
PROFESSIONALISM AND ACCOUNTABILITY

Professionalism

By understanding what accountability means in the clinical setting, how to maintain personal accountability and when to work with peers to achieve accountability, home health staff have the opportunity to improve the culture of accountability within an agency. Additionally, they display what it means, in part, to be a professional.

In a clinical, team-oriented setting where the shared goal is to provide the patient with the best possible care, professionalism among those in home health is critical. Professionalism entails consistent, appropriate and respectful behavior on the part of an employee. It includes dressing properly, speaking in an appropriate fashion with peers, superiors, patients and families, being punctual on a regular basis and remaining accountable for all choices and behavior.

Those who act in a professional manner follow the golden rule: Treat others as you would like to be treated. If your loved one received care at home, how would you want to be addressed by visiting staff and nurses? If you served as the agency administrator, how would you want your clinicians to carry themselves?

Because home health frontline staff work within a patient's home, there is a higher level of respect and sensitivity expected. One must respect not only patients' belongings but also their schedule and surroundings. You are on the patient's "turf" and must be respectful of that. For example, ask before sitting down. Take extra time, especially during the first few visits, to tell the patient what you will do before doing it, until the patient is comfortable with having you in his or her home.

Acting in a professional manner can be thought of as a skill that you can learn, and it is something that improves with practice. Knowing how to act and putting those skills into practice will ensure professionalism on the job. Professional behavior includes skills varying from how you greet a patient to how you handle conflict. For example, how you treat a patient's family and the level of respect you show for the patient's ethnicity or traditions are both part of acting professionally.

Most agencies have a formal code of conduct or code of ethics that outlines acceptable, professional behavior. Depending on the level of detail, however, home health staff may face situations in which they will have to decide quickly how to act professionally in order to represent their agency and care for their patients successfully. When faced with such a decision, it helps to have a basic understanding of some behaviors that are part of acting professionally.

Professional qualities

Professionalism is a learned behavior. It must be practiced to seem natural. Professional behavior helps your patients and their families feel comfortable with you. This increases their trust in the care you give. There are some basic, common characteristics of professional behavior in the workplace. Some of the characteristics are especially important when working in the nursing and patient care fields. Being pleasant and polite, treating others with respect, being honest, having a good work ethic and doing your job to the best of your ability are qualities that all professionals try to achieve.

Think about the following qualities and descriptions. Do they apply to you and your work?

- Integrity:
 - Consistently honest and able to be trusted with the property and personal information of others
- Compassion:
 - Able to sense others' experiences and concerns and appreciates the experience of illness, including suffering and fear
- Respect for others:
 - Maintains attitudes and behaviors that communicate concern for others, including consideration of values and the dignity of all feelings, beliefs and experiences of different social and cultural groups; personal property and information is held confidential
- Self-motivation/time management:
 - Takes initiative to complete assignments and improve skills, accepts feedback and learning opportunities, and is punctual and completes tasks on time
- Personal grooming:
 - Maintains appropriate, neat, clean and well-maintained clothing and uses little or no makeup and perfumes; nails are neat and meet infection control standards
- Patient advocacy:
 - Does not allow personal beliefs or feelings to interfere with patient care, places the needs of patients above self-interest, protects and respects patient confidentiality and dignity, and encourages the patient to be as independent in his or her care as possible
- Service delivery:
 - Provides care in a safe, competent manner, does only the tasks assigned and explains the care that will be given

Avoiding unprofessional behavior

Most employers consider some behaviors unprofessional. Arriving to work late or discussing your personal problems with patients or their families are among those. Additionally, some actions are so serious that they can result in legal or disciplinary action. Those include:

- Verbal, physical, emotional or sexual abuse of patients
- Not protecting patient confidentiality and violating rights
- Being negligent in performance of duties
- Destroying property
- Stealing from the patient's home
- Working while under the influence of alcohol
- Using illegal drugs
- Taking money or goods from the patient
- Making personal calls on a patient's phone
- Bringing other people to the patient's home
- Taking control of the financial or personal affairs of the patient
- Being absent from work without notifying the supervisor and/or agency
- Showing disrespect to supervisors, managers and/or coworkers
- Refusing to work where assigned

Remember to perform only tasks that you have been trained to do and are permitted within your job description. If you are not sure how to do something, ask your supervisor for direction. Demonstrate professional behavior at all times. Being respectful and sensitive when working with your patients lets them know that you truly care about them.

Find out about your agency's policy regarding accepting tips or gifts from patients or their families. Sometimes patients are so happy to receive care that they want to give gifts to home health staff. However, there can be problems associated with this, so know what your agency expects you to do when confronted with such a situation.

FIGURE 42.1 | CASE STUDY

Tina is one of the most experienced and respected home health aides in her agency. Heidi is the newest aide, having been hired in the past month. The agency administrator instructs Heidi to shadow Tina for a day. Heidi speaks to Tina, and they select a day that will give Heidi an opportunity to go on two home visits with Tina so she can observe Tina's interactions with patients and take notes on Tina's routines and behavior.

Tina and Heidi arrive several minutes early to their first home visit, which is with Mr. Cortland. The first thing Heidi notices is how happy Mr. Cortland is to see Tina. Sitting from his chair, he grabs Tina's hand, which is absent of excessive jewelry or long fingernails. He greets Tina warmly and says, "Just like always, Tina, you're right on time!" Tina removes her shoes and asks Heidi to do the same, noting that Mr. and Mrs. Cortland prefer that people not wear shoes in the house. Tina says hello, introduces Heidi to Mr. Cortland, and explains that Heidi is a new aide who will be helping her today. Mr. Cortland says hello to Heidi. Heidi notices that before providing any physical care, Tina asks Mr. Cortland how he is feeling and whether he has anything to report. Tina also explains to Mr. Cortland the purpose of the visit, what will be done and what she aims to achieve.

On the way to their next visit, Tina warns Heidi that their next patient, Mrs. Putnam, can be difficult to work with given the pain she experiences as a result of her end-stage renal disease. When they arrive (on time), Mrs. Putnam does not make eye contact with Tina or Heidi as she lies in her bed. As with Mr. Cortland, Tina says hello to Mrs. Putnam, introduces Heidi and explains her presence, and asks Mrs. Putnam how she is doing. Tina then takes Heidi aside and says she can tell Mrs. Putnam is feeling intimidated by the two of them standing in front of her. Tina sits in an adjacent chair and asks Heidi to sit in the other chair in Mrs. Putnam's bedroom. Once they do, Mrs. Putnam seems to relax. But she quickly speaks up and admonishes Tina for canceling their previous appointment. Heidi knows that Tina had to cancel last week because of a family emergency, but Tina avoids sharing the details with Mrs. Putnam and instead apologizes for the cancellation and the inconvenience to Mrs. Putnam that may have resulted.

Accountability

Accountability is a word we often hear in discussions about leadership. But what does accountability mean? And what do we mean when we talk about accountability in relation to home health?

Accountability is a commitment, a promise to deliver a result by a given time. It is a word we use often in nursing and patient care. And just as often, it is a condition we find difficult to establish.

Simply put, accountability is about commitment: getting people to commit to doing something and then knowing they will follow through. It is always a challenge. You may say that you are committed to your patients and their positive outcomes or goals, but are you accountable in your care? Do you communicate with others to ensure all that can be done gets done? Being accountable will help your patients receive better care in the long run.

What people say they will do can be very different from what they actually do, and what we think they have committed to is often worlds apart from what they think they committed to. Yet accountability is critical when providing quality care and maintaining good working relationships with coworkers.

In this lesson, you will learn the basics of an accountability culture, the key elements of personal accountability and how to improve communication to maintain peer accountability.

Before you can work toward achieving accountability, you need to ensure that you understand what the term means. We frequently hear the terms responsibility and accountability used interchangeably, but they do not mean the same thing.

A powerful distinction can exist between accountability and responsibility. An effective way to distinguish them is as follows:

- **Accountability:** a commitment to others to deliver and account for a result by a given date
- **Responsibility:** an authority over people to have them respond to one's direction

Accountability is about the results to be delivered. A result is a desired outcome that can be described. It is measurable, observable and time limited — for example, “I will have the infection report completed by Friday.”

Responsibility is about things that will respond to you. Think of responsibility as what is included in a job description. Your job responsibilities include the things you need to do to perform your job.

Accountability and organizational roles

Professionals in any organization often find themselves assuming three different roles at different times: supervisor, manager and leader. Just because those specific words aren't part of your title doesn't mean you never take on these roles at work. Each role requires a different kind of work that calls for distinct skills:

- **Supervisors** are responsible for a well-defined set of activities to be carried out in a prescribed way. They know the work to be done and can tell someone else what to do and how to do it. However, supervisors are not held accountable for another professional's actions and results.
- **Managers** are responsible for how their team runs and the care that is provided. Managers have to produce results with those resources. A manager has all of the resources needed to deliver a well-defined set of expected results. A manager organizes, oversees and responds to produce results. A manager needs to influence others to achieve expected results with available resources.
- A **leader** appears when a person has intent that far exceeds his or her reach. The intent, expressed as a vision or goal, cannot be achieved with the resources the person is responsible for. A leader envisions

exciting possibilities and enlists others in a shared vision. This person has accepted accountability for an outcome that is beyond his or her ability to produce independently.

An accountability culture

Being accountable is a choice people make. To have a culture that promotes accountability, facilities need a culture that encourages and celebrates people making choices, celebrates success and celebrates the learning that occurs with every mistake.

In an accountability culture, there is no punishment. Punishment causes people to be risk averse and avoid accountability. Instead, an accountability culture promotes learning, performing and improving. What does accountability look like in such a culture?

With accountability, you are seeking a result. You need someone to be accountable for the result. As a home health staff member, others may call on you to perform particular tasks with each patient, such as reporting vital signs that are outside of the normal range. With every task that is assigned, you accept accountability for that assignment. Based on your performance over time, staff members will gauge whether you are accountable.

Personal accountability

Accountability is about making and keeping commitments. It starts with you. To demonstrate that you are accountable, you need to ask yourself what it will take for you to make a commitment. Start with yourself:

- Do you practice accountability?
- Do you do what you say you will do?
- Do others believe they can count on you?

It is unrealistic to expect accountability of others if you don't expect it of yourself.

Accountability exists in all facets of your life, and in every relationship. It is about expectations and commitments.

If you do not understand what is expected of you, you will not be successful in meeting commitments, even though you may work very hard to be accountable. It starts with clearly understanding what the other person is expecting.

Professionalism and Accountability

Take time to assess your ability to be accountable with the following questions:

- When you say you are going to do something, do you mean it?
- Are your commitments realistic?
- Do you ensure that you understand what is expected of you?
- If you realize that you cannot keep a commitment, do you communicate this in a timely manner?
- Do you ask for help when making commitments and working on them?

Accountability often means you have to engage others to help you keep your commitments. Some people find this — depending on others — to be the most challenging part of accountability. Many times, we need others' help to be accountable. Approaching others for help demonstrates that you are holding yourself accountable to understanding your assignments and providing the best care possible to patients.

Identify sore spots

It is important to understand what prevents you from meeting expectations, making a commitment and keeping a commitment. You need to understand your sore spots: the situations, individuals or groups that threaten your ability to be accountable.

When someone of authority asks you to do something, do you say yes regardless of whether you mean it because of the position of the person who is asking you? Is there an individual whom you have a hard time saying no to? You don't want to let this person down, so you say yes, but you may not be willing or able to do what the person is requesting. When you are not clear on what is expected of you, ask questions — make requests — until you understand what is expected, how it will be measured and when it is expected to be completed.

Your communication style

How effectively do you communicate? Your accountability language can help you be an effective communicator. It will help you to clearly communicate your expectations. Consider the following:

- **Your actions and communication during a challenging situation.** When you are faced with challenges, it is easy to fall into the trap of blame and excuses. In an accountability culture, there is no blame or punishment. These create negative energy and cause you to lose focus on the goal. When you are in a difficult situation and are tempted to break into blame and negativity, remember that accountability is about clear expectations and making and keeping commitments. When commitments are not met, you need to understand what happened. What went well? The answer to this question is meant to create positive energy to generate more new ideas.

- **Your language and behavior.** Being accountable does not mean you can always do what is being requested. You may not be able to say yes to a request. The important part of accountability is that you commit to something. It is your job to make a commitment that you understand and can keep. If you cannot, you need to adjust the commitment to what you can achieve. Remember, use your accountability language to help you make and keep commitments. If you are unsure how to do something, you should not only ask but become accountable for learning and understanding the task.
- **Nonverbal communication.** Watch your nonverbal communication, too. Sometimes what you don't say reveals much more about your accountability. Take, for instance, a meeting you are in where everyone seems to be committing to doing something: Heads are nodding, people are smiling and everyone seems to be engaged. In reality, people walking out of the room may be saying to themselves, "I have no idea what they were talking about. I just said yes so that we could get out of there." Pay attention to whether you are behaving in the same way.

Holding peers accountable

The nature of an accountability culture and the dynamics of an effective accountability conversation are clearest when peers are involved. Here there is no clear line of authority to provide you with context. You might be trying to get another person to help you when the person doesn't have to, or perhaps someone is trying to get your support when you do not have to be involved.

The fact that all parties are equal puts the focus on the nature of the relationship you are creating.

Most accountability conversations are about building relationships. Trust has to be built and communication has to be effective.

Think about who your team members are. As a home health staff member, you could work directly with your peers or you might work indirectly, but if you're working on the same patient, these are in fact your team members. Whether you communicate in person, by phone, or documentation, you find yourself interacting with your team, often on matters that affect your performance or your patient's care and outcome.

Having the conversation

You need to make sure the environment around you is free of punishment and blame and allows people to take risks. You need to make requests and offers. You need to ask your team members to make commitments and find out what it may take for them to keep their commitments.

Remember, commitments need to be defined, measurable and time limited. When you are dealing with other people, you need to make sure you understand what the expectations are, the person you are working with

understands what the expectations are, and that you do your part to create an environment that supports and demands accountability.

The next time you want to achieve accountability, try using language that produces it. The following speech techniques can be very useful when having an accountability conversation:

- **Framing.** Turn on the listening you need by asking your audience to listen and process what they are hearing in a positive way.
- **Effective questions.** Turn on the creative power of the listeners by prompting them to consider positive questions during a discussion (e.g., “In what ways does this contribute to our goals?”)
- **Active listening.** Make sure your team members understand the conversation by having them restate what is said in their own words.
- **Requests and offers.** How many times have you talked about what you needed but not received a response from the listener? We are good at describing and explaining, but we are not good at asking. This is how you generate commitments. Most meetings do not end with a clear understanding of who has promised to do what; often, it is just assumed that everyone knew what to do.
- **Hear yes/no.** When you are talking to someone about accountability, you want to know whether the person is committed to achieving the result under discussion. Too often, we hear what we want to, rather than what was said (e.g., “Yes, but ...”). Verify what is being said.
- **Acknowledgment.** If someone makes a commitment and, more importantly, keeps that commitment, acknowledge it.

By understanding what accountability means in the clinical setting, how to maintain personal accountability and when to work with peers to achieve accountability, you have the opportunity to improve the culture of accountability within an agency.