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The "Heart of Healthcare"

By Andrew R. McIlvaine

The role of nurses will continue to grow in importance. But the healthcare industry's tradition of neglecting managerial development could make it difficult to retain them.

The times certainly have changed since Fran Roberts first entered the field of nursing. Back then, the typical aspiring nurse was a "young, white, middle-class girl who wanted to be a nurse from the get-go," she says.

Today, far more men are becoming nurses, as well as people who are changing jobs in mid-career, due in no small part to the relatively healthy compensation rates for nurses.

"Back in my day, you didn't go into nursing for the money," says Roberts, former dean of Phoenix-based Grand Canyon University's school of nursing and currently the healthcare group vice president for strategic alliances at Downers Grove, Ill.-based DeVry Inc. "Today, starting salaries are often \$60,000 a year here in Arizona, and more than that elsewhere. It's attracting people from other professions."

Indeed, 10 percent of the nation's registered nurses pulled in \$92,000 or more in 2008, according to the U.S. Bureau of Labor Statistics. Meanwhile, a 2007 study by Dr. Peter Buerhaus of Vanderbilt University Medical Center in Nashville, Tenn., published in the journal *Health Affairs*, reported that large numbers of people in their late 20s and early 30s are entering the field.

This different type of nurse -- older, more experienced and more mature -- is beginning to change the profession, says Roberts.

"The subservient culture of old is really going away; these new nurses often have a well of experience to draw from and they're more likely to question their supervisors, to ask them, 'Isn't there a better way of doing things?' " she says.

Ironically, when it comes to retaining nurses, that particular question -- Isn't there a better way of doing things? -- should probably be asked of many healthcare organizations. The nation's nurses have been referred to by President Barack Obama as "the beating heart of healthcare," and his healthcare-reform law, as it stands now, is expected to drive up demand for them, as 32 million additional Americans obtain coverage under the law within the next few years.

Yet the nursing field has been wracked as never before by labor strife.

In Minnesota, 12,000 nurses from 14 hospitals narrowly averted what would have been the biggest nursing strike in U.S. history over a dispute over wages and benefits. In

Philadelphia, 1,500 nurses and healthcare workers had a 28-day work stoppage at Temple University Hospital. A new national nurses' union, Nurses United, is actively seeking new members throughout the country. Turnover rates among nurses at many hospitals routinely exceed 10 percent.

Such strife is aggravated, experts say, not just by cutbacks in pay and benefits at cash-strapped hospitals, but also by a long-standing tradition within the overall healthcare industry of relegating supervisory training and leadership development to the back burner, if they're even addressed at all.

"Often, we make a big mistake thinking nurse retention is all about money, but it's really about engagement -- how do you connect to a person's sense of purpose and capitalize on that drive they came to you with?" says Kristin Baird, a registered nurse and CEO of the Baird Group, a consulting firm in Fort Atkinson, Wis., that works with hospitals on nurse retention. "There are organizations that inadvertently sweep these qualities right out of a person."

One of the most important things healthcare organizations can do to improve their nurse-retention rates, say Baird and others, is to help their managers improve their leadership styles.

The Role of the Nurse-Manager

Managerial development has rarely been a priority in the healthcare industry.

"Physician training and nurse training are very technically oriented, but there's never been much attention paid to leadership training," says Bob Weigand, director of management training and development at South Bethlehem, Pa.-based St. Luke's Hospital and Health Network. "We're only just now beginning to see some evidence of leadership development in the curricula at medical and nursing schools."

This lack of attention can undercut nurses when they're promoted to supervisory positions, says Robi Hellman, clinical practice manager at the Aliso Viejo, Calif.-based American Association of Critical-Care Nurses, which represents 500,000 specialty nurses throughout the United States.

"We go to nursing school to learn how to be great nurses, but we're not trained to become good managers," says Hellman.

And yet, a skilled nurse leader can make all the difference -- especially these days.

"Today's nurse-managers [are] often running the equivalent of a multimillion-dollar business unit," says Baird, "but one of their biggest overheads is their staff, and they've got to recognize that they're not going to meet their financial objectives if the staff isn't engaged."

Within the healthcare industry, the nurse-manager's position is comparable to "chief retention officer," says Hellman, because, even when things get bad, if there's a high level of trust and good communication between nurse-managers and the nurses they supervise, those nurses will stay with the organization.

"The nurse-manager's presence and leadership are integral to the success of individual units within a hospital," says Karen Stutzer-Treimel, executive director for nursing practice and critical care services at Chilton Hospital in Pompton Plains, N.J.

"They're the ones who must translate key initiatives to the nursing staff," she says, "and help the nurses manage the stress associated with change -- and there's huge, heaping amounts of change going on in healthcare today."

At Chilton Hospital, Stutzer-Treimel has worked closely with the hospital's HR department to slash the number of meetings nurse-managers are expected to attend so they have more time for their staffs; build leadership-development programs for the nurse-managers in areas such as communication, coaching and change management; and promote the hospital's employee code-of-conduct.

It was efforts like these, she says, that helped the hospital's Intensive Care Unit win a coveted Beacon Award for Critical Care Excellence last year from the American Association of Critical-Care Nurses. The award is given to hospitals that exceed standards in areas such as nurse retention, mentoring and ethical leadership. Chilton is one of only seven hospitals in New Jersey that have received the award.

Signing a Letter

In healthcare, as in most industries, being a good manager requires more than technical competence, says St. Luke's Weigand.

"There are some managers who perform the technical aspects of their jobs exquisitely well, but they're just not that strong on the personal side," he says. "In our organization, it's important that you have both skill sets."

Three years ago, St. Luke's embarked on a quest to improve its managers' leadership skills. The organization conducted its first formal network-wide employee-opinion survey, asking them to rate the performance of their managers.

Managers were then presented with their individual scores; those who scored below the "good to very good" range were asked to work on improving them. A follow-up survey conducted the following year revealed that 25 percent of these managers had failed to improve, with their scores falling into categories such as "fair/mediocre," "yellow flag" and "red flag," says Weigand.

Not surprisingly, some managers were less-than-pleased to learn their direct reports felt that their leadership skills were lacking. "There was some surprise and anger, even denial, in a few cases," says Weigand.

Many were even less pleased to find out that they were expected to sign a letter committing themselves to improving.

"In some cases, it took months to get [the managers] to sign the letter," he says. "There were some who decided they didn't want to continue with the organization anymore. But signing the letter was an absolute must -- it demonstrated their commitment to changing and that they understood they were going to be held accountable."

Weigand's team then used the Myers-Briggs Type Indicator and CPI 434 assessments, from Mountain View, Calif.-based CPP Inc., to identify the managers' individual strengths and weaknesses and build a program that would help the lagging managers get in sync with their top-scoring counterparts.

Meeting individually with the managers, Weigand and Tanya Markovich, St. Luke's director of workplace initiatives, crafted individual development plans for each manager - with input from their supervisors.

Weigand and Markovich also conducted coaching sessions for each manager to work on their individual development. One of the primary goals was to increase the managers' "self-knowledge."

For example, a high score on the "Dominance" scale of the CPI 434 assessment could often be linked to a manager's inability to obtain necessary feedback from his or her team. Through coaching, the manager could identify ways to alter behavioral characteristics that tend to stifle open discussion.

"It's being mindful of your own behavior," says Weigand. "Between the saying and the doing, therein lies the ocean."

An employee survey conducted six months after the interventions revealed that 85 percent of the managers were making progress, scoring notably higher in areas such as communication, stress management and visibility. These results were, in turn, boosting employee-satisfaction rates and engagement levels.

Last year, St. Luke's was presented with an award for its leadership-development program by the Hospital and Healthsystem Association of Pennsylvania.

St. Luke's success aside, boosting managerial performance requires more than coaching -- it also requires healthcare organizations to ensure their managers are empowered to address their nurses' concerns, says Baird.

At one hospital Baird consulted for, nursing turnover was sky high and patient satisfaction was low. When she conducted focus groups with the nursing staff, Baird discovered that their biggest frustrations involved broken or missing equipment. It turns out the hospital had been struggling to emerge from a period of financial distress and the overriding message managers had effectively gotten was: Stay within your budgets.

"So I went to the CEO and explained that the nurses are tearing their hair out because they want to deliver the best-possible care, but they're forced to work with rundown equipment," she says. "Well, the CEO was horrified to learn this, but his knee-jerk reaction was to say that he was going to personally assure the nurses that he would go out and purchase the new equipment immediately. I told him, 'No, you don't need to be the hero, you need to empower your managers.' "

In other words, the CEO needed to empower his managers to say, " 'You spoke, we listened, and we're purchasing new equipment right now,' " says Baird. "If the CEO had personally intervened, it would have sent the message that, if you want change ... go to the CEO, not the manager."

All Together Now

Managerial training can play an important role in one sought-after goal for many hospitals: being awarded Magnet status by the American Nurses Credentialing Center, which recognizes excellence in areas such as nurse job-satisfaction rates and nurse turnover, as well as patient outcomes. Winning Magnet status can be critical to recruiting and retaining nurses, say experts, because it signals that the organization values them.

At Thomas Jefferson University Hospital in Philadelphia, obtaining Magnet status in 2008 was the culmination of many things, including a strong commitment to managerial excellence, says Senior Vice President and Chief Nursing Officer Mary Ann McGinley.

"We have a serious commitment here to helping our managers focus on two-way communication and reward and recognition," she says.

Managers at Jefferson are expected to collaborate with their nurses in finding ways to improve patient outcomes. As one example, the hospital was determined to reduce its number of patient falls down to the level found among world-class organizations.

It focused on the hospital unit that was experiencing the greatest number of falls and had the unit's nurse-managers work in partnership with their direct reports to create a program for preventing them.

The program, which included talking with each patient's family to uncover the patient's fall history and equipping each bed with monitors that alert staff when patients are at risk of falling out of bed, required managers to garner the full participation of every staff member in the unit. Soon after its implementation, patient falls within the unit dropped to zero and stayed that way for months.

The unit's nurses then trained the nurses in the unit with the second-highest rate of patient falls on the program, with similar results. The program is now being rolled out to the entire health system, says McGinley. A similar type of effort led to dramatic reductions in the pneumonia rate among ventilator-assisted patients, she says.

Key to efforts such as these, she says, has been the organization's commitment to "black-belt" training for nurse-managers as part of its Six Sigma quality initiative. As part of that effort, nurse-managers receive training in areas such as two-way communication and collaboration. They're also expected to have regular face-to-face meetings with their direct reports to update them on the status of the units' quality initiatives and to seek regular feedback from them.

"Nurses want to be able to take pride in providing the best care and having great patient outcomes," says McGinley. "The pride they take in identifying and solving problems here is a key factor in their continued learning, growth and development. It is not a stagnant environment here."

Helping nurses feel that they're creating a safe and healthy environment for patients is crucial to retention, says Betty Gorrell, associate professor of nursing at Oklahoma City University. "The biggest thing that troubles nurses is patient-safety issues," says Gorrell, who's working with a local hospital in Oklahoma City to address turnover among its

nursing staff. "You can recruit them as enthusiastically as you want, but if they feel as if they're not able to deliver quality patient care, you'll lose them."

Jefferson also stresses continuing education for its nurses and tries to make it easy for them to balance classes with their work and family obligations, says McGinley.

The hospital system created a website called "Jeff Time," which -- using scheduling software from St. Paul, Minn.-based Lawson Software -- gives nurses more flexibility in choosing their work schedules and lets them trade shifts with each other. The software is designed to ensure that shift changes don't conflict with the hospital's staffing needs at any particular time.

All of these efforts have kept the hospital's nurse-turnover rate low, says McGinley. "The national turnover rate for nurses hovers between 9 percent and 11 percent; ours is 5.9 percent," she says. "When our nurses leave, it's mainly because they're relocating. And many of them eventually come back to work for us again."

Hospitals and other healthcare organizations that neglect managerial development may be risking more than high turnover rates among their nurses, says Gorrell.

"Nursing turnover is not just a loss in financial investment; when a nurse turns over, the rest of the unit has to cover for that position, and that directly affects patient safety," she says.