

Nurse Anesthesia Leadership Survival Guide

Practice Considerations

Being a leader and advocate for the nurse anesthesia profession is rewarding and with many opportunities, but also may present challenges. As an advocate and leader, you will lead and contribute to many strategic initiatives. You will be unique as a leader as you reference your experiences, emotional intelligence, and new learning to meet responsibilities, expectations, people, and goals for performance—both within the leadership advocacy position and in the workplace.¹ In addition, other demands, such as developing talent, managing limited resources, increased travel, and managing time commitments, work hours, and the work environment can lead to increased stress, diminished decision-making capacity and burnout.¹

Further compounding stress, highly visible leaders may become targets of bullying and disruptive behavior from other nurse anesthetists or healthcare professionals, either on social media, in the workplace, or even in the national press. The toll of bullying may be devastating and if not handled well, can lead to feelings of anger, frustration, abandonment, and resentment of the profession.¹

This AANA resource presents considerations to address bullying that may stem from nurse anesthesia leadership or advocacy activities and offers approaches to develop strategic relationships and resolve conflict.

Prevention

While bullying cannot always be prevented, steps may be helpful to avoid becoming a target.

- *Create support from your workplace*
 - It is important to understand the mission, motivation, values, and strategic priorities of your organization, as well as the population and markets served.² Some workplaces may be supportive of nurse anesthesia leadership and advocacy activities, while some may want to maintain a politically neutral work environment with sole focus on patient care.
 - Consider notifying and/or obtain permission from your workplace regarding your leadership and advocacy activities. Serving in a leadership position or advocating for your profession without notifying your workplace may be risky, depending on the climate of your workplace. If possible, seek employment that is supportive of you leading and advocating for your profession.
 - Consider how the leadership and advocacy position will impact your work and personal life.
 - Shadow an individual who serves in the leadership or advocacy position you are interested in serving.

“I wish I had known the commitment of being [in a leadership] position for the profession. I should have done my research and shadowed someone to see what it was like.”

-Anonymous CRNA

- *Avoid discussion of sensitive topics in the workplace*
 - Unless related to patient care or safety, avoid discussing polarizing topics in the workplace.
- *Build strong relationships*
 - Bullies often choose to target those who are socially isolated. Develop and sustain strong relationships with facility leadership and colleagues, regardless of their role, and offer them support when they need it.^{3,4} Potential individuals to engage with include, but are not limited to:
 - Anesthesia department
 - Medical staff office
 - Departments (e.g., surgery, obstetrics, radiology, cardiology, emergency, or other) and key stakeholders from those departments
 - “C” suite leadership, especially Chief Nursing Officer and others responsible for your practice area
 - Quality improvement, peer review
 - Compliance/risk management
 - Facility-specific committees
 - Network with others within and outside of your profession.
 - State Association Leadership
 - Organization-specific philanthropy (e.g., hospital foundation)
 - Patient safety organization (e.g., Anesthesia Patient Safety Foundation, state or national committee or taskforce)
 - Community-based organization (e.g., Chamber of Commerce, church groups, leadership development programs for community members, volunteering at homeless shelter or foodbank).
 - Find a mentor either within or outside your workplace and/or profession.
- *Be collaborative*
 - Articulating thoughts and ideas clearly, regulating emotions, demonstrating respect for other team members’ positions and ideas, and implementing innovative problem-solving strategies enable nurse anesthetists to work collaboratively with others.⁵
 - Obtain training in Crucial Conversations, assertiveness, and verbal self-defense as needed.⁶
- *Share and clarify information*
 - Share appropriate information about issues as requested and prepare relevant information to support. This may help the opposing side understand your point of view and alleviate concerns before disruptive behavior occurs.³

- Encourage others to share opposing viewpoints to encourage open dialogue.^{7,8}
- Clear the air regarding any miscommunications and rumors.

Addressing the bullying

If you think you're being bullied, you probably are. Perpetrators may retaliate through remarks on social media, verbal or email threats, or by providing undesirable work assignments or termination. Remember that it is important to:

- *Maintain professionalism and credibility at all costs. When in doubt, align your interests.*
 - Do not stoop to bullying behavior, seek revenge, or engage when provoked. Keep in mind shared interests to establish a common ground for dialogue.⁷
 - Safe, high-quality patient care is a common interest shared among many stakeholders, as is the advancement of anesthesia research and education. Drive the conversation back to those shared interests.

"I live in an area with limited working opportunities, so I focus on why I am there, who I am really working with- patients and families. I have had many positive patient responses and have been asked to sit on the resilience committee"

-Anonymous CRNA

- *Rehearse effective ways to address the problem or situation.*⁹⁻¹¹
 - Practice saying specific phrases with another trusted peer or other individual.
 - Focus on stating your intent/purpose, describe the issue at hand, explain the consequences (for you, the team, patient/organization), offer empathy, and make suggestions.⁸
 - Be deliberate about your discussion focus. Your agenda should be communicated clearly and any actions resulting from the conversation should be documented.¹²
 - Reflect and explore effective ways to address similar situations in the future.
- *Familiarize yourself with how to report the bullying*
 - Review your employee handbook and/or relevant workplace or medical staff bylaws and policies for disruptive behavior in the workplace.
 - If you are a medical staff member, this information may be in the medical staff bylaws or associated medical staff policy.
 - Discuss with your supervisor or, if you don't feel comfortable, proceed to next person in chain of command or Human Resources.
- *Keep documentation, especially if the bullying impacts your employment or professional reputation.*¹³

- Log conversations, include the name and position of the perpetrator, dates and times, exact words, actions or gestures, and witness names and positions, if known.
 - Keep a file of all relevant electronic communications.
 - After private meetings (i.e., one-on-one's), insist that you receive a follow up email with everything that was discussed.
 - If you know you are being excluded from meetings that would normally require your attendance, keep a record of the meeting, when it happened, and why you should have been there, especially if your direct job is affected due to absence from the meeting.
 - Obtain statements from coworkers, including the details discussed above, about what they observed as soon as possible.
 - Stick to objective facts rather than opinions.
- *Obtain support, emotionally, professionally, and maybe legally.*
 - Seeking another viewpoint from a close friend or colleague can help you reframe the situation and try to understand it from an objective point of view. Supportive individuals can help you understand that you are not the problem and that you did nothing to cause the bullying.
 - Human Resources, Employee Assistance Programs, counseling, or faith-based services provide many supportive resources. Consider a second opinion if someone advises you that there is nothing you can do or insinuates that the bullying was your fault. They could be part of the problem.¹³

“Initially, I did not think I needed to go to counseling, but I am glad that I went to validate my feelings and get the support I need. I won’t overthink going again in the future”

-Anonymous CRNA

- *What do I look for in a counselor?*
 - Consider specialists in trauma and abuse, anxiety, post-traumatic stress (PTSD), employment issues.
 - Some questions to ask before you go:
 - Are you familiar with workplace bullying?
 - Do you emphasize current issues or concerns over early life experiences or relationships?
 - Do you understand how environment can elicit dysfunctional behavior?
 - Do you have a conflict of interest with my employer?
- *How do I get legal help?¹³*
 - Involve experienced legal counsel familiar with employment law.
 - Determine if there is a conflict of interest, especially if the attorney or law firm has a relationship with your employer.

- Ask about their subspecialties, fees, caseload, success rate and referrals from clients. Call referrals before signing contracts or retaining a lawyer.
- Helpful resources to assist in finding legal resources may include:
 - [Martindale-Hubbell Directory of Attorneys and Law Firms](#): a searchable online directory containing profiles for over one million lawyers and firms in the U.S. The directory allows you to narrow your search by geographic location and specialty (e.g., employment, discrimination). The directory is comprehensive, so it may prove useful to use any local resources to your benefit.
 - [State, county or local bar associations](#) (e.g., Chicago Bar Association, Kane County Bar Association, Illinois Bar Association) can provide referrals for legal services.
 - [The American Association of Nurse Attorneys \(TAANA\)](#) Attorney Referral has a referral list to help find attorneys that represent nurses.
 - [Nurse Anesthesia State Associations](#) may also be able to assist.

Moving On

Deciding to move on from a position (employed or volunteer) where you are experiencing bullying due to your leadership and advocacy efforts is never easy, but may be necessary, especially if there are no signs of it letting up or your work or reputation is being negatively impacted.

- When asked in an exit interview, depending on the work environment, consider being candid regarding why you left the position. It can be as simple as *'it was not a healthy environment.'*¹³ It may be helpful to consult with an attorney regarding what to say in an exit interview.
- If being involuntarily terminated from a position (employed or volunteer), negotiate what the documentation in your record (e.g., termination letter/memo, resignation) will say. Involve your attorney to negotiate a favorable separation agreement.
- If being terminated from employment, weigh the risks/benefits of collecting unemployment and how this would look to a future employer.
- *Before going back to any position*
 - Take time off before seeking another employment or leadership position to re-evaluate your priorities and focus on your health and personal life.
 - When looking for new employment, consider a professional reference check by a third party to determine what previous employers are saying about you in your file.¹³
 - Be selective about the next position you take. Determine if the organization has policies to support a respectful workplace and investigate to see if they are enforced.⁵

Resources to Stay Well

Nurse anesthesia leaders help develop and execute initiatives that foster growth and improvement for the profession. Bullying and adverse repercussions, including job loss, cause stress, which impact overall health and wellness. More information and resources related to this topic can be found on www.aana.com/bullying. Refer to the following AANA resources for more information about stress reduction, wellness, peer support, and employment.

AANA Resources	
Professional Practice	<ul style="list-style-type: none"> ○ Email: practice@aana.com ○ 847-655-8870 ○ www.aana.com/practice
Health & Wellness	<ul style="list-style-type: none"> ○ Wellness Home: www.AANAWellness.com ○ Workplace Wellness: www.aana.com/workplacewellness ○ Mental/Emotional Health: www.aana.com/mentalwellbeing ○ Physical Health: www.aana.com/physical ○ Stress Reduction: www.aana.com/stress ○ Adverse Events: www.aana.com/adverseevents
Peer Support	<ul style="list-style-type: none"> ○ Homepage: www.AANAPeerAssistance.com ○ Helpline: 1-800-654-5167
Employment and Negotiation Resources	<ul style="list-style-type: none"> ○ Homepage: www.aana.com/practicemanagement ○ Negotiation and Dispute Resolution Resources ○ Resolving Disputes More Effectively AANA NewsBulletin, January 2015 ○ Winning in Negotiations AANA NewsBulletin, May 2014 ○ Changes in Anesthesia Group Management or Employment Arrangement Considerations, AANA NewsBulletin, July 2016 ○ Anesthesia Practice Mergers and Acquisitions: Impact on CRNAs, AANA NewsBulletin, September 2016

References

1. Wicks, T. Reducing the Cost of AANA Leadership. *AANA NewsBulletin*. November 2011.
2. American Association of Nurse Anesthetists. Changes in Anesthesia Group Management or Employment Arrangement. July 2016.
3. Alberta Human Services. Alberta's Plan for Promoting Healthy Relationships and Preventing Bullying. <http://www.humanservices.alberta.ca/documents/promoting-healthy-relationships-and-preventing-bullying.pdf>, 2018.
4. In: Rivara F, Le Menestrel S, eds. *Preventing Bullying Through Science, Policy, and Practice*. Washington (DC) 2016.
5. Professional Attributes of the Nurse Anesthetist. Park Ridge, IL: American Association of Nurse Anesthetists; 2016. [https://www.aana.com/docs/default-source/practice-aana-com-web-documents-\(all\)/professional-attributes-of-the-nurse-anesthetist.pdf](https://www.aana.com/docs/default-source/practice-aana-com-web-documents-(all)/professional-attributes-of-the-nurse-anesthetist.pdf).
6. Patterson K, Grenny J, McMillan R, Switzler A. *Crucial conversations : tools for talking when stakes are high*. 2012.
7. Otero HJ, Nallamshetty L, Rybicki FJ. Interdepartmental conflict management and negotiation in cardiovascular imaging. *J Am Coll Radiol*. 2008; 5(7):834-841.

8. Harvard Business Review. Four Steps to Resolving Conflicts in Health Care. <https://hbr.org/2013/10/four-steps-to-resolving-conflicts-in-health-care>. Accessed July 25, 2018.
9. Clark CM. Combining Cognitive Rehearsal, Simulation, and Evidence-Based Scripting to Address Incivility. *Nurse Educ*. 2018.
10. Roberts T, Hanna K, Hurley S, Turpin R, Clark S. Peer Training Using Cognitive Rehearsal to Promote a Culture of Safety in Health Care. *Nurse Educ*. 2017.
11. Griffin M, Clark CM. Revisiting cognitive rehearsal as an intervention against incivility and lateral violence in nursing: 10 years later. *J Contin Educ Nurs*. 2014; 45(12):535-542; quiz 543-534.
12. Stagg SJ, Sheridan D, Jones RA, Speroni KG. Evaluation of a workplace bullying cognitive rehearsal program in a hospital setting. *J Contin Educ Nurs*. 2011; 42(9):395-401; quiz 402-393.
13. Workplace Bullying Institute. <https://www.workplacebullying.org/>. Accessed July 18, 2018.

Adopted by AANA Board of Directors September 2018.

© Copyright 2018