YOU REALLY OUGHTA WANNA
OR
HOW NOT TO MOTIVATE PEOPLE

Training is a wonderful thing — if someone needs training. But, too often, nurses call for help with a performance problem that training can't solve.

If your nursing staff refuses to "turn patients every 2 hours," if your housekeeping staff doesn't make the beds properly, chances are they still won't do these things properly after an expensive, informative training session. Read on for ways to make non-performers "wanna" perform.

BY ROBERT MAGER AND PETER PIPE

PEOPLE DON'T DO THINGS for zillions of the darnedest reasons, leading to all sorts of problems. And when there are problems — caused by differences between what people do and what someone wants them to do — the common solution is to inform or to exhort, or both. We say, "I've got to teach him . . ." or "She really must change her attitude . . ."

Sometimes the solution is to provide information. But when a person knows how to perform and still doesn't perform, you can teach or exhort until your socks fall off and not solve the problem.

For example: A principal says, "We've got to teach these kids not to
The Freedom To Be...

... a Real Nurse. Working closely with your patients, the medical staff, and the patient's family in a progressive primary nursing care environment. Exciting things are happening at Hermann Hospital, the primary teaching hospital for the University of Texas, in Houston's renowned Medical Center. A dramatic expansion program is underway; we are growing from 500 beds to 1,000 beds; creating open end career opportunity at all levels, and in all specialties. We're expanding the total patient care concept, too... determined to be a leader in the development of advanced Primary Nursing programs. You'll have the freedom to be the nurse you want to be!

The other rewards are also worth mentioning. Excellent in-service programs; convenient access to graduate study; very competitive salaries; merit increases; differentials and bonuses, and a wide range of paid benefits. Write for more information about the "new" Hermann Hospital... and about our exciting city. Houston is a cosmopolitan center of technology, and education, recreation, culture, excellent housing, nearby beaches and lakes... and exceptional warmth and hospitality.

For more information about Hermann Hospital write or call Ms. Susan McKinnon, R.N., BSN., Nurse Recruitment, Employee Relations Department, 1203 Ross Sterling Ave., Texas Medical Center, Houston, Texas 77030, (713) 797-3981 or (713) 797-3989.

Well, what would you put into a course on Non-toilet-wall writing? Can't you just see the curriculum?

**Monday: Introductory Non-writing**
**Tuesday: History of Non-writing**
**Wednesday: Toilet Appreciation**
**Thursday: Famous Johns and Their Dastardly Defacement**
**Friday: Pot Power**

What at first seems to be a training problem turns out to be something entirely different. The school children's performance discrepancy is clearly not due to a lack of skill. They could stop writing on the walls if they wanted to, so training is clearly not the remedy.

The key for determining that training would not be helpful is the little phrase "oughta wanna" and its many variations. Whenever you hear someone say (usually while shaking their head):

- "He just isn't motivated."
- "She just doesn't want to do it."
- "She simply doesn't care."
- "He's too lazy to do it."
- "He doesn't have the right attitude."
- "She oughta wanna do it."
- "I'm too busy to do it."
- "I'm not allowed to do it."
- "That isn't my job."
- "They'll fire me if I do it."
- "They'll laugh at me if I do it."
- "Not now, honey. Later."

... almost certainly, no amount of information, no amount of exhortation, is going to change the situation.

What's needed is a change in the conditions or the consequences responsible for nonperformance. Generally, these boil down to four common situations:

1. It is punishing to perform as desired.
2. It is rewarding to perform other than desired.
3. It simply doesn't matter whether performance is as desired.
4. There are obstacles to performing as desired.

Let's look at these one at a time.

**IS DESIRED PERFORMANCE PUNISHING?**

When desired performance leads to undesirable results, people have a way of finding other ways to go.

For example, consider the case of the "rate buster" — the nurse who works harder than anyone else. Is she revered by her colleagues for her skill or her industriousness? It's more likely that she...

will soon perceive the group's attitude toward her as punishment for performance, and she'll slow down to the level of the group... or be pushed out of it.

Or remember how it was when you were a student... Did you ever attend a school where the consequence of knowing your subject or of showing your intelligence was ridicule from other students, where the "in" thing was not to do homework and not to make good grades, where diligent students were considered "eggheads" and "brains" and worse?

And how about life in the hospital? Patients who cannot get out of bed are provided with a call button with which to summon help. Occasionally, however, a patient will resist pressing the button for long periods of time — even though in great distress.

Why? Is it possible button-pushing can somehow be punishing?

You bet it can! Pushing the button may summon a grouch who bursts into the room with a "What now?" or "Not you again?" It only takes a few such experiences for the weakened patient to find it easier to tolerate his distress than to push the button for help.

Once a problem is identified as an example of "performance is punishing," it becomes plain that the solution is not to hand out more information. The solution must reduce the undesirable results and increase the desirable results of a desired performance.

Take meeting-attending behavior, for example. Time is wasted waiting for latecomers. But people persist in coming late, no matter how often instructions are given or exhortations are delivered. Plainly, this isn't a training problem. To get at the true problem, you have to ask: "What's the consequence of performing as desired?"

What are the results of coming on time? Well, you have to sit around and wait for latecomers.

What's the result of being late? The meeting starts almost as soon as you arrive.

Thus, punctuality is punished and tardiness is rewarded.

These examples are designed to remind you of a simple truth about human behavior:

**People learn to avoid the things they are hit with!** It doesn't matter whether they are hit with a club, an insult, humiliation, repeated failure, frustration or boredom. If someone feels he will be punished, or even that there is a risk of being punished when he performs as you desire, he will avoid doing it your way whenever he can.
So next time someone “oughta wanna,” ask yourself (or, even better, ask that person) whether it isn’t unnecessarily punishing to do it your way.

IS NON-PERFORMANCE REWARDING?
There’s a whole world out there just filled with people who are not doing as you would like. Most behave the way they do because they feel that their way leads to more favorable consequences for them than does your way. If you want them to do differently, you will have to invent a way to reverse things so that your way leads to rosier results.

Take the head nurse with the inefficient team. “We’ve got to teach that head nurse to delegate authority,” says the supervisor. “Teaching independence is her responsibility.”

But the head nurse didn’t need teaching. She had attended two courses in leadership and management, and she knew all about delegating. Still, she didn’t delegate, and the shift floundered.

Why doesn’t she delegate when “she oughta wanna”? Ask instead, what does she get out of keeping full control?

Status! Anyone who wants to know what is going on has to talk to the head nurse. She is the queen bee on her floor; and by keeping her subordinates hovering around her, she’ll stay that way. It is more rewarding (in her perception) not to perform as expected.

Consider this case: How often, when you have guests, do you rush over to where the kids are playing quietly in a corner and say, “Hey, kids, you’re doing a great job of playing quietly in the corner”? Or do you, like most of us, wait until they start acting up and then rush over to scold?

If attention from parent is viewed by your child as desirable, what must he do to get it?

An old adage says: It’s the squeaky wheel that gets the grease. Might this not be why people sometimes feel that they must do something other than “sitting quietly in a corner”? When you forget to “glow after good” as well as “growl after bad,” you risk making the growl a rosier consequence than you intend.

One last analogy: Suppose you’re walking in the park and you come upon a man standing in front of two plants and muttering to himself. He is using a watering can to water one of the plants. You ask him what he is doing.

“I’m trying to make that one grow,” he replies, and points to the other one. “Well,” you might ask, puzzled, “if you want that one to grow, why are you watering this one?”

“Because it oughta wanna grow anyway!”

Wacky? Of course, but how many times have you ignored your good performers?

Since people tend to do those things that brighten their world, the moral is: Water the performance you want to grow.

DOES PERFORMING REALLY MATTER?
Sometimes a performance discrepancy continues to exist neither because the performer doesn’t know how to perform nor because he isn’t motivated, but because it simply doesn’t matter whether or not he performs. Nothing happens if he takes the trouble to perform as someone wants; nothing happens if he doesn’t.

The laws of behavior tell us that when a performance is not followed at least periodically by an event the performer considers favorable the performance will tend to disappear.

For example, the supervisor complains, “Reports don’t get in on time,” or “Reports are haphazardly done.” “The reports are sloppily done?” you ask.

So next time someone “oughta wanna,” ask yourself (or, even better, ask that person) whether it isn’t unnecessarily punishing to do it your way.

The Hospital is a new 250 bed specialty referral health care facility with some of the best personnel and most advanced equipment available anywhere. Health care is now being provided and is expanding to meet the needs of the people of Saudi Arabia and the Middle East.

Positions for staff level and above are immediately available in general and specialty areas including:

- Post-Partum
- Nursery- ICU and NICU
- Neonatology
- Newborn CCU and ICU-Hemodialysis
- Pediatric- Labor and Delivery
- NICU- IV Therapy
- Inpatient Medicine
- Cardiology
- Cardio-Vascular Lab
- Inserviced Education
- Radiation Therapy

Requirements include a minimum of three years’ relevant experience as an R.N. in an acute care setting and current R.N. licensure in one of the states. Benefits include transportation, housing, medical care, and excellent salaries.

If you would like to be involved in developing the Hospital to meet its potential as a leading international health care and research center or if you are interested in further details, please send professional resume and salary requirements to:

(Miss) Marion L. Mullin, R.N.
Professional Recruiter, International Division
Hospital Corporation of America
One Park Plaza
Nashville, Tennessee 37203

(615) 327-9551

An Equal Opportunity Employer
"They certainly are. And they don't come in on time."
"Why not, do you suppose?"
"The head nurses just don't seem to care!"
"What happens if the reports are late?"
"Well, then I have to run myself ragged to get them organized in time or I have to explain to the Nursing office why I am late with my reports."
"No, no. What happens to the people who submit the late reports?"
"Well, nothing, I guess. But they oughta wanna get them in on time and in good shape."
"Don't you call them or send them a memo to tell them they have not met expected standards?"
"No."
"You don't send the reports back for them to correct?"
"Heavens, no. There's never time."
"So it really doesn't matter to the head nurses whether their reports are well done and on time?"
"No, I guess not. But they oughta wanna do them right."

Contrary to what many people believe, wagging your forefinger at someone and telling her, "You oughta wanna, does not qualify as a universal incentive to action.

How often have you heard nurses on one shift (3-to-11, for example) blame another shift for leaving a lot of work? If we questioned the 3-to-11 shift, the conversation might go like this:
"They always leave the lunch trays. We've complained and complained but it doesn't do any good."
"And what is the result?"
"The result is that we spend our time cleaning up after lunch. That's the result!"
"I understand. But what's the result to the morning shift?"
"Oh, we complain to them."
"And then what? What happens if they do clean up the trays? Does something favorable happen if their performance improves?"
"Certainly not! You don't think we're going to reward them to do something they oughta wanna do anyhow, do you?"

In summary, when you're dealing with a case where it looks as though a person could perform if he had to or wanted to, one of the things to look for is the consequences of doing it. If there aren't any, then the remedy that suggests itself is to arrange one.

When you want someone to perform in some particular manner, one rule is: Make it matter.

ARE THERE OBSTACLES TO PERFORMING?
Have you ever said to yourself, "I could do this job perfectly well if only the telephone would stop ringing and those idiots next door would stop pester me so I could concentrate for five minutes at a time?"
That's a perfect example of a situation in which a job would get done more efficiently if the conditions were changed without need for instruction.
Other examples are not so obvious. Consider the plant manager of a dynamite factory overseas. He called in the training director and told him, "These people are lazy. They sleep on the job, and don't come to work regularly. You teach them to be motivated."

The training director went to the site, looked around, talked to people, and reviewed employee records. And he found the answer to non-performance in an unexpected place — the medical office. More than 60% of the employees in question were suffering from a disease that shows up in symptoms of sleeping sickness! There wasn't anything wrong with their skill or motivation, and training wouldn't have done much good. As it was, once they were cured, all was well.
Thus, if performance discrepancies appear not to be due to a lack of skill or motivation, look for the obstacle.
Sometimes the obstacle is the absence of something. Take the case of the student who left the examination sheet blank. "Your attitude is terrible," said the teacher. "Can you give me one good reason why you didn't fill in a single answer on this test?"
"Yes."
"Well?"
"I didn't have a pencil."

Another form of obstacle that is seldom identified as such is absence of information about what is wanted.
The faculty of a medical school once complained, "These students will argue for hours over half a point on our written exams. Yet it isn't the written exams that are important. It's the subjective evaluations the staff makes of the students that are important."
"When is this evaluation made?"
"All day, everyday, our staff members are noting and evaluating each student's actual performance. We note how he performs with patients in the clinic, with other students, and with staff, and how he performs in the lab."
"How do you consolidate the results of these subjective evaluations?"
"We compare notes."
"Who does?"