The use of storytelling and listening to staff stories can be a valuable tool to help OR managers understand and mitigate workplace challenges and incivility. These are the findings of a doctoral study by Patricia Littlejohn, MBA, RN, CNOR, director, neurosciences and program development, Regional Medical Center, San Jose, California.

“Simply engaging with staff members and listening to their stories can gain powerful allies for nursing leaders,” says Littlejohn.

The hypotheses for her study were that perioperative staff and clinicians can decrease workplace conflict and workplace stress by increasing awareness of their own emotional intelligence and emotional empathetic strength.

Methodology
Using a quantitative and qualitative approach, Littlejohn studied two groups—ambulatory surgery staff (60 participants, control group) and inpatient surgery staff (100 participants).

Ambulatory surgery staff were considered the controls because Littlejohn had organized focus groups in the inpatient OR where she held education sessions on workplace conflict, workplace stress, emotional empathy, and emotional intelligence during the year of the study, and she did not do that in the ambulatory surgery setting.

Staff from the OR, preoperative, postanesthesia care unit, sterile processing department, and environmental services were included, along with physician assistants, nurse practitioners, and certified registered nurse anesthetists.

For the quantitative portion, Littlejohn used three survey instruments:

• Balanced Emotional Empathy Scale (30 items): For example,
  —Unhappy movie endings haunt me for hours afterward.
  —I cannot feel much sorrow for those who are responsible for their own misery.
• American Institute of Stress Workplace Stress Survey (10 items): For example,
  —My job has a lot of responsibility, but I don’t have very much authority.
  —Most of the time I feel that I have very little control over my life at work.
• Nursing 2011 Horizontal Violence Survey (10 items): For example, how often in the last 12 months have you experienced or witnessed the following,
  —Complaining about a coworker to others instead of attempting to resolve a conflict directly by discussing it with that person.
  —Raising eyebrows or rolling eyes at another coworker.

The results of the surveys were blinded.

In the qualitative portion, Littlejohn led conversations either one on one or in groups using questions from the survey instruments.

Among the questions:

• Have you ever seen anyone being mean to someone else at work?
• Have you seen someone really struggling with their workload and just ignored the fact that they needed help?

Participants responded to the questions with their own stories, either verbally or in writing.
Storytelling

“Some felt so strongly about what they wanted to say that they wrote their stories down and gave them to me,” says Littlejohn.

Some stories were about patients, some were about coworkers and the work environment, and some were personal stories.

One particular trend was about the different levels of respect from peers according to who they might regard as higher or lower than themselves.

Participant responses varied:

- No one is higher than me; I am in control of my destiny and workplace.
- I am important, and I make these decisions based on my capacity or my education.
- That person is my superior.
- I am not in charge of my destiny.

A couple of environmental services staff members told Littlejohn they realized they were very important in their role, things could not get done without them, and they felt very empowered. However, in general, there was a trend toward feeling “not in charge” rather than “in charge,” and it was not role based.

Littlejohn found that whether staff felt empowered or not depended mostly on their ethnicity, gender, and culture.

After the meetings, Littlejohn says, the participants told her they felt a connection with her because they told her their stories.

“This showed me that we really need to take advantage of this connection and talk with our staff more,” she says. “I don’t know if we realize the strength that gives us and the trust staff would have in us if we would just sit and listen to them.”

Many of the staff have stayed in contact with Littlejohn and continue to come to her about things that bother them at work.

Changes

Littlejohn uses the stories she has gleaned from her research to make changes. When she teaches classes on workplace stress and conflict, she alludes to the stories she has heard. The class participants connect with the stories and talk about how something similar has happened to them, and a conversation is started. After the classes, Littlejohn gives the participants her phone number and tells them to contact her if they want to continue with their stories.

“The stories I tell them and suggestions I give them in class aren’t a panacea, and they aren’t magic, but it makes them feel like I am familiar with their situation and that I am willing to listen and talk about it,” she says.

Change doesn’t happen overnight, however, and it doesn’t always make things better immediately, notes Littlejohn.

She says she had hoped her research would benefit the participants immediately by helping them feel less conflicted and less stressed. However, they experienced more conflict and stress in the first year because now they could recognize psychological violence or conflict.

“Before, they didn’t know that raising their eyebrows or shrugging their shoulders or talking behind someone’s back could be regarded as psychological violence or conflict—and now they do,” she says. “The most important take-away from my research,” adds Littlejohn, “is that everyone has a story to tell, and if managers and administrators start listening to these stories and encouraging these stories, it can be beneficial in reducing a lot of stress and conflict.”

—Judith M. Mathias, MA, RN
References
