


What Nurses Want from Their Managers

The Key to Nurse Retention

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Purpose...

To provide an overview in Managerial Strategies and Improve Nursing Retention and Job Satisfaction

The information presented is solely the views of the presenter. The context is not intended to represent any individual or institution, and is intended to be used in conjunction with more comprehensive and authoritative sources of managerial information.


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Objective(s) for this session include the following:

1. Discuss five detrimental managerial styles.
2. Identify Communication Skills and Strategies useful to exert influence and foster change
3. Identify planning tools to empower staff in building a cohesive nursing unit.
4. Explain the “PIERCE” Goals for a nursing unit.
5. Discuss generating creative ideas and suggestions.
6. Identify managerial methods in addressing nursing conflict.

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Nurses' Dissatisfied?

In 2000, the Health Resources and Services Administration (HRSA) estimated that 672,000 of approximately 2.2 million employed nurses were dissatisfied with their work.


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Nursing Shortage Dilemma

Latest estimates by the Health Resources and Services Administration, the United States will have at least 340,000 fewer nurses practicing in 2020 than today.

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With the average age of a nurse is 46.8 years old, The American Nurses Association (ANA) projects that, more than 82% of US nurses 40 years and older will retire over the next 20 years.

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Six percent of new graduates leave the nursing profession in the first year of practice, and over 50% of new graduates leave their first position within 12 months of employment.

Adapted from American Nurses Association Addendum to The 2008 Report of the Hearing on Reference Reports .



Increased Turnover = Death

Hospitals with nursing turnover rates greater than 22 percent have increased rates of patient mortality.

From the American Nurses Association Addendum to The 2008 Report of the Hearing on Reference Reports

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Sentinel Event Alert

The Joint Commission is introducing new standards requiring:

A code of conduct that defines acceptable and unacceptable behaviors and the Establishment of a formal process for managing unacceptable behavior.

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The new standards take effect January 1, 2009 for hospitals, nursing homes, home health agencies, laboratories, ambulatory care facilities, and behavioral health care facilities across the United States.

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**Mark R. Chassin, M.D.,M.P.P, M.P.H.,
president, The Joint Commission**

***“Most health care workers do their jobs
with care, compassion and
professionalism, but sometimes
professionalism breaks down and
caregivers engage in behaviors that
threaten patient safety.”***

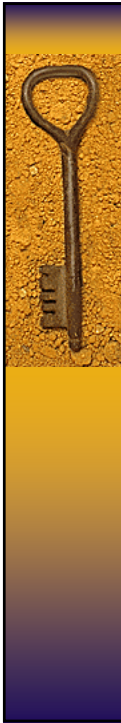
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***“ It is important for organizations to
take a stand by clearly identifying
such behaviors and refusing to
tolerate them. ”***


Mark R. Chassin, M.D.,M.P.P, M.P.H., president, The Joint Commission

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Detrimental Individual Managerial Characteristics

- “Groundhog”
- “Mt. St. Helen’s”
- “Groupie”
- “Royalty”
- “Combination”



See if you recognize any of these characteristics in your manager?

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“Groundhog”



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“Mt. St. Helen’s”




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“Royalty”



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“Groupie”



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“Combination”



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Are all Nurse Managers these character types?

- ◆ The implication is that nurse managers are just uncaring people is untrue.
- ◆ Most nurse managers no doubt want to do a good job and respect the nurses they work with.
- ◆ The reality is more likely that they are **overwhelmed** with responsibility.

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Juggling Managerial Responsibilities While Promoting Nurse Satisfaction



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Systemic Managerial Factors

- ◆ Productivity demands
- ◆ Cost Containment requirements
- ◆ Embedded hierarchies
- ◆ Fear of Litigation
- ◆ Lack of authority, autonomy, empowerment
- ◆ Unit fluctuations-staffing, shifts, rotations and interdepartmental support staff

The Joint Commission *Sentinel Event Alert Issue 40, July 9, 2008*

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The *Sentinel Event Alert* recommends that health care organizations take 11 specific steps, including the following:

- ◆ Education
- ◆ Accountability
- ◆ Establishment of a zero tolerance policy
- ◆ Implementation of disciplinary actions
- ◆ Development of a reporting system

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Three Basic Strategies to exert Influence

Identification...

...concerns of the nurses become the concerns of the manager

Interaction...

...personal, positive communication and with their manager, not distance

Recognition...

... a job well done and acknowledgment for doing it well.

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Identification

Effective managers are part of the nursing team and not above the nursing staff.



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Interaction

Effective managers are approachable. They make daily rounds, and acknowledge everyone in the nursing unit.

Nurse managers are seen on weekends, on nights, and routinely call the unit on their off-days.

Interaction promotes “rapport”.

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Nurses do not care what their manager knows, until they know that their manager cares!



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Recognition

According to studies in employee motivation by Dr Kenneth Kovach at George Mason University

“recognition” is the second biggest motivator for employees.

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Recognition

Recognition is not to be based seniority, but service.

**Approval doesn't just come from supervisors but from peers.
Two of the most powerful remarks:
“You did a terrific job today” and
“Let me tell you how great your co workers said you did”.**


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***Recognition warms hearts
and wins loyalty!***



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Legend Building

**Legend Building ...is perpetual
acknowledgement/recognition of an
individual or group of individuals
who accomplished extraordinary tasks
that impacted their work environment.**

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Planning

1. **Unit Assessment**-Workload Staffing/Recruitment Environment& Ergonomics
2. Clear Managerial **Communication**- rounds, staff meetings, written minutes
3. Commitment and **Empowerment**
4. Unit **Goals** and Values and Nurse responsibilities
6. **Education** and Mentoring
7. **Opportunities** for growth and advancement

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Tools to build a Cohesive Nursing Unit

- SWOT Analysis Tool
- Commitment from Management and Staff
- Shared Governance
- Written Expectations of Roles and Responsibilities
- Possible Alternative Work Schedules
- Transitional Support and Mentoring of New Nurses

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SWOT Analysis Tool

What are the unit's **Strengths**?
(What makes this unit good?)

What are the unit's **Weaknesses**?
(What does this unit need work on?)

What are the unit's **Opportunities**?
(Opportunities for improvement in patient care and for unit and personal professional recognition)

What are the unit's **Threats**?
(What makes it difficult to care for our patients?)

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Things you need to know

- ◆ Are assignments fair?
- ◆ Are supplies readily available?
- ◆ Are on-call staff accessible?
- ◆ Does on-call staff respond in a timely manner?
- ◆ Is access to information/resources to perform the nursing duties? (such as policies, procedures, nurse educators)
- ◆ Is nursing orientation adequate?
- ◆ Are there any procedures or skills that the nurse needs further in-servicing or review?
- ◆ Is Unit Based Counsel suited for this area?
- ◆ Would the staff volunteer if implemented?

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Commitment to My Co-Workers

by Marie Manthey


- ◆ As your co-worker with a shared goal of providing excellent nursing care to our Veterans, I commit to the following:
- ◆ I will accept responsibility for establishing and maintaining healthy interpersonal relationships with you and every member of this staff.
- ◆ I will talk to you promptly if I am having a problem with you. The only time I will discuss it with another person is when I need advice or help in deciding how to communicate to you appropriately.

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- ◆ I will establish and maintain a relationship of functional trust with you and every member of this staff. My relationships with each of you will be equally respectful, regardless of job titles or levels of educational preparation.
- ◆ I will not engage in the “3 B’s” (bickering, backbiting, and blaming) and will ask you not to as well.
- ◆ I will not complain about another team member, and ask you not to as well. If I hear you doing so, I will ask you to talk to that person.
- ◆ I will accept you as you are today, forgiving past problems, and ask you to do the same with me.
- ◆ I will be committed to find solutions to problems, rather than complaining about them or blaming someone for them, and ask you to do the same.
- ◆ I will affirm your contribution to quality patient care.

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◆ *I will remember that neither of us is perfect, and that human errors are **opportunities**, not for shame or guilt, but for forgiveness, growth and to learn from one another.*

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Shared Governance in the Pursuit of Magnet Status

Purpose- “to promote an environment for nursing excellence. To promote excellence in workforce development by focusing on concerns of the nurse, in recruitment and retention strategies, education and staff development”.

Adapted from AACN Shared Governance Draft

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Alternative Work Schedules

- ◆ 40 hour work Schedule Full-Time (2080 hrs worked per yr)
- ◆ 36/40 Work Schedule Full-Time (1872 hrs worked per yr)
- ◆ Baylor Plan Full-Time (1248 hrs worked per yr)
- ◆ 9-Month Work Schedule Part-time (1560 hrs worked per year)

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“PIERCE” Nursing Unit Goals

Patient outcomes-length of stay, infection control, safety, and quality monitors

Innovation- creativity and identification of opportunities for improvement and the sharing of lessons learned.

Evidence based practice/research

Retention and recruitment

Career advancement/Certification

Education/training/mentoring

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Unit Values

- ◆ **Accountability and Integrity**
- ◆ **Patient Advocacy**
- ◆ **Collaboration and Stewardship**
- ◆ **Leadership through Example and Contribution**
- ◆ **Commitment to Quality**

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Recruitment



Join the Nurses

“Who care for our Veterans!”

For more information about
the VA Tennessee Valley
Healthcare System

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Communication



12 Foot Rule- talking to staff, their patients, the doctors, the family members.

Maintaining direct eye contact, and presenting an approachable demeanor (a smile, if applicable).

Additionally, observance of any disrespectful behavior such as raised voices to any nursing colleague, should never be tolerated.

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The Institute for Safe Medication Practices found that 40% of clinicians have kept quiet or remained passive during patient care events rather than question a known intimidator.

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Martin Luther King once said,

***“In the end, we will remember not
the words of our enemies, but the
silence of our friends”.***

**Silence is acquiescence, and makes you a partner
in the offence.**

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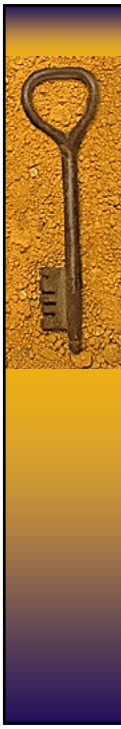


Peer Conflict




- ❖ **Conflicts usually occur due to misperceptions.**
- ❖ **Accusations place individuals on the defensive.**
- ❖ **Address the problem, never the individual.**
- ❖ **Instead of saying, “You forgot” Or “You didn’t do.” Say, “ A situation has occurred and I would like to discuss it with you.” Or “I would like to talk about what happened, and I need your help.”**
- ❖ **Conflict discussions are private discussions!**

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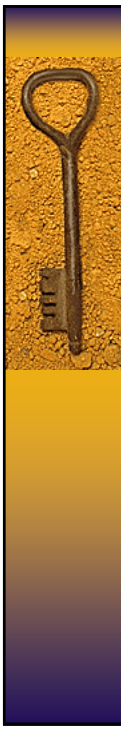


Addressing Managerial Conflict


- Written job expectations with unit priorities/goals
- Staff's weakness and strengths
- Discussions with only the individuals involved
- Zero tolerance for gossip



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Conclusion



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Questions

Thank you for your time and the opportunity in sharing ideas!

THE END.....
“YA’LL COME BACK NOW....!”

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Kathleen Cranford Kelley, MSN, RN, APRNC, has been a registered nurse for 27 years, working as a family nurse practitioner for the past 14 years. She provides both acute and primary care to veterans and is currently employed by VA Memphis where she is assisting in the opening of a VA run community based ambulatory care facility in her hometown of Jackson, Tenn.

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“You Are Truly Exceptional Individuals!”

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