

NURSE MANAGER

Boot Camp E-zine

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Editor: Leah Curtin, RN,

Difficult Conversations and The Set-Up-to-Fail Syndrome

In the March-April 1998 edition of Harvard Business Review, Manzoni and Barsoux predicate that many managers unconsciously set people up to fail! Their article is based on two studies that explore the causal relationship between leadership style and employee performance. The first study, which integrated information from interviews, surveys and observations involved 50 manager-employee pairs. The second study, involving an informal survey of 850 senior managers was undertaken to test and refine the findings generated by the first study. (Eden et al., "Leadership Expectations, Pygmalian Effects, and Other Self-Fulfilling Prophecies in Organizations, Leadership Quarterly, Winter 1992. v.3,#4, pp271-305).

When asked why an employee performs poorly, managers typically blame the employee. They ascribe their employees' failure to "lack of motivation, lack of skill, insufficient experience, poor time-management skills etcetera. Sometimes, of course, this is indeed the case, but in many instances, these authors suggest, it is the managers -- albeit unintentionally -- who may be the root cause of the "failures."

You may remember the studies done involving teachers' expectations of children in grade school: when the teacher was told that a certain child had behavioral problems or learning disabilities (even though they did not), the children performed poorly - according to expectations. (Stainback, S., & Stainback, W. (1996). *Inclusion: A Guide For Educators*. Baltimore: Paul H. Brookes Publishing Co). Well, according to these researchers, this phenomenon also applies to managers and employees. The set-up-to-fail syndrome occurs when a manager observes a problem with performance, forms an opinion (labels) and then unconsciously sets up and periodically reinforces a dynamic that essentially sets up perceived under-performers to fail.

Even if the employee performs superbly, the manager often overlooks this because the negative opinion filters observation, "...because of [the manager's] selective recall. Indeed, bosses tend to attribute the good things that happen to [perceived] weaker performers to external factors rather than their efforts and ability (while the opposite is true for perceived high performers: successes tend to be seen as theirs, and failures tend to be attributed to external, uncontrollable factors)."

However, happily, the set-up-to-fail-syndrome is not irreversible. These researchers suggest that managers can reverse the syndrome, but only if the manager is aware of his/her bias, and is able to overcome it effectively. They suggest:

1. The manager must create the context for the discussion, use the right language (e.g. 'feedback' should be avoided as it suggests a one-way communication), explicitly ask for honest discussion, and admit that his/her behavior may be partially responsible.
2. The manager is the only one of the pair that can initiate an intervention process in which both parties agree about the symptoms (evidence of the employee's poor performance, evidence that the manager engaged in the behaviors listed in Exhibit 1).
3. The outcome of the discussion should be a common understanding of what might be causing the weak performance -- and the setting of performance goals for both of them. If the employee performs poorly - immediate feedback (i.e., don't hold it until a formal performance review -- do it now, but preferable in private!). And if the manager engages in the negative dynamics of the set-up-to-fail syndrome, the employee must let him/her know immediately (preferable in private!).

Such a conversation is extraordinarily difficult to initiate and execute -- so most managers avoid it, even if they are aware that their behavior may be contributing to an employee's failure. "When a boss believes that a

When using UAPs helps...

Changes in the delivery of patient care – including changes in staffing and skill mix — have been commonplace in recent years. Frequently, these changes involve models of care delivery that increase the number and/or proportion of unlicensed personnel, and decrease the number and/or proportion of licensed nurses. Research on the use of unlicensed assistive personnel (UAP) has begun to appear in the literature, yet little is known about an important aspect of the use of unlicensed personnel: what factors impact the outcomes of care delegated to unlicensed personnel? Anthony, Standing, and Hertz (2000) conducted an exploratory, cross-sectional survey to describe factors associated with care outcomes when nursing activities are delegated to UAPs. A national sample was used, consisting of 516 licensed nurses. (RNs and LPNs) who worked with UAPs in long term care, home health, and acute care settings, and who agreed to participate in the study; 148 usable responses were obtained. Data were collected through written self reports. Anthony and colleagues report that, in general, the delegation of care by nurses to UAPs was associated with positive outcomes, especially when the outcomes of delegated tasks were routinely observed by nurses. Further, overall increasing nursing experience – not tenure in the organization — was associated with positive outcomes. This study complements other studies on the use of UAPs, and provides insight into processes involved with successful delegation. structures on processes and outcomes of care.

Source: Anthony, M.K., Standing, T., & Hertz, J.E. (2000). Factors influencing outcomes after

subordinate is a weak performer and, on top of everything else, that person also aggravates him, he is not going to be able to cover up his feelings with words; his underlying convictions will come out in the meeting. That is why preparation for the meeting is crucial. Before even deciding to have a meeting, the boss must separate emotion from reality. Was the situation always as bad as it is now? Is the subordinate really as bad as i think he is? What is the hard evidence I have for this belief? Could there be other factors, aside from performance, that have led me to label this employee as a poor performer?

Aren't there a few things that he does well? He must have displayed above-average qualifications when we decided to hire him. Did these qualifications evaporate all of a sudden?"

‘YOU HIRED THEM, AND THEIR FAILURE IS YOUR FAILURE.’

Such reflection is not easy, and it requires a good deal of both self-awareness and self-confidence to even ask them of oneself. To actually translate them into a productive meeting with an employee with whom the relationship already is ‘shaky’ takes a great deal of skill. Why would any manger do this? Well, for one thing ‘you hired them, and their failure is your failure.’ For another thing, it is expensive and difficult to replace skilled employees today. And last but not least, it just happens to be the right thing to do. Time was when managers thought they were supposed to direct and control. That time is gone now. Today, managers are supposed to ‘coach’, mentor, and develop. It is, after all is said and done, an integral part of your job!

CHAT SCHEDULE (1 hour chats)

October 10, 2008 Excellence in Staffing
3:00 - 4:00 PM EDT

November 7, 2008 Valuing Employees
3:00 - 4:00 PM EST

December 5, 2008 The Spirit of Leadership
3:00 - 4:00 PM EST

Go to <http://www.curtincalls.com/chat> and follow the instructions

"What the Books Don't Tell You about Leadership"

"Staff don't want to hear what you think, they want you to hear what they think!" Sr Joanne Schuster, PhD, RN