Press Ganey CNO Roundtable: Developing and Supporting Nurse Managers

By Whitney McKnight

The role of nurse managers in today’s complex and fast-paced health care environment cannot be overstated, according to Karen S. Hill, DNP, RN, chief operating officer and chief nursing officer at Baptist Health Lexington in Kentucky.

Because they provide the necessary leadership for nurturing healthy and fulfilling work environments, positive patient outcomes and progress toward organizational goals, “effective nurse managers are crucial to the achievement of workplace outcomes,” Hill said during a recent Press Ganey CNO Roundtable, “Effectively Supporting Nurse Managers.”

Without the proper support and development, however, nurse managers can struggle with the transition from clinical provider to nurse leader. And, as the complexity of their role continues to increase, many nurse managers lack the formal training or experience necessary to keep up, Hill said.

“Many nurse managers in practice today graduated from either basic nursing programs or advanced programs that did not have business components,” said Hill. This leaves them in the stressful situation of having to perform without the requisite financial, technology, data management and personnel management skills they need to succeed.

Helping nurse managers define what they must know, and giving them tools to measure whether they actually have learned and are practicing these skills, can help fortify their readiness and alleviate stress, according to Hill, who offered personal insights and evidence-based strategies that chief nursing executives can use to help their nurse managers thrive.

The first step is to make sure the nurse manager job description truly reflects current practice, said Hill, noting that the American Organization of Nurse Executives has identified core competencies of a successful nurse manager, which can help when developing or updating job criteria. The competencies include the ability to manage the business of nursing, a talent for leading people and self-awareness built on a foundation of personal and professional accountability.

These abilities are tested daily as nurse managers are expected to oversee microsystems of care, quality, compliance and risk prevention, while also managing staff and patients and meeting budget priorities that shift annually, according to Hill. “We have diverse challenges, complex patient situations, convoluted patient relationships—all areas that cannot have conflict. And it is the nurse managers who have to accommodate that,” she said, noting that these tasks increasingly surround intricate episodes of care that do not transition from the nursing staff’s scope, as they once did.

Having job descriptions that acknowledge and integrate all aspects of the role helps clarify a nurse manager’s performance goals. It also allows nursing executives to realistically assess their nurse managers’ progress and work with them to create performance improvement action plans that take into account their personal strengths and desires, whether they are in budgeting, peer-reviewed publishing or other areas of interest.

At Baptist Health Lexington, nursing staff are surveyed every six months to see whether goals align with culture and mission, and then adjustments are made based on the feedback. “Our goal is to help one another succeed and help our units become better,” Hill said.

AT A GLANCE

- Nurse managers play a pivotal role in creating a work environment that drives excellence across outcomes.
- To help nurse managers thrive, nurse executives should provide an organizational climate that develops, engages and empowers them.
- Best practices for engaging and retaining effective nurse managers include aligning job descriptions with current practice, assessing progress toward goals and using the information to create performance improvement action plans, and monitoring nurse managers’ scope and span of control regularly to ensure adequate resourcing.
The information also aids in resource allocation. One of the consistent challenges that nurse executives face is ensuring that each manager's scope and span of control—the number of staff who report to the manager and the nature of their responsibilities—do not outpace the manager's capacity. This can easily happen, Hill explained, if scope and span of control are not regularly monitored. She cited a study showing how one institution's interprofessional approach to determining the precise amount of necessary operational and clerical support for nurse managers led to adjustments in nurse managers' scope and span of control. Within a year, these adjustments were credited for profound increases in job satisfaction and promotion to more senior roles, and a 78% decrease in the management vacancy rate, with the average time necessary to fill a management position dropping to fewer than 60 days. There were also more than one-third more internal candidates applying for nurse manager openings once the adjustments were made.

Multisource assessments conducted after a year on the job can help nurse managers track their progress and identify their sources of stress, which can lead to performance goals that include strategies for managing the stressors with more skill. Another study cited by Hill found the most commonly reported nurse manager stressors included feeling overwhelmed by large task loads, exhaustion, limited resources, lack of control over ever-shifting priorities and the doom-loop of stressed-out staff leading to high turnover rates. Another was out-of-touch administrators.

“When you've been in a nursing administrative role a long time and you haven't run a department or a unit for a while, it's easy to forget some of these issues,” Hill said, noting that the study correlated levels of nurse manager stress not only with high attrition rates, but also with higher levels of burnout, decreased job satisfaction and poorer health outcomes across all nursing staff. She recommended nursing executives keep an open-door policy so that staff members know their concerns will be heard.

Nurse managers' stress levels can be minimized by helping them collect and use data effectively, developing their hiring expertise and decreasing their workload, Hill said. “Integrating a concise desktop reporting system is integral to nurse manager [success],” she added.

In her own organization, Hill collaborated with the outcomes and IT departments to create a unit-specific scorecard system that projects scores up to two years out. These data are regularly pushed to the appropriate nurse managers through their desktops. This has helped make her hospital's operations more transparent, she said, since the nurse managers can now easily share information on nurse-sensitive indicators during staff meetings.

Nurse managers at the organization are also given data tutorials during new-hire orientation and are introduced to members of the clinical decision support team to guide them through the kinds of data available to them that they can use as they grow in their role, such as patient lengths of stay.

“Human resources management is an evolving skill, and it's so much more complex than it used to be,” Hill said. At Baptist Health Lexington, new nurse managers are taught effective candidate screening techniques to help them find staff members who will fit well into the unit and keep turnover at a minimum. A centralized staffing office continually monitors nursing unit vacancies, keeps the candidate pool filled and oversees the automated scheduling process. Another way to help facilitate human resources on the units includes maintaining continuity as much as possible by promoting from within.

Thoroughly training nursing staff and then holding them accountable helps decrease nurse managers' workloads and should be emphasized, Hill said. For example, ensuring that chart nurses are properly trained is critical to risk management and can also decrease a nurse manager's workload. Similarly, insisting on hourly rounding has a direct impact on the patient experience. Regular, purposeful rounding enables nursing staff to be more sensitive to patients' needs. “The literature is very strong on this,” Hill said.

Often, nurse managers find it difficult to make time for their own development, but they must do so if they are to succeed, Hill stressed. She urged nursing executives to model healthy work-life balances to their nurse managers, and to identify mentors, both within and outside the nursing department, who can help support them as they grow in their leadership roles. She also emphasized that, whenever possible, educational opportunities should be made available to nurse managers and that they should be supported with flexible work hours and tuition reimbursement.

Nurse managers are the “chief cultural officers” of a health system—responsible for staff morale, communicating the vision of the organization and modeling kindness and compassion. Yet despite this large and often stressful role, “nurse managers don't come into the role with the intent to be promoted. They want to be fulfilled. They want to learn things, they want to make a difference and they want to feel like people care about them and want to invest time in their development,” Hill said, noting that it is up to health system leaders and nurse executives to make sure these needs are met.