



FRATERNIZATION

WORKPLACE FRATERNIZATION

NURSING ADMINISTRATOR/LEADER ROLE

You were (or will be) hired to do a nursing administrator/leadership job! That means that you are trusted and considered competent to make difficult, logical, fair, and progressive decisions. You might have a board of trustees (or other advisory people) to make decisions. Because *you* are the nursing administrator/leader, you (*especially you*) are legally accountable for your decision-making role and behavior for the welfare of patients and nursing staff. The most effective and accurate decisions on your part are (or will be) an outgrowth of your leadership *knowledge and intellectual skills* (cognitive domain), your leadership *ability and function skills* (psychomotor domain), and your *selected attention skills* (affective/feeling domain). Therefore, it is imperative to understand, perform leadership, and relate to the psychology of human behavior. Understanding fraternization and its implications are to understand human behavior. It is this awareness that helps to identify nursing professional prowess.

Fraternization is when coworkers act socially with each other or are inappropriately friendly with each other in the work situation; therefore, disrupting job expectations.

It is common for frequent interactions with coworkers to lend themselves naturally to friendly relationships. After all, getting along with coworkers increases work morale. The very practice of nursing encourages work fraternization. Also, after-hour romantic relationships are easily a part of the work setting—with good or bad results. Conversations with nurses to explain how romantic or other social relationships can negatively impact work can be a part of orientation and in-service content.

Nursing leadership objectivity requires *no influence by personal feelings or opinions as to the facts regarding work fraternization*. Therefore, the big objective questions for a nurse administrator/leader are--

1. How is it made abundantly clear to nursing staff about the boundaries to mitigate potential fraternization problems?
2. What are the ways to help nurses remain focused on nursing process tasks during their work time and as indicated by their job descriptions?

TEACHING AND LEGAL ENFORCEMENT OF FRATERNIZATION

The work policy should state that the facility/organization supports positive work relationships in the common interest of quality nursing care and the meeting of job description expectations. However, there is non-acceptance of inappropriate fraternization and consequences for obvious infractions. A copy of this policy is provided to each nursing employee. The policy will help mitigate potential fraternization problems. Policies are written and distributed as standard operating procedures (SOP) of the organization.

A job description is separate from a policy statement. Job descriptions follow the Benjamin Bloom Taxonomy (online)—each *positive* expectation started with an action verb and related to one of the three domains of cognitive, psychomotor, and affective/feelings. Job descriptions are the positive statements that are the *internal guidance systems* of the facility/organization.

Reprimand for disruptive employee fraternization should be progressive. First, start with a verbal warning or private discussion. The second time fraternization occurs, present the employee with a written notification. The third time (the final time), give a written statement of transfer or job termination. Something like—three strikes and you are out concept. Be sure that the policy clearly states the progression of employee fraternization warnings and the outcome of persistent non-compliance. Always have legal documents (including original facility/organization policies) signed and dated by both the nursing administrator/leader and the employee.

WORK VS. PUBLIC BEHAVIOR—A NURSING LEADER CHOICE

Nursing administrative/leadership behavior means that you are aware of and CHOOSE the professional conversation and action that you share in the workplace with the nursing staff.

There are three behaviors--“public/social behavior,” “private behavior,” and the “work behavior.” You, as a nursing administrator/leader, must decide how to communicate to the nursing staff to keep these three behaviors under control. The public/social behavior and private behavior most often will not successfully get nursing accomplished in the manner designated by the job description. It also means that every nurse must learn there is a time and place that legitimately supports the changing of the communication climate from work behavior to private, public, or social behavior. The separation of these three behaviors represented by nursing leadership communication (words and actions) will help assure more meaningful attention to successful professional work behaviors. Family and friends will benefit when the work behavior stays at work. Patients benefit when work behaviors occur on the job. Knowing and practicing outstanding leadership behavior helps control the on-the-job social behavior of fraternizing and maximizes positive work behavior on the job.

The consequences of sharing personal (private) information are not *always or not all bad*. Sharing selected unique commonalities may be a good thing if you try to establish a close working relationship with another person. However, maintaining a nursing administrative/leadership role and positive influence with nursing staff requires some restraint. The problems of *excessive* personal or private sharing by a nurse administrator/leader with any nursing employee can lead to possible attempts of nurse employee manipulation, blackmail, or misrepresentation of the shared comments to others in an untoward manner. Before sharing your personal or private information as a nurse administrator/leader, the question you should ask yourself: “How could this information be misconstrued, misused, or how could it be used against me as a nurse administrator/leader?” If this concern appears to represent paranoid thought— so be it for your good! Believe it or not—not all of your cohorts and subordinates have your best interest in mind *all of the time!*

Furthermore, the personal and private sharing (inappropriate fraternization) between nursing employees during work hours is time-consuming, distracting, and non-productive for getting the nursing assignments done.

BENEFICIAL UNCERTAINTY (WATCHFUL UNEXPECTED EYES)

When trying to curtail inappropriate fraternization among employees, being close to employees at *unexpected* moments will tell you if a nursing employee is on task. Your presence as an unpredictable nursing administrator/leader watching job performance is called BENEFICIAL UNCERTAINTY. In other words, they (nursing staff) never know for sure when a nursing administrator/leader will unexpectedly be present or show up! Interesting—social communication and inappropriate fraternization often increase when the nursing administrator/leader leaves for the day! Have you ever noticed or have times when there is a shift from nursing behaviors to unacceptable fraternization behaviors? Time to pay unexpected attention--and watch behavior improve!

VERBAL NON-JUDGEMENTAL RECOGNITION OF FRATERNIZATION

If you notice a fraternizing behavior that deviates an employee from expected work performance, merely draw verbal attention to your observation of inappropriate fraternization *without drawing judgment* on the observed fraternization. Draw attention to the unacceptable fraternizing behavior by *simply saying what you observe without judging the behavior*. Then, listen to the personal judgment he/she places on their fraternizing behavior. You, as a nurse administrator/leader, allow the nurse to verbally or non-verbally admit that “Oh, I am caught.” The improper fraternization is, then, usually curtailed in the future. Your nonjudgmental verbal recognition and the perpetrator’s response (verbal or non-verbal) to the nurse administrator/leader’s recognized fraternization will often refocus the perpetrator’s attention back to their expected nursing assignment.

CURTAILING FRATERNIZATION THROUGH VERBAL COMMUNICATION—COGNITIVE ENGAGEMENT

Asking questions as a nurse administrator/leader is a thoughtful process. No more “off the cuff” conversations! Choose your communication wisely! Encourage verbal assessment and evaluation of health-care situations to keep nurses on-track. Cognitive stimulation can help replace fraternization behaviors and encourage the elevation of nursing cognition. Use open-ended questions to stimulate intellectual thought and conversation rather than close-ended questions.

Open-ended questions related to a specific job might include: (Cannot be answered by “Yes” or “No.”)

1. *Sally, tell me how that procedure is helping Mr. Dobbs. (or)*
2. *How is working closely with nurse Jones helping you understand the computer charting?*

Closed-ended questions (examples) related to a specific job might be: (Requires an answer of “Yes” or “No.”)

1. *Sally, is that procedure helping Mr. Dobbs? (or)*
2. *Is working closely with nurse Jones helping you to understand the computer charting better?*

Always calculate your words and behavior wisely—be an example of non-fraternization. You, as a nurse administrator/leader, are to be an example of correctness in all nursing situations. Your restraint and

professionalism are why you have nursing leadership responsibility. Know WHY you do what you do--- don't just DO! Welcome to the covert behaviors of leadership!!

Remember, you were (or will be) hired as a nurse administrator/leader because you are special. Prove it! That most often means you know the difference between acceptable and unacceptable nurse administrator/leadership behaviors. You know fraternization when you see and experience it! The nurse administrator/leader is the procurer of non-fraternizing work behaviors.

TRUE LEADERSHIP POWER COMES IN THE SECRET ABILITY TO RECOGNIZE AND CHANGE UNNECESSARY JOB FRATERNIZATION INTO PRODUCTIVE JOB-RELATED BEHAVIORS.

AUTHOR: Carolyn R. Taylor, Ed.D. M.N. R.N.