

*Stepping Outside of 'Yesterday Thinking':  
Preparing Nurse Managers for a New World Order*

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Nurse managers of today are the linchpins to retaining nurses, and ultimately to the success of any healthcare organization. Yet despite their importance, training is often put aside for financial reasons and time constraints. If we want to retain nurses, it is essential that we train excellent nurse managers. This training must come in a way that is new, innovative, and effective. "Yesterday thinking" will not work, nor will the training methods of yesterday.

A new day in nursing isn't on the way -- a new day is here. Hospital systems that learn how to adapt quickly and make the changes necessary will survive, and those that are entrenched in old methods will find themselves in staffing difficulties that will only continue to increase at exponential rates. Doing things "the way we've always done them" will get us nowhere. The facilities that place nurse management training as a priority are finding a direct correlation to their low turnover rate in managerial and staff nursing positions, and to their leadership development and succession planning.

### Falling short

Sixty-one percent of nurse managers today report that they do not receive ongoing management development.<sup>1</sup> They believe that they need training in business, staff retention, coaching, mentoring, patient care systems and communications. Most nurse managers, with degrees in clinical care, lack the management, communication, problem-solving, and negotiating skills necessary to retain a staff whose age span spreads four decades, within a mosaic of cultures. This is probably why some 77% percent of today's hospitals feel that they won't be able to fill their leadership positions.<sup>2</sup> VHA research reveals a 44% turnover rate among the Chief Nurse Officers at member healthcare organizations.<sup>3</sup> Thinking that we don't have to train nurse managers is a death knell to our success. Considering today's leadership gap -- now, more than ever -- nurse managers need the necessary tools to succeed. And above all, they need buy-in on all levels from the executives supporting them.

### Salary

Nurse managers lack support in many areas, beginning with salary. Clearly, salary is not adequate enough to retain nurse managers, with 53% of nurses surveyed by the Student Nurses Organization experiencing a nurse manager shortage, and of that 80% say compensation is influencing this shortage.<sup>4</sup>

### Technology

But adequate salary alone will not entice qualified nurse managers to a job that requires continual progressive technological efforts, if organizations want to thrive. The organization and the nurse manager's success are dependent on technology that stays abreast of the times. According to one nurse survey, 87% say technology has had a positive impact on patient care delivery.<sup>5</sup>

Technology systems are critical for nurse managers because they automate and standardize communications, reducing the chances of making mistakes. In a knowledge-sharing enterprise where evidence-based decisions are made objectively by software, turf battles and professional differences can be made less divisive. When used appropriately, technology can be critical to overcoming some of the perceived downfalls of working in healthcare, and can aid the recruitment, retention and motivation of qualified staff. For these reasons, every technology decision becomes a work force strategy decision.<sup>6</sup>

### What it costs to replace a nurse

When confronted with the relatively minimal cost of training a nurse manager, organizations would be best to ask themselves this question: what does it cost to replace a single nurse? The VHA estimates the total turnover costs to an organization approximately \$50,000 for each nurse lost.<sup>7</sup> Good nurse managers beget good nurses, and those less likely to leave. With the steady exodus of nurses, doctors are

becoming frustrated and taking their patients elsewhere or hospitals are canceling cases and closing units. Hospitals that don't see this as a wakeup call haven't learned from shortages in the past. These aren't just nursing issues anymore; they are issues for all stakeholders in the healthcare system.

### **The priceless value of training nurse managers**

The nurse manager is on the frontline every day, and the bricks and mortar to the public, and in essence, is an important part of any marketing department. Let's not forget that today's consumer is well informed and demands quality care. That service lies in the hands of a competent nurse manager. Competent leadership is cost-effective patient care. A recent study shows that 40% of nurses believe the single most important thing that nursing leadership can do to assure delivery of high-quality, safe, cost-effective care is to have communication with and understanding for the needs of the direct patient care providers.<sup>8</sup> The same study says that 22% believe that leadership is needed to set standards for care and assure competence of caregivers.

### **Intellectual capital**

A paradigm shift from focus on skills measurement to intellectual capital is necessary for today. The new millennium requires that we step back and evaluate employees beyond ROI and measure the intangible contributions in dollars and cents. Today, almost any organization can gain access to resources. But business today is shifting more and more from focus on services, to knowledge. What differentiates companies now is their *intellectual capital*, their knowledge, and their expertise - not the size and scope of the resources they own and manage. Saratoga Institute, a subsidiary of Spherion and owned by PricewaterhouseCoopers, has done extensive work on tying the financial impact of intellectual capital and other value added attributes that employees bring to the table. When a nurse leaves your hospital you are losing intellectual capital which can not always be replaced by another body and creates a void in customer service.

### **Leadership training scarce**

For the past 20 years or so, nursing leadership has been striving to elevate the preparation of nurse managers, in most cases requiring minimal preparation at a bachelor's degree, but preferring graduate preparation. Recently the growing shortage of experienced or qualified nurses available for leadership is forcing more and more hospitals to place nurse managers into these positions with associate degrees. Once they are placed in their new role, they are faced with learning mainly on the job, or by trial and error.

The typical training of nurse managers today, including orientation, is frequently inadequate and not provided by an experienced nurse manager. Periodic courses, many of which are taught by non-nurses, are not tailored to meet the learning needs of today's nurse manager. Faculty frequently lack the insight to make inferences to the nursing manager's role or practice, bringing in outside or canned programs that once again are not specific to role responsibilities or the accountabilities of nurse managers. With a downward shift in federal funding, many formal academic programs have been downsized in favor of graduate preparation in clinical specialties or advanced practice nursing. Schools have opted to discontinue any programs preparing nurse managers or nurse executives, and/or have dropped CE courses or post baccalaureate certificate programs. This has caused many nurse managers to seek academic preparation through a school of business or other programs, leaving a decrease in the number of nurses graduating with preparation in nursing administration. The remaining nurses graduating from schools of nursing are coming from the associate degree or BS programs and these programs usually only offer one or two courses on leadership. Specialization for the nurse leader is left appropriately for the graduate level.

### **Portrait of a nurse manager**

The average age of a nurse manager is 46-50 years,<sup>9</sup> and they have different values and norms about work, and the ways of working, based on their experience. They are sometimes locked in their own version of "yesterday thinking." Their staff are in their twenties, thirties, forties and fifties, each age-group with different expectations and different perspectives on the nursing experience - not to mention different attitudes about working for employers altogether. Most hospitals have multicultural staff, as well. Not only do we have generational problems, but we also have value and cultural differences that must be taken

into account. It is critical that nurse managers get essential training on how to handle each staff member within the context of that individual person's reality. Nurse managers need tools that can be used to blend different and differing employees into a functioning team that will provide the kind of care the consumer of today expects. This is no easy task as we face for the first time four different generations in our hospitals each with different values and norms.

### **One size does not fit all**

Studies have proven that the majority of nurses leave their current place of employment *because of* their nurse manager. Eighty-four percent of nurses leaving or consider leaving their jobs are doing so as a result of their relationship with their nurse manager.<sup>10</sup> Talent Keepers surveyed 39 leading organizations and found that 100% of the respondents reported that the immediate managers are a factor for employees leaving and often the main factor. The most cited reasons employees leave are "trust, concern and support from immediate manager". While the manager is so critical to reducing employee turnover, only 21% of the managers believe that their actions and skills significantly impact on retention. With all of the focus on recruiting nurses today and the application of such methods as paying for the leases on their cars, sign-on bonuses, etc., there is little focus on how to *keep* nurses after they've signed on. Keeping good nurses is a factor of spending the time and energy to find the right fit for your organization in the first place, and understanding what today's workers expect. One size does not fit all when it comes to retaining staff, and a nurse manager above all others, must be trained to understand this and deal with it by creating the kind of environment that will retain valuable staff. Most people are attracted to a organization because of the benefits or other tangibles but people stay because of relationships. There is a direct correlation between managerial development and reduction in turnover. Manager training is not optional.

Nurse managers need to take the time to sit down with prospective employees and look at their career portfolios on the way in; see what their career ambitions are, where they are headed, what they expect. The time spent upfront is a small price to pay for finding a nurse that will be satisfied with your organization and will stay. When the wrong fit is hired, leaving the organization within the all too often typical six-month timeframe, you face the loss of not only this one new employee, but the loss of stable long-term employees, as well. When turnover rate is high, morale declines with the pressure placed on existing performers. In the end, you lose both the good performer and the poor performer, all at once. The upfront effort of recruiting the proper staff, and retaining them with well trained nurse managers, is critical.

In addition to the stressors already on nurse managers to manage multi-generational staff, the demographics of the workforce are expected to undergo a dramatic shift in years to come that will leave a serious shortage of workers. Already, 11 percent of the active workforce is over 56 years old, a percentage that will grow steadily as Baby Boomers age. On the heels of retiring Boomers, the much less populous Generation X (now ages 25-38) will provide a shrinking pool of prime-age workers. And even with a modest increase in workforce population among Generation Y (now ages 16-24), there will simply not be enough young workers to fill the void that will be left.<sup>11</sup>

### **Expectations of today's nurses**

The expectations of today's nurses are a reflection of what most workers want today. They are not the company-loyal employees of the past. They are loyal to self. They seek to improve and expand on their own potential while in your employ, but if they don't see themselves growing, they will all too soon be gone. In addition, the workforce of the new millennium is comprised of a new race of nomads who seek greater balance between work and home. According to the U.S. Bureau of Labor Statistics (BLS), in 1997, an estimated 12.5 million workers were employed in "alternative work arrangements" out of a total workforce of 126.7 billion. This emphasis on contingency, temporary workforce provides workers with more choices and/or autonomy without compromising any of the attributes of professionalism. The BLS study highlights the growing preference for unrestrained work, and predicts that the major employer of the future will be self. Unless nurse managers can provide what employees seek – including pulling from this source, and/or allowing alternative arrangements – they may continue to face a revolving door of staff turnover. Managing a multi-generational and multi-cultural workforce requires managers who have in-depth training to acquire the skills necessary to motivate a diverse workforce into a cohesive team.

### **Career lattices vs. ladders**

One of the ways a trained nurse manager can provide career growth for today's nurses is to think in terms of career lattices rather than career ladders. The nurse manager must find ways nurses can move laterally toward their career goals. This can be as satisfying as upward movement, but requires the nurse manager to be in tune and educated about each employee's ambitions and goals. Today's trained nurse manager will understand that career development requires a new way of thinking and expressing job requirements. Emphasis will shift from trying to motivate, to just keeping up with the career and professional development needs of staff. Competency assurance begins with managerial readiness for the new workforce.

### **Win-win scenarios**

Today's employees understand that the better they become as workers, the better it is for the organization. In their role as career counselor, nurse managers have to be able to create win-win scenarios with employees that are increasingly assertive and demanding about what they want. Also in this new line of thinking is the ability to "get over" the fact that some nurses will move on, despite how well you try to meet their needs. Do not burn bridges. Instead, retain them in a database of potential employees. They may boomerang back to you, and are still of value.

### **Employee attitudes since 9/11**

Is important to put nursing work expectations in the context of changing employee attitudes since 9/11. More than 4 in 5 employees have re-examined their priorities since the attack, and have decided they need to spend more time and energy on personal, family, and community activities, and less time on their jobs. In addition, employees are showing the highest level of workforce commitment in five years.<sup>12</sup> Yet despite the high level of commitment, 23% don't believe their organizations are going to be able to recruit and retain the best talent, 30 % don't have faith in the organization's ability to reduce costs, and 35% don't believe their organizations will be able to improve the compensation and benefits package in 2002. Some organizations may experience a "halo effect" whereby employees are giving their employers the benefit of the doubt, but they can easily be lured away when the external environment changes.<sup>13</sup>

### **Nurse manager boot camp**

One of the best ways to give busy nurse managers the tools they need for good management is a short, high-powered intensive training, with ongoing support afterward. One model of such a program is Cross Country University's boot camp, a program of Cross Country, Inc. It is an example of "just in time training for an in time learner." Our industry could use many training methods of this nature. This training prepares the managers with the skills they need now and stimulates them to achieve higher attributes.

Cross Country's boot camp for nurse managers, provides an intense, ongoing learning experience designed to specifically help transform an excellent clinical nurse into a frontline manager of nursing services. Nurses who receive the training begin their boot camp experience with an in-depth psychometric assessment of their capabilities and weaknesses. The areas assessed include the abilities to: coach and counsel; effectively communicate; influence and negotiate; manage change; perform management; set goals and standards; manage conflict; problem-solve and make decisions. The accuracy in determining each camp attendee's needs determines the effectiveness of tailoring the training for that particular nurse manager.

The term boot camp fairly well defines the experience – five full days, twelve hours each – with additional workshops available for the stout of heart. Networking is encouraged between faculty and boot camp attendees ("recruits") both during mealtime, 3 times a day, and on special evenings set aside for such. The training is rigorous with classes held on topics that include: workforce planning, staffing and scheduling; leadership vs. management; budgeting; motivation and morale; critical thinking and decision-making; planning, and more.

## Ongoing commitment

The success of the program is attributed to the long-term commitment elicited from recruits. To be effective, learning must be ongoing and reinforced. To achieve this goal, recruits are asked to sign personal commitment agreements that stipulate “what, how and when” knowledge gained at boot camp will be applied over the 30, 60 and 90 days following training. Recruits are obligated to submit monthly managerial reports documenting their utilization of skills gained at boot camp. These reports will be directly applied to the camp graduate’s performance evaluation by his or her immediate supervisor on the job. In addition, boot camp graduates contribute to an ezine published at regular intervals for their continued growth and receive ongoing mentoring through emails and chats scheduled on the Web. Camp graduates can earn up to 55 credits of continuing education contact hours and will shortly be able to earn academic credit for attending.

In addition, the advanced track is developed in collaboration with graduates and the Forum on Healthcare Leadership and graduates attend their specially designed sessions as well as the national conference.

## Redefining a nurse manager’s role

After training nurse managers, it is essential to redefine their role. We need to rethink the necessity of the jobs they are responsible for today, assigned under yesterday’s thinking. Right now these jobs may include scheduling, budgeting, and management of up to five units, along with the need to attend many meetings. If we want to transform the industry, nurse managers should ultimately become mainly the overseers of career and of care, only. Most importantly the manager of tomorrow will facilitate career development initiated at the pre-employment stage for each and every employee. We need to create a new paradigm where employees are transformed from assets to investors, and where reciprocity is key. So the principle is seek great job fit, train early and consistently and hold managers accountable.

## Nurse managers can effect change

Nursing managers can facilitate the changes needed in our organizations if properly trained and allowed to fill the shoes that the new millennium requires. Ultimately, they can begin to effect change in the nursing profession, and in the healthcare arena. To do so, the nurse manager should be trained in ways that strengthen him or her to fulfill roles that include:

- **Negotiator** — Workers expect a transactional environment. A nurse manager must be able to meet the demands of the gamut of ages, from the younger more upfront employees who “want what they want” because they see it as their right, to the senior staffers who are willing to submit to the company line, yet will hold in the resentment only to blow up one day, and perhaps quit. It requires a strong, well-trained nurse manager to negotiate with three or four generations of staff at the same time so that all of them to get what is in it for them, while the nurse manger gets what’s in it for the organization.
- **Career planner** — Job sculpting should be a part of a nurse manager’s assistance to his or her staff, creating individuals to be creative, and seeking new opportunities to be proactive in the changing world of work. A trained nurse manager knows that this planning starts before he or she needs to choose a successor. Future nurse managers are molded, with career and culture fit in mind, by a nurse manager who has the destiny of the organization in mind.
- **Mentor** — Nurse managers face a steep challenge in a world where there is 40% turnover in nurse executives. This turnover provides an unstable or inconsistent environment for nurse managers who often do not have the privilege of being mentored. Nonetheless, the nurse manager who must interface with so many other departments within the organization must be able to serve as the voice of nursing.
- **Facilitator** — Just of few of the aspects of this critical role include: building teams by using decision making and conflict management; monitoring individual performance; managing collective performance; and finally, managing organizational performance. The frontline strategist nurse manager must be able to facilitate good nursing practice by removing barriers, whether that calls for collaborating, compromising, or cooperating.
- **Coordinator** — As coordinator, trained nurse managers will be able to manage projects, design work, and manage across functions. They must have true multi-tasking capabilities with the ability

to acquire the resources to deliver care consistently and efficiently while maintaining high quality patient outcomes and managerial benchmarks.

- **Director** — Visioning, planning, goal setting, designing, organizing,
- and delegating effectively, should be part of what the new millennium nurse manager can accomplish. He or she should be able to influence the team to believe in and achieve the hospital's vision, and instill a desire for them to be all that they can be.
- **Producer** — While wearing this hat, the nurse manager should be able to work productively while fostering a productive work environment, and most importantly, manage time and stress.
- **Broker** — Since nurse managers must interact with all levels of the organization, they must master the ability to present ideas, build and maintain a power base, and ultimately, negotiate agreements and commitment.
- **Innovator** — The nurse manager is unafraid to live with change, can think creatively, and is a master at creating change.<sup>1</sup>

Add to this list key competencies such as achievement orientation, analysis, assessment, awareness, computer literacy, exploration, goal setting, information identification and collecting, interpersonal skills, networking and oral communications, perseverance, self-management, strategic thinking, and written communication abilities -- and we will just be *starting* to describe the nurse managers needed for the new world order.

The first line manager is the glue that holds the hospital together, and it takes a great deal of effort, skill and experience to do the job right. A small investment in training nurse managers now will pay off in big dividends for the nursing department and hospital down the road. The training of good nurse managers is not merely an opportunity to gain another strategic advance over competition; it is necessary for staying in business as a viable entity in years ahead.

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<sup>1</sup> Nurse Executive Center National RN Survey, October 1999, Advisory Board Company, Washington, DC.

<sup>2</sup> AHA, *In Our Hands, How Hospital Leaders Can Build a Thriving Workforce*, April 2002.

<sup>3</sup> Gelinias, L.; Bohlen C., *Tomorrow's Workforce: A Strategic Approach*, Irving, TX: Veteran's Hospital Administration.

<sup>4</sup> Ballein, K., Senior Nursing Officer, Ballein Search Partners, Chicago IL, March 2003.

<sup>5</sup> Ballein, K.

<sup>6</sup> Patrick, M., Bohlen, C.; Dejoy, S.; Schaefer, E.; *New Tools, New Rule: The Fusion of Technology and Work Force*; Dallas: VHA Research Series; 2003; pp. 10-11.

<sup>7</sup> Gelinias, L Patrick, M., Bohlen, C.; Dejoy, S.; Schaefer, E.; *New Tools, New Rule: The Fusion of Technology and Work Force*; Dallas: VHA Research Series; 2003; p. 11.

<sup>8</sup> Ballein, K.

<sup>9</sup> Buerhaus, " Implications of an Aging Registered Nurse Workforce," JAMA, 2002, 2948-2954.

<sup>10</sup> Tauton, R.L., et al., "Manager Leadership and Retention of Hospital Staff Nurses," Western Journal of Nursing Research, 1997, 19, :205.

<sup>11</sup> Tulgan, Bruce; web article: *Generational Shift™: How the age bubble is transforming the workplace and what you can do to prepare*, Rainmaker Thinking, Inc., www.rainmakertinking.com.

<sup>12</sup> Buckingham, M., *First Break All the Rules*, New York; Simon and Schuster, 1999.

<sup>13</sup> Workforce HR Trends and Tools for Business Results, Crain Communications Inc, New York, January 2002.

<sup>1</sup> Herman, R., Olivo, T., Gioia, J. *Impending Crisis*, Oakhill Press, Winchester, VA.