a strong leader and positive influence on the OB Department. Help him grow into that strong - and positive - leader that this department clearly needs.

## Strengths

**POSITIVE RELATIONSHIPS**

*Positive relationships with peers*

* I trust my fellow employees I work with.
* Overall it's good to work around here, everyone cares about patient care.
* I’m proud of the outcomes we have.
* We show respect and trust to one another.
* I've never felt it was a bad work environment with my peers.
* I feel like the nurses that I work with, we’ve worked together a long time. We work well together.
* One of our strongest assets is that we are a tight knit group. We have a small team and so everyone knows each other well.
* There’s a lot of team work, especially amongst the staff. Overall for day shift and night shift there is teamwork. Everyone here will help you if you asked.
* On days, we are like a family, it’s a well run machine.
* It’s a great unit. There’s some people with great knowledge. When stuff goes wrong everyone works together. It’s not all horrible. The patients get really good care.

*Employees have positive relationships with their direct managers*

* Adam is making positive change
* I don”t have a lack of trust.
* I have a good relationship with both Tanya and Adam.
* I love my managers. They get a 10/10. They have flexibility and communication.
* My contract was only going to be for 4 weeks and I’ve stayed because of Tanya.
* For the most part we get along well with Tanya and Adam.
* They are helpful. I usually don’t have managers volunteering to come in.

*Positive relationships between Staff Nurses & Travel Nurses*

* I don’t see a traveler vs. non traveler divide.
* For the most part the relationship between nurses and travel nurses is good.
* I think the staff and traveler nurses get along really well.
* When they show they can do the job and are willing, they are totally accepted.
* In general we all get along well. We appreciate them.
* If a traveler is showing up and doing their job, I think staff nurses are appreciative.
* For the most part the relationship between nurses and travel nurses is good.
* The staff nurse does take good care of the travelers.

*Travelers have been working well*

* We’ve had some really great travelers.
* I think most of the travel nurses are competent.
* We have a lot to learn from one another.
* Most of the travelers that we work with have been amazing. They bring in perspectives from other organizations.
* When we need the help and they are willing to be helpful. The staff is very receptive and appreciative and work well with those travelers.
* We learn alot from the travelers. It's a good symbiotic relationship. They’re hard workers lots of times. They bring in their experience from other facilities.

**NURSES ARE GOOD AT THEIR JOBS**

* The nurses know what they are doing.
* They are incredibly strong nurses. I am proud of the work they do.
* I think the nurses are very good nurses. They have good clinical skills.
* The staff nurses are very clinically strong, they care deeply and are bright and skilled at their jobs. I trust them.
* The nurses here are fantastic, wonderful. The patients that come here are really lucky, we give really good care.

**EMPLOYEES ARE STARTING TO FEEL POSITIVE CHANGE**

* I am optimistic about the way things are going now.
* Since Adam started it has been better. He does try to get our input and listen to us and put our needs first.
* Adam has been asking our opinions and he will bring us aside and get our thoughts. Or he will ask, “how does this work here?”
* In the last couple of months they have been trying to bring us in. Tanya invited me to a meeting last week. That's a step in the right direction.

## Opportunities for Improvement

**CONTRACT WITH UNION CAUSES DISSATISFACTION**

* During negotiations you can tell the nurses were stressed. It affected the way we were communicating.
* I think a lot of the disgruntled nurses come from the fact that there is no union contract. Nurses don’t feel valued.
* The contract with the union is a huge issue and the honesty from management is the root of a lot of our problems.
* There’s been multiple years of negotiation while still being asked to show up and do your job everyday and then the pandemic. Now you have a group of nurses who are working really hard and feeling how they were feeling with the negotiations and now we are put into these conditions where everyone feels uncertain.
* I think the mistrust comes from the lack of union contract. It’s not from management. There's a lack of transparency from the administrative level.

**COMMUNICATION IS LACKING**

*Poor communication from Leadership to OB*

* I feel like between management and the staff there is poor communication.
* Passing along important information about changes has not been effective or not communicated at all.
* In 2019 they came up with the idea of keeping neonates longer. They did this whole fundraiser saying we will be a level 2 nursery, but they didn’t ask our opinion at all. None of us have had the training to keep babies.
* I don’t feel like I've gotten clear direction until I was in my performance review.
* Communication between management and nurses and then between travelers is our biggest issue.
* They change the way we were doing things in the OR when we were doing C-sections. They didn’t communicate this to me and I was in a c-section and the tech was saying, “no we aren’t doing that,” and I had to run and grab a sterile drape to catch the baby. It creates dangerous situations when things aren’t relayed to us.
* They could bring the nurses in when it comes to things like visitor policies - there was no representation of the floor nurses in those decisions.

*Interdepartmental communication/collaboration is lacking*

* We’ve had issues with the lab and pharmacy. We rely on other departments to get things to us quickly. Pharmacy got all twisted about that (mixing a pharmacy bag) shouldn't have been an issue.
* Lab has a different computer system than we do. We can’t see if something is ordered.
* Lab, there is some weird thing, the charting system we use doesn't interface so they don’t get a lot of the stuff we need. EPIC was supposed to solve that but it didn't.
* The lab is my biggest complaint.
* I drew the labs and walked in and all the lights were off in the lab. I’m screaming hello is anyone here and got nothing. I started opening random doors and then the guy comes out with the blanket over his head like I was bothering him. And he said, “I don't know how to work this system and this person has to do it, I’m just here.”
* Lab and labor and delivery have had a very tense relationship. There will be things we send down and I’ll have it ordered and they won’t run it. I’ll have something ordered and they won’t draw it because the doctor didn’t sign it, but they won’t tell us why they didn't draw it. Then you have to call them and ask what happened. They could call me and said what they needed and I could get that done. They try to avoid us at all times when we could work together to make it easier.
* Lab is bad. There are 2-3 that make it bad for the rest of us. They won’t call and talk to nurses. This has been going on for years.
* Pediatricians and OB’s are not working together. So that's a real gap. They should work together more to identify moms that really shouldn't deliver here if they have a choice.
* Pediatricians and OB need to come together to say whether or not we are willing to accept this risk.
* There's a lot of tension between OB and OR. Nurses from those dept constantly but heads.
* There are complaints from the surgery department and every department that OB is difficult to work with.
* There could be more collaboration between the obstetricians and pediatricians around high risk patients and if it’s appropropriate for them to deliver here.
* I had to take care of the baby and we didn’t have the nursery set up appropriately. Had we been more involved, we could have provided better care. We could use some collaboration on OB, Peds and nursing in determining appropriate care. We need to assess whether certain patients should deliver.

*Unclear job expectations for travelers*

* There could be more clarity in the interview process for travelers that you are going to have to take babies at some point.
* Staff nurses say travelers need to not be rejected assignments, but it’s more about the interview and being more clear and getting people with nursery experience.
* The crisis nurses are hired and they aren’t interviewed and they tend to be the least flexible. We can specify what we want, but sometimes the recruiters are not honest. That leads to flexibility.
* A lot of the traveling nurses are refusing to take care of babies, I'm not sure how the hiring goes and it feels like expectations aren't set with what they will be doing. They need to know what is expected of them.
* We have a nursery and when Tanya interviewed me she didn’t say anything about nursery expectations. To protect my license I can’t take on nursery outside of my competencies because I can be held personally accountable whereas the staff nurses are covered by the hospital.
* There’s not a charge nurse that’s allocating.

**OB NURSES DON’T FEEL HEARD OR SUPPORTED**

* I don’t expect full closed mindedness from the top. A little curiosity would go a long way.
* The nurses should be included in decisions because we are the ones taking care of the patients.
* The nurses don’t feel like anyone is listening to them or that their concerns are being addressed.
* April is stressed out at night. She is by herself with all these travelers and they don’t get any training. I don’t think April feels supported.
* It seems as though our manager doesn’t ask our opinion on things. We aren’t brought in on decisions that are made.
* We just want to feel supported and want to change things when we have concerns as opposed to brushing it off like it doesn’t mean anything. She doesn’t bring us into the equation of anything that’s changing or anything thats new. It feels like we are disrespected in that regard.
* The problem I've seen is that when things are brought up by staff, especially concerning travelers, they need to be listened to a lot sooner before things get worse. It’s not that we are picking on the travelers.
* I get scared about babies. We don’t really have resources for sick babies. We don’t know this stuff and we are waiting hours until we can transfer the baby.
* The CNO and Clint they don’t care. They say one thing and do another. They say they want to be supportive and turn around and don’t.
* People just need to communicate more, if they have things that are upsetting them, maybe bring it to the whole group. Maybe there’s a way to even write on a piece of paper, put it in a bag, and everyone talks about these things that people are having grievances about.
* We don’t like when upper admin, like Clint or Julie come into our department. It's uncomfortable because we don't have any trust in them, because of this whole union thing we don’t feel respected. We wish they would stay away and we feel like they are pretending to care.

**VETERAN STAFF IS NOT OPEN TO CHANGE**

* Some of the more veteran nurses think, “this is how I’ve always done it.”
* People aren’t open to change. It's difficult to be nimble.
* They [the day nurses] weren’t welcoming with Adam. I don’t feel they are willing to change or hear what he is trying to say.
* What I’ve noticed in the department is that in general they have a hard time thinking outside of the box. In a way they have this short of victim mentality like, “nobody can help us, we are alone, nobody cares about us.”
* There are nurses who have been in the unit for 20+ years and they see things as,”this is how things have always been done,” I think they lack confidence in management because they’ve seen managers come and go.
* They (referring to more veteran nurses) are all friendly to me, but it was, “you aren’t going to get what you want with the schedule.” The attitude is, “this is how it’s going to be.”
* The staff nurses have issues with change of things - even the travelers who have been here for a while. They don’t like change and so when there are things that are new their response is just to shut it down and say, “we don’t do that here,” and go back to what they are used to doing.
* There is a lot of talking behind someone’s back. Rather than saying, “hey you did this differently,” That person walks away and then there are 6 side conversations about it. It’d be better if we were just honest to each other to their faces.
* The travelers have brought more diversity in thought which I think is challenging to the staff nurses.
* You have a lot of the day nurses who have been here many many years - they are the biggest push back on the unit when it comes to trying to change things.

**OB DEPT. KNOWN FOR BULLYING/ TOXIC BEHAVIOR**

*Gossip Culture*

* Seems like people respect one another to their faces and talk between their backs.
* There are certain nurses who will talk crap behind your back or ignore you and then others who will say something to your face.
* You’ll walk away and then they are whispering about stuff going on.
* It’s a small space where we work at the nurses station and you hear everything. It feels like venting in a shared space and it can get intense and feel negative.
* There is a lot of talking behind someone’s back. Rather than saying, “hey you did this differently,” That person walks away and then there are 6 side conversations about it. It’d be better if we were just honest to each other to their faces.
* If you have an issue with how I managed the patient then she should talk to me about it, because it should be about the patient. Obviously she didn’t have a problem, she just wanted to be mean.
* I feel like it’s people who have been here a long time and they are just done. They are complaining about every little thing but it’s draining.
* They act fake like nothing ever happened and then they are complaining behind the scenes. They will never do the direct face to face approach. They will go behind. It’s very gossipy and catty - I’ll say this is all day shift.
* There were a few times where nurses who I really thought I had a good relationship with misunderstood what I had to say; rather than coming to be they went behind my back and talk to someone else; so then I tried to talk to this person and they said, “you can talk to my union rep”
* Nobody has respect for OB. They are always mean to other departments, to the kitchen, to lab, to pharmacy, their attitudes are horrible.

*Day shift consistently speaks negatively*

* The complaining comes mostly from day shift.
* They complain in the open. I usually walk off. This happens on the day shift, not the night shift.
* The day shift will say, “did you get that email about xyz?” I can see them feeling some type of way about so many travelers.
* There are definitely more individuals on the day shift - I know that if there are certain combinations of people - there are people that stir up that drama.
* The day shift nurses will freak out. It's a lot of ranting and we have a small nursing station and you just hope it doesn't go to the patients rooms.
* The complaining comes mostly from day shift. I think they whine more and I don’t think they realize how easy they have it. Every little thing is an issue. They bicker a lot.
* Day shift is less comfortable working to help the entire hospital, they just want to work with labor and delivery patients. When these new patients come in their communication gets aggressive.

*Day shift specific issues*

* There are some tough personalities on day shift.
* A lot of them are bullies. They don’t make you feel like a part of the team.
* The day shift nurses are definitely not welcoming to new people from the outside trying to change things.
* The day nurses can be a tough crowd in terms of accepting new people and change in general.
* They like to search for night shift issues to bring to light so everyone can see that night shift didn’t do it. They are ridiculously minor things that they call out.
* There is a complete divide with night shift and day shift. We are completely different animals. I feel like day shift has their own cliques and they run how they want to run.
* The schedule is the worst part. They get what they want and if you are trying to change that in any way it gets heated. They get 8 weeks of vacation a year and so new staff came in and we didn’t have anything to choose from and nobody would give us a vacation. So the entire year is taken for vacation.
* The people who have been here a long time on day shift, it’s a negative atmosphere.
* When people come in, as soon as they come in, it’s just like, “what have you not done, let me pick apart everything you did on your shift.” I’m trying to hold the unit together and they are picking it apart.
* It’s like a catty family of women. It has a lot of way to do with how our nurses station is. They sit in this bubble and they fight all day. It’s between each other too.
* They bicker with each other. When they are trying to divide patients up they are bickering about who is going to get what and we are standing there.
* They fight about their schedule a lot, especially with the newer people.
* A few of them are used to being way too concerned about other peoples schedules. They fight about who has too many days off and that does not happen on the night shift.
* There isn’t any fighting amongst the night shift that there is on days.

*Negative communication/attitude*

* They are so married into the idea that Barton is a bad place that they can’t see any good.
* There are some nurses that are very negative about everything just everything, hospital everything.
* They don’t want to do any of the work, no patients, just sit on their phones and bitch and bitch about admin.
* That person is very vocal and dramatic and if she’s in a good mood, everybody feels it and a bad mood, it’s a bad day.
* Nobody has respect for OB. They are always mean to other departments, to the kitchen, to lab, to pharmacy, their attitudes are horrible.
* Someone on a great day could say, “this unit is horrible and Barton is out to get me,” but the hyperbole and exaggeration perpetuates the negative culture.
* The nurses deserve and demand respect, but I don’t feel like they respect management and admins.
* Tammy rolls her eyes and calls me out whenever I give her a compliment and says “oh sure.”
* It goes from cold to hot depending on who is around. If they are in a negative cycle they are mad at everyone. It’s, “the lab is late and I can’t find anyone,” etc. They get themselves into this cycle where everything is bad. Then some days it is fine.
* The nurses speak in these absolutes like, “Barton always does xyz,” and it creates the impression of a closed mind.
* I would walk in and say, “hey how are you doing,” and people wouldn’t respond or respond with an outwardly negative response. It was complaining about everything.
* It was horrible when we were busy or horrible when we weren't busy.
* A few key players that are more vocal and negative spoiled the pot for the shift. That's why some nurses left, everyone is so down about Barton and their job.
* When I was trying to redirect some of the negativity a few weeks ago I brought up on the call - the initial response was, “oh well that just happened two years ago,” they are trying to discount the positives. Anytime I bring up a positive around Barton Health the veteran nurses find a way to discount it.
* The nurses constantly complain about administration, their salary and their contract and all of that. And that doesn’t allow them to see anything positive. They spilled over into them being mean about the patients. Like they will say snarking things about the patients or families - they aren’t using their most empathetic selves. They don’t say it in front of the patient but they bring it back to the nursing station.

*Lack of professionalism*

* I’ve noticed some of the language to describe patients in shift changes has been unprofessional. For example, making fun of someone for their education level or saying, “she’s horrible, goodluck.” The nurse sets up the new nurse coming on to look for those negative behaviors.
* When there is conflict it happens in the open and it’s frustrating. Some of the stuff that’s said is unprofessional and it could carry into the patients rooms.
* There were always a few people that were just negative and then the election and the whole political thing kicked in. There were people coming to work and there was name calling. They were pulling up stuff about what was happening on the election and twitter and constantly looking at their phones and making comments about what they're seeing. Politically, there would be one person that said “anybody who’s voting for Trump would be a disgust if they have girls.”

*Past issues are consistently referenced*

* It feels like there is a jadedness from staff nurses.
* The day staff nurses - it’s the language they use. They are based in history. They launch into the litany of wrongs about the discretions of Barton over the years.
* There are people in the negative group that hang on to things that happened even before I’ve been here.
* I’d go to OB and they’d give me this long elaborate story and as I dove into it I’d find out it happened like 10 years ago. They still tend to do that.
* There are a lot of, “this happened 5 years ago.” Then I’ll ask them if they feel Barton has changed since then and they say no, but can’t give examples of how they haven’t changed.

*Particular nurses create discord*

* Every time someone new comes in, there is always an issue with Tawny. She’s hypercritical. She takes high ownership of the unit.
* Tami has a very long record of her mouth getting her in trouble. She’s unappreciative, feeds the negativity. But I have a soft spot shes been here the longest time ever. She doesn't believe in anybody anymore, she doesn't trust anybody.
* Christy Yaeter - every day she finds something negative to say about Tanya. Not appreciative of anybody. She doesn’t like Tanya and has turned all the staff against Tanya. She’s the biggest bully. She finds something and talks about it for the rest of the day.
* There's a person that works at the end of and beginning of week, per diem. And she is basically the most negative person I've encountered. She turns everyone negative. And turns the end of week people negative very quickly.

**PERCEIVED INTERNAL UNFAIRNESS AROUND COMPENSATION**

* No scaled amount of pay for nurses, not that I know. No justification of their pay.
* No standardized pay.
* Before the pay increase, there was a lot of conversation between the disparity of pay.
* There's no equal scale, someone could come in and get more pay cause that’s what they asked for*. (The increase made everyone feel satiated)*
* We need staff nurses and those that came in at higher pay and then they said they'd stay if they kept that higher pay. So that’s higher than those that have been here 20 years.
* The travelers are making x amount more than the staff nurses then the staff nurses are wondering why the travelers aren’t working harder then them.
* We know how much the travelers are making and how much they are paying for the hotels and then they are coming to us saying they are going to take us to collections because they overpaid us. That’s putting a bad taste in our mouth.

**LACK OF TRAINING**

*More training is needed for everyone*

* There are patient safety issues.
* We aren’t trained for NICU and I feel it's doing a disservice to the patients.
* There isn’t enough training, they are throwing people out into the wild and then we are asking questions to staff members and they don’t even know.
* They need to be trained for c-sections. If that decision is made, train them appropriately. Decision may be above my pay grade.
* We have never had training other than online modules *(nicu)*. I don’t have a resource person here to assure I’m going down the right path.
* I think they are afraid of not getting the proper training before things are implemented, like the class two babies.
* A lot of the travelers have only done labor and delivery. They aren’t comfortable taking the babies. It can be detrimental on nights that there isn’t a core staff person.
* A lot of us have been promised education outside of here, but we under utilize our partnerships with UC Davis and others. A lot of the times are so short staffed we can’t bring people off to train.
* They sent us these online training modules that we had to complete to take care of sicker more preterm infants - and that’s it. We can’t sufficiently take care of these infants. Then they said they wanted to send us to Davis to train, but we don’t have enough people to run the floor. We weren’t brought into the decision at all.

*Onboarding/Orientation needed for Traveling Nurses*

* I don't know who I report to.
* There are so many things that are done here and we are just going in there and winging it until a staff member tells us how to do it.
* It’s not the travelers fault, they don’t get orientation because they are originally going to be there for a month but they often extend and then they have to ask April for stuff.
* A big problem is that these crisis travelers get no orientation without having access to the computers and without having any training. They don’t know anything about our unit. I’m constantly training new people over and over.
* April is the only staff nurse on nights and she has to help all these travelers with their questions and our process of doing things.
* People originally come for four weeks, but then they almost always extend. They aren’t put through training or learning. It’s, “they are only here for 4 weeks, we aren’t going to take the time to train them.” It’s ,”we aren’t giving them orientation because they are only here for four weeks,” but they aren’t.
* The fact that we are hiring them to a unit like this, then they say they don’t have experience doing xyz, we shouldn’t be hiring them to this unit.
* The nurses they are bringing in have never taken care of a baby or postpartum. When there are three of them and no staff what then happens if a baby has to go to the nursery. Something is going to happen.

**LACK OF RECOGNITION**

* Positive feedback would be nice every now and then. That’s pretty rare.
* Our experience isn’t being recognized and we don’t feel like they care about what we’ve done while we’ve been here.
* The hospital advertised that we have lactation consultants and one of the nurses was able to do that. She scheduled a meeting with Julie and Tanya about getting an extra dollar or two an hour because they are doing the lactation consulting. They weren’t being recognized at that point; it wasn't even on their badge at that time. She scheduled this meeting but they just disrespected her request to recognize her as a lactation consultant when they were advertising for that service.
* We had a serious patient that resulted in a big debrief and the nurses that were taking care of this patient on OB did not get invited. It was scheduled during a time they couldn’t even join the meeting. It was the doctors and admins patting themselves on the back about how good they did, and they didn’t involve the nurses who actually were doing the patient care.

**ISSUES WITH TRAVELING NURSE DYNAMIC**

*Natural divide created*

* I think there is this natural tendency for staff nurses to just say, “well you’re a traveler.”
* I think we can learn alot from travelers and I don’t think that's happening.
* It seems to me the people that have been here are quite tight and the travelers are a separate thing.
* Tanya expects them to train the new nurses, and some don’t want to take that time to help the travelers.
* There’s two different kinds of travelers. There are the ones who work hard and then there’s people who are lazy and don’t fit in so they just travel around and now it’s more about money too. It’s a concern to get lazy nurses

*Perceived lack of accountability with travelers*

* I know there were some travelers that blatantly disregarded rules, e..g not show up for their shifts, or come in at different hours. There was no calling out of that.
* Until we have time to determine if the traveler is serious or not (did it for the money, until we can suss this out, there’s a “hey hi” and not overwhelmingly welcoming.
* There is a perception that the travelers can get away with murder because the demand for them is high. They aren’t as flexible with their schedule where even if it isn’t in the contract they refuse to work certain days. That would never fly elsewhere.
* Working at night we’ve had issues with unsafe, horrible travelers that we’ve gone to Tanya about. It feels like what we say or feel about these travelers doesn’t matter at all. She will renew them.
* There is a lack of flexibility coming from travelers and I think that’s because the travelers are coming from large institutions with more resources and staff. The staff nurses all bend, but the travelers won’t do it. Then there is the perception that the travelers are being more rigid and less helpful.

*Travelers not used to small hospital dynamic*

* Traveling nurses have a different mentality because they come in, and they should have experience jumping from one job, but a lot of them come in with their preconceived ideas of how the unit should be and what should be provided - that’s a big challenge.
* Travelers are getting paid a lot and they don’t have to do much if there isn’t a delivery. If we aren’t working, a traveler was like, “I'm not going to do that, that’s not my job.” The nurses that come from big hospitals are so used to having a secretary and lab tech and all they have to do is watch a monitor.

**PERCEIVED RACISM/BIAS**

* I can confirm it was racist. The other manager also perceived it to be the exact same…
* It's the subtle under the table, it’s almost implicit bias.
* I think there are some subtle bits of racism involved with those who don't like Tanya - it’s a 99% white institution and she’s a black leader.
* The same ones who complain about Tanya also complain very verbally about the travelers who are 50% black. It seems like there is some implicit bias at play.
* How I've been treated as the only hispanic girl there, the list gets longer and longer. Someone said, “Oh my god, we'll make the Mexican clean it” that person is no longer with us, but nobody ever said anything about it.
* Those two nurses were black and our manager was black and it got made into a racial issue. One of our nurses complained about it and Tonya basically called her a racist and told her not to talk about it. It wasn’t racially motivated at all.
* There was conflict because we felt the girls were being unsafe but we didn’t want to go to our manager because we didn’t want it to be a racial thing. That caused a lot of issues in our unit.

## Feedback for Tanya & Adam

**TANYA’S STRENGTHS**

*Positive Relationships*

* I like Tanya as a person
* I like her management style.
* Tanya is very smart and can manage well.
* I really like her. She's excellent with policies and procedures.
* She is one of the best nursing managers I’ve had in my career. She will answer questions honestly.

*Supportive*

* She gets stuff done.
* Tanya is very open and honest.
* Tanya is really flexible. She is good with me picking up whatever hours.
* Tanya communicates well with me. If I need something, she follows through.
* One thing I really like is that she'll come out and work the floor with us when it's really busy.
* I love Tanya. I think that her heart is in the right place, she does everything she can to help us.
* I slipped on ice and fell and Tanya covered my shift. I feel like the management is there to help and isn’t just blowing us off.
* So much has changed for the good here, if you tell her you need something and if she sees its a worthy project, she will make it happen
* I say that Tanya is very receptive and so much good about her, she’s the best manager weve ever had in this department, she gets things done, she stands up for us as a group, she has our back as the L&D team.

**TANYA’S AREAS FOR IMPROVEMENT**

*Ignores staff*

* Tanya gives me the silent treatment for months. It’s bad. It’s really bad.
* Then when Tanya came back, she ignored me.
* She’s given silent treatment to everyone on the unit and when asked to help was huffy about it.
* I told Tanya what I needed, it was a straightforward ask. I got radio silence for 3 weeks.

*Perceived to be dishonest*

* I think there is a lot of dishonesty - I don’t know where that stem forms. I see that in our direct manager.
* We feel like our manager is not trustworthy at all. I feel like she is dishonest about a lot of things.
* She will lie in people’s files to help them out. She has lied on people’s classes before to say someone had a class that they didn’t.
* Jayco was here a week ago and our manager was going around with the Jayco surveyor and was like we have a patient in this room and this room and this room and we didn’t. And the nurse said, “oh I just sent that patient home.” Julie was with her and I was wondering why they were lying to the Jayco surveyors.
* Tanya comes out and says things that are inappropriate.
* The things she says to me aren’t always the truth. She brought me into the office and asked me how I felt about the travelers and she said she was going to be getting rid of them because of what has been happening and that hasn’t happened and their contract gets extended. Maybe she feels like in the moment that's the right thing to do, but then it doesn’t happen.

*Play’s favorites*

* There is a lack of management and favoritism.
* The nurses believe she has favorites. So when they get frustrated they look at the person who isn’t getting them what they need.
* I feel like Tanya has people that she favors. The clerk and her are good friends and we are going to Tanya about it and she is constantly protecting.
* I think the staff get frustrated with Tanya - they feel like she favors travelers because she used to be one. She has more of a traveler mindset.
* Our raises are based on our evaluations by her, so if she doesn’t like you or has something against you, it doesn’t really matter how your performance is, she could give you a low eval and that affects your raise.

*Non-confrontational*

* The trust thing probably comes from Tanya placating people a lot. I don’t think she is super upfront about things.
* I feel like Tanya is a really great bullshiter and can get herself out of things by lying and talking her way out of things.
* I feel like Tanya doesn’t do great with confrontation with people. She doesn’t want to say, “Here's what I am seeing, we need to have a conversation about it.” Adam is doing that right now.
* Sometimes from our direct manager, the communication is disjointed. It doesn’t make sense. Face to face communication, she kind of talks around things. She wants to tell you what you want to hear but it’s not the truth.
* She does try to placate people and tell them one thing that isn’t always the follow through of what happens. The results don’t reflect her words and that hurts the morale more.
* She could talk to people and have those tougher conversations - I don’t get the feeling that she enjoys them and so it’s not done. I think when someone isn’t performing well, she’ll talk to them, but it’s direct enough to create change.
* She kind of just wants you to resolve things amongst yourself. If there's conflict amongst 2 people, she doesn't get involved even if you go to her with a problem. She’ll say I'll take care of it and never does.

*Inconsistent/unclear communication*

* She uses euphemisms.
* Poor communication and lack of direction.
* Sometimes it’s hard to get a clear answer out of her.
* She will call me in and say, “oh well we are going to get rid of so and so,” and I’m not bringing it up, but then the next day I find out they got extended.
* She doesn't always communicate well with them.
* A nurse will come out of a conversation with Tanya and be like, “what?” but she doesn’t address her concerns with Tanya directly she goes back to her group.
* Tanya could be better by taking communication classes. She's not a good communicator. Most of us feel like we ask her a question and she’ll give us a paragraph answer but we don’t understand what she said.
* It seems like a lot of things we need to hear, we hear in roundabout ways. In a c-section we learned that we needed to use blue towels from a nurse in the room. We should have learned from Tanya.
* She does more physical acting out of her communication e.g. it’s “it’s this or that, it’s bop bop bop - you understand” And I really don’t understand what she means.

*Dismissive*

* I felt very dismissed about what were really safety issues.
* I expect a different team environment directed from the top.
* Tanya doesn’t ask us how things worked in the past and how we can make it better. She’s never asked us our thoughts.
* Tanya doesn’t ask, she just assumes she knows things, but I don’t feel like she does know.
* I told Tanya I was intimidated by this certain nurse and she just blew it off. I feel like Tanya blows issues under the table and they aren’t addressed. We had to go above her head.
* I had a schedule question and I came up with a solution and she just said, “I can’t deal with that right now,” it took me weeks to figure it out.
* I feel like when we go to her with stuff she just makes us think we are silly for complaining. She brushes a lot of things off when you communicate issues with her.
* We’ll agree on a policy change and Tanya will make a casual comment at nurses station instead of writing something to them. She shrugs it off and says, “guys just figure it out”.

*Does not encourage suggestions*

* Our manager doesn’t delegate things to us. She just assumes responsibility.
* She says, “I got this all the time.” We would feel more respectful and empowered if we were delegated some decisions. It feels disrespectful.
* It would be nice if Tanya took suggestions and cared about the opinions of those of us that are here.
* She will say, “this is what we are going to do,” and everyone should agree that it’s useful for the unit. She has her own plan and just rolls with it. There could be more staff input.

*Gossips*

* Tanya talks about other nurses in her unit.
* She will talk about other people which I feel is unprofessional. We know who she likes and doesn’t like..
* I feel like Tanya is unprofessional - she will gossip to us about other nurses. That’s where a lot of the lack of trust for me comes in. She is obviously doing that about all of us.
* She has created a lot of conflict between employees by gossiping with certain people and telling them dishonest things. Then the person is upset with someone else when it’s not true information.

*Underperforming as a manager*

* I don't think she’s doing a good job. I know she thinks she’s doing a good job.
* She’s too hands off, when things aren't going well in the unit.
* She will let things go and not react in areas when there were clearly wrong doings and not getting involved.
* I don't particularly have confidence in her ability to manage and I feel bad about that.
* She’s overtrusting sometimes. She didn’t ask me any interview questions, she is quick to trust every traveler and that may not filter out the issues.

**ADAM’S STRENGTHS**

*Boosting morale*

* Adam has helped morale.
* I really enjoy him.
* Adam has been a breath of fresh air.
* Adam has been good at the positive feedback; it seems like it’s lifting up the unit a bit.
* Adam definitely wants to help. He’s doing all this for the right reasons. He’s a good person.
* The new supervisor Adam is trying to make some positive changes.

*Adam’s presence helps Tanya*

* I think Adam has been an impressive part of positive change. He is a good layer in between Tanya and the nursing staff.
* Adam has taken some stress off Tanya now that he can also work on the floor and Tonya can take on a more managerial role.
* Now that Adams is here I think Tonya can focus on more management things. We can have those staff meetings and open discussions.
* Tanya is so busy. I don’t think she had the bandwidth before Adam.

*Staff feel heard/supported by Adam*

* I feel like I can trust Adam.
* Adam wants to hear all perspectives.
* Adam is very easy to get a hold of and he’s very receptive to all my questions. I don’t think I need anything.
* Now it’s Adam and he’s here in a heartbeat. It’s reassuring to know there’s someone here when you need them.
* Before Adam came we were really starting to lack communication, but it’s been better since he’s been there.

*Good communication*

* He’s positive, but also doesn’t sugar coat.
* He’s a clear communicator and deeply cares. He doesn’t stir up drama.
* Now that Adam is here it’s easier for Tanya to divide and conquer. Adam has been good at approaching situations.
* Adam was able to talk with a nurse that was pretty bad and say, “this is how you are coming across in your communication,” and then I worked with her again and she was much better.
* Adam communicates well with me. He’s very helpful with the nurses. He is very hands on from my observation.
* Now that there is two of them Adam does a good job at communicating when policies are changing for example.

**ADAM’S AREAS FOR IMPROVEMENT**

*Not engaging in crucial/difficult conversations*

* He doesn’t take conflict very well, he just lets nurses say whatever.
* He will circle back around, but sometimes I wish he would say things in the moment.
* He watches people come in at 7:05 and says nothing.
* He knows how to address things, but doesn’t address it at the moment.
* I feel like Adam lets the nurses get away with a lot. He doesn’t take conflict very well, he just lets nurses say whatever.