

# Avoiding career derailers

By Rose O. Sherman, EdD, RN, NEA-BC, FAAN

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Accepting the gift of feedback can lead to transformative change.

**KENDRA** is director of a large critical care unit that's experiencing high staff turnover. As her new chief nursing officer (CNO) interviews staff who have submitted resignations, they all mention Kendra's command-and-control management style. The CNO meets with Kendra to share the feedback. She tells Kendra that although she's achieving the business management expectations of her role, failure to improve her interpersonal relationship with staff will ultimately derail her career.

Nursing leadership is both an art and a science. The art comes in learning how to manage relationships with others. These soft skills, such as learning to manage conflict and communicating effectively with others, can be hard skills to learn. Kendra lacks self-awareness about how others view her leadership style and interpersonal interactions. This is a significant blind spot because it's part of the emotional intelligence leaders are expected to demonstrate. She also hasn't been attentive to the impact her behavior has on staff satisfaction and retention. Research from the Gallup corporation, conducted with thousands of employees globally, indicates that retention is closely tied to employees' relationship with their supervisor. Nursing directors with high staff satisfaction ratings focus on ways to enhance nurse autonomy and take an authentic interest in their staff's personal and professional lives.

Marshall Goldsmith, in his insightful book, *What Got You Here Won't Get You There*, points out that while leaders like Kendra may work hard, some of their behaviors can prove ineffective or even destruc-

tive to their careers. Ironically, these behaviors may have helped move her to her current level but will now hold her back. In Kendra's case, she's likely an efficient and technically excellent critical care nurse manager, but she pays little attention to her relationships with others on her team. Much like when a speeding train derails, our careers can move off track if ineffective behaviors aren't addressed. This can happen gradually or suddenly, but once it happens, repairing the damage can be difficult.

## Avoiding derailment

In nursing leadership development, a great deal of time is spent focusing on the competencies, skills, and behaviors needed for success.

Much less time is spent talking about what we should avoid doing or stop doing. The American Nurses Association (ANA) Leadership Institute has a competency model that includes derailment factors. (See *Derailment factors*.) Avoiding them is an integral part of the institute's training for current and future nurse leaders.

Problems with interpersonal relationships is one of five key derailment competency clusters. It centers around difficulties in developing good working relationships with others. Some key problematic behaviors include being dictatorial, failing to share decision making, and leaving a trail of bruised staff. Kendra's command-and-control style probably includes most of these behaviors.

Difficulty changing or adapting is sometimes seen with experienced nurse leaders. In a volatile and complex healthcare environment, failure to adapt to initiatives brought about by changing reimbursement or new technologies can lead to leadership failure. Likewise, leaders face high expectations today with respect to budget and performance goals. To be successful, nurse leaders must develop a business mindset and build their financial knowledge.

A failure to meet business objectives can quickly



# Derailment factors

The American Nurses Association Leadership Institute developed a competency model that includes factors that can derail your career. Avoiding these behaviors can help keep a nursing leadership career on track.

Competency cluster	Description	Behaviors
Difficulty building and leading a team	Difficulties in selecting and building a team	<ul style="list-style-type: none"> <li>Doesn't resolve conflict among direct reports.</li> <li>Hires people with good technical skills but poor ability to work with others.</li> <li>Doesn't motivate team members to do the best for the team.</li> <li>Selects people for a team who don't work well together.</li> <li>Isn't good at building a team.</li> <li>Doesn't help individuals understand how their work fits into the goals of the organization.</li> </ul>
Difficulty changing or adapting	Resistant to change, learning from mistakes, and developing	<ul style="list-style-type: none"> <li>Can't adapt to a new boss with a more participative management style.</li> <li>Hasn't adapted to the culture of the organization.</li> <li>Is unprofessional about his/her disagreement with upper management.</li> <li>Has an unresolved interpersonal conflict with boss.</li> <li>Isn't adaptable to many different types of people.</li> <li>Resists learning from his/her mistakes.</li> <li>Doesn't use feedback to make necessary changes in his/her behaviors.</li> <li>Doesn't handle pressure well.</li> <li>Hasn't adapted to the management culture.</li> <li>Can't make the mental transition from technical manager to general manager.</li> </ul>
Failure to meet business objectives	Difficulties in following up on promises and completing a job	<ul style="list-style-type: none"> <li>Neglects necessary work to concentrate on high-profile work.</li> <li>Is overwhelmed by complex tasks.</li> <li>May have exceeded his/her current level of competence.</li> <li>Overestimates his/her own abilities.</li> <li>Has difficulty meeting the expectations of his/her current position.</li> </ul>
Problems with interpersonal relationships	Difficulties in developing good working relationships with others	<ul style="list-style-type: none"> <li>Is arrogant (e.g., devalues the contribution of others).</li> <li>Is dictatorial in his/her approach.</li> <li>Makes direct reports or peers feel stupid or unintelligent.</li> <li>Has left a trail of bruised people.</li> <li>Is emotionally volatile and unpredictable.</li> <li>Is reluctant to share decision making with others.</li> <li>Adopts a bullying style under stress.</li> <li>Orders people around rather than working to get them on board.</li> </ul>
Too narrow a function orientation	Lacks depth to manage outside of one's current function	<ul style="list-style-type: none"> <li>A promotion would cause him/her to go beyond the current level of competence.</li> <li>Isn't ready for more responsibility.</li> <li>Wouldn't be able to manage in a different department.</li> <li>Couldn't handle management outside of current function.</li> <li>Doesn't understand how other departments function in the organization.</li> </ul>

DERAILMENT FACTORS

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result in career derailment, as can having too narrow a functional orientation when contemporary nursing leadership requires higher-level systems thinking. Healthcare delivery models require strong teamwork, which involves resolving conflict and promoting close

collaboration. Nurse leaders who have difficulty building and leading a team won't achieve long-term success.

Career derailers aren't limited to those included in the ANA competency clusters. Goldsmith notes these

other derailing behaviors:

- needing to win at any cost
- insisting on contributing an opinion in every discussion
- passing judgment and imposing our values on others
- making needlessly sarcastic comments
- responding with “no” or “but” to send a message that we’re right and others are wrong
- telling the world how smart we are in every situation
- speaking when angry
- expressing negativity
- withholding information from others to maintain an advantage
- failing to give proper recognition or credit for work done
- clinging to the past
- playing favorites and failing to recognize when we’re not being fair
- refusing to accept blame or express regret
- failing to express gratitude.

## Receiving feedback

Leaders like Kendra have a choice when presented with a potential career derailer. They can either ignore the guidance or choose to see it as a gift and develop an improvement plan to manage the behavior. David Brookmire, an executive coach, has found that great leaders know they have blind spots and seek to identify them. They also recognize that perception is reality, even if the reality may seem harsh or unkind.

Great leaders don’t wait for feedback but actively seek it out, using accountability partners if necessary. Getting honest feedback from staff can be challenging, but it’s possible if we open ourselves up to it. Here are some suggestions from experts in the leadership field:

### 1. Get out of the office and ask questions.

Kendra’s staff are more likely to give honest feedback if they’re in their territory versus being in her office. Ask questions like “What’s going well?” and “What could be improved?” Observe body language; if it appears that someone is holding back, ask about it.

### 2. Openly acknowledge mistakes you’ve made or contributed to.

When you have a track record of accepting personal accountability using the “I” word, staff will feel more comfortable giving you feedback. If you have a reputation of defensiveness or blaming others,

you’ll be much less likely to get honest feedback.

### 3. Corroborate information with multiple sources.

Some staff will look to feed your ego with positivity while others may use their relationship with you to make destructive comments about other team members. Talk to people who may not agree with you.

### 4. Develop an improvement plan.

When you receive feedback about, for example, your lack of visibility on the unit, first assess what behaviors or actions might lead to improvement. This is where getting specifics becomes important in developing goals. To enhance your chances for success, find a coach or accountability partner to work with you on an improvement plan. Accountability to improve is critical. If you ask for honest feedback and then don’t use it, people will be less likely to give you feedback in the future.

### 5. View feedback as a gift.

Stanford faculty member Carole Robin contends that we need to think about feedback differently. Rather than viewing it as criticism, think of it as a gift—data you didn’t have before that will help you make more informed choices in the future.

The most effective leaders are coachable. While positive feedback is wonderful, much of our growth will come when suggestions are made to improve our performance. The key to success in avoiding derailers is changing our behavior when we receive the feedback.

## Changing behavior

Many behaviors in both our personal and work lives are a series of habits, both good and bad, that we develop over time. Kendra’s command-and-control style of management is a good example of a series of leadership habits that have probably become routine for her. Charles Duhigg has written

about how habits are formed and what we can do to change them. He contends that habits make up 40% of our daily routines. Habits are the brain’s way of saving energy through a loop of cue-response-reward that becomes automatic. Replacing bad habits with good habits requires intentional action, whether it involves improving our relationships with staff or losing weight.

### Breaking the habit cycle

When you look at changing habits, don’t just examine the habit from the perspective of the habit loop, also

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Healthcare delivery  
models require strong  
*teamwork,*  
which involves  
resolving conflict and  
promoting close  
*collaboration.*

## HPV vaccine protocol

The human papillomavirus (HPV) vaccine is injected intramuscularly at two intervals. The usual age for the first injection is age 11 or 12 for both boys and girls. The second injection is given within 6 to 12 months after the first. Vaccination at this age helps to ensure the protocol begins before the initiation of sexual conduct and because the younger the individual is the more effective the immune response will be. The vaccine may be given up to age 26, although its effectiveness in reducing cancer risk will be lower. HPV vaccine isn't recommended after age 26, unless the person is simply completing the series.

You can direct parents to the HPV page on the American Cancer Society website for more information (<https://www.cancer.org/cancer/cancer-causes/infectious-agents/hpv/hpv-vaccines.html>).

### Additional resources

The HPV vaccine provides protection against sexually transmitted HPV and some cancers. Through honest and direct communication with parents and adolescents about the disease and the vaccine, you can dispel myths and misconceptions that may prevent some parents from agreeing to vaccination.

The CDC offers a variety of resources to help you

discuss HPV with parents. At its website (<https://www.cdc.gov/hpv/hcp/answering-questions.html/>), you can download a tip sheet for talking with parents, a parent fact sheet, and videos illustrating conversations between parents and healthcare providers. In addition, you can direct parents to the HPV Vaccine Facts and Fears page on the American Cancer Society website (<https://www.cancer.org/cancer/cancer-causes/infectious-agents/hpv/hpv-vaccine-facts-and-fears.html>). ★

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consider the context in which the habit occurs. In Kendra's case, the cue for her behavior might be her sense of urgency about making unit decisions. Her response is that she doesn't seek input from her staff. Her reward is that she's crossed that task off her list and moved to the next one.

In response to the feedback she received from the CNO, Kendra decides to shift her style from authoritative decision-making to a shared decision-making model. Because she hasn't built a culture of joint ownership where staff feel comfortable participating, she'll need to start slowly by asking for input and showing appreciation when it's given. This will be key to the process as she changes her own behavior. Although shared decision-making takes more time, Kendra will see a reward from the staff as she shifts to a leader-coach model. New habits require extensive practice, and to be successful in this habit change, Kendra needs to believe that change is necessary.

Duhigg makes the case that changing just a few key habits can make us more disciplined and increase our willpower. The same ideas can be applied at work. The character of a work unit or an individual is a collection of thoughts, values, and habits. Work habits developed over time offer a level of comfort but may not be constructive in the complex and changing health-

care environment and may even derail us in our leadership. Only through intentional evaluation of our habits are we able to change.

### Get back on track

When we're given an opportunity to change behaviors that could ultimately derail our careers, we can make transformations that change our career trajectory. This feedback is a gift and we should avoid becoming defensive. The key is to face the truth and develop a plan to change our behavior. ★

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