Essential Skills for NURSE MANAGERS

Sharon Cox
RN, MSN

Shelley Cohen
RN, MSN, CEN

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Shelley Cohen, RN, MSN, CEN, Author
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HCPro
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Telephone: 800-650-6787 or 781-639-1872
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Dedication

More than 25 years ago, I had the privilege of being mentored as a new nurse leader by Tom Clairmont, CEO of Lakes Region General Hospital in New Hampshire. From his perspectives on "managing by walking around" to learning how to engage collaboratively with providers, I have never forgotten his fundamental teachings. Our hope is that the content of this book relays these very same fundamentals for success in leadership. In essence, we hope this book becomes your personal mentor.

I see so much promise, excitement, and energy in the healthcare leaders I meet across the country; and knowing all too well the daily challenges they face, I admire their courage for always being there for the staff, the patients, and their organization.

None of the books I have written or the work I have accomplished was ever done alone. Aside from the editorial staff and professional connections and mentors, there was always one constant: my husband Dennis. His unconditional love and support of my passion to promote and support the nursing profession cannot be overstated. His patience and supportive words of encouragement are the backbone of this project.

—Shelley Cohen

This book would have never seen the light of day had it not been for the support, humor, and all-around mentorship for my writing skills found in one Shelley Cohen. She has made this project fun and insightful; and along the way, she reminded me again of the many joys of working with a kindred spirit. I also want to thank my mentor, Lois Hybben-Stehr, for all aspects of what it means to be a leader; and Cathy Whitaker, who was instrumental in helping me find my voice and make the decision to choose the road less taken and start my own consulting practice years ago. To the hundreds of workshop participants and colleagues who have added to my understanding of nursing management, a special word of thanks for the insights shared along the way.

It goes without saying that writing a book is a huge commitment of time and energy, and it has been doable thanks to the dozens of ways my husband, Jim, has offered support. For all the meals cooked, dishes and laundry done, as well as proofreading and being patient with my

process, there simply are no words. Jim's 40 years of unwavering support for my professional career have been priceless, and this book is just one of dozens of ways he has lived out that commitment.

We would both like to express our gratitude as well to the late Dr. Richard Hader, former editor of *Nursing Management* magazine and a visionary leader in every definition of that term. He was a true friend to both of us, and we were inspired by the way he lived out so much of what we write about in this book. Rich had a way of seeing the good in people, and he always left his ego at the door. He walked the talk of leadership and left an impression with so many who had the pleasure of knowing him.

—Sharon Cox

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About the Authors

Shelley Cohen, RN, MSN, CEN

Shelley Cohen is the founder and president of Health Resources Unlimited, a company she founded in 1997 to focus on triage and leadership development. With more than 35 years of nursing experiences, she intertwines perspectives of staff and nurse leaders to guide her work on educating, coaching, and mentoring new and seasoned nurse leaders. She has authored/co-authored more than a dozen books and numerous articles including groundbreaking work on the image of nursing. Her popular column "Manager Matters" runs in *Nursing Management: The Journal of Excellence in Nurse Leadership,* and her online manager tips can be found posted from Maine to Alaska.

Cohen continues to work as an emergency department staff nurse *prn* in Tennessee, where she maintains not only a current knowledge base in emergency nursing, but has a hand in the current challenges healthcare leaders face. Participants in her presentations benefit from her ability to lead nurse managers through an empowering process that engages them in common-sense, straightforward approaches to conflict resolution and staff accountabilities.

Cohen believes that our ability to give back is key to leadership success as we have much to learn from others not yet recognized as great leaders under the most duress of circumstances. She and her husband Dennis work with Purple Heart (wounded in action) recipient soldiers through the Wounded Warriors in Action Foundation *(www.wwiaf.org)* where leadership lessons of courage are born.

Sharon Cox, RN, MSN

Sharon Cox has more than 40 years' experience in healthcare, ranging from staff nurse to unit/program manager to faculty and administrative roles in academic health centers. As a consultant and founder of Cox & Associates, she has conducted workshops and seminars and consulted for nearly 500 hospitals and healthcare organizations in the United States and Canada. The centerpiece of her organizational development and training work is a multi-module year-long program called "Leading and Managing Generation 21."

Known across the nation for her lively and entertaining style of presentation and as an effective facilitator for systemwide culture change, Cox has published in professional journals and developed training materials and audio tapes in areas of leadership and organizational development, change management, and horizontal integration. She is a coauthor of *Core Skills*

for Nurse Managers: A Training Toolkit, and *Nature's Wisdom in the Workplace: Managing Energy in Today's Healthcare Organizations.* She was a contributing author for *The Engaged Workforce: Proven Strategies for Building a Positive Healthcare Workplace.* She has also devoted considerable attention to the issues of culture change in healthcare and has a forthcoming book: *Enough Already: Let's Start Doing What Works at Work*.

Cox is on the editorial board of *Nursing Management Magazine* and has been a frequent presenter and keynote speaker for national meetings for organizations such as American Organization of Nurse Executives, Oncology Nurses Society, Organization of Operating Room Nurses, the Nursing Symposium, and Nursing Management Congress.

Preface

As we began the process of writing this book, we had three overriding objectives. First, we wanted to provide practical information for next day use, so that hardworking nurse managers would have options for dealing with job demands. We were writing for the novice manager who often feels overwhelmed, for the seasoned manager who somehow finds the energy to be creative despite cutbacks and reorganizations, and for all those in between who look for new ways to tackle old issues and insights we may have learned the hard way.

Second, we wanted to come at this project in a way that would feel conversational rather than academic by staying true to our teaching styles, which are down to earth, realistic, and offer more than just the same old management truisms. Sometimes that forced us to talk about the elephant in the room (such as nursing managers being an impediment to shared governance) or being very specific about how to take on difficult situations such as bullying or disruptive physicians. The sections of the book titled "You Have to Start Somewhere," "It Will Get Better," and "Trust the Process" were chosen as a framework for this conversation … much like we would have sitting around a kitchen table.

Third, we wanted this book to include some things we wish that someone had shared with us as we experienced the learning curve associated with developing management and leadership skills. Shelley's discussion of finance (Chapter 8) is one that would have saved us both lots of time and effort, and Sharon's information on performance management (Chapter 15) would have cut short the hours spent dealing ineffectively with poor performers who played the system. We intentionally highlighted tips, tools, and insights at the end of chapters to make it easy to find takeaway ideas and lessons learned. We are often told by nurse managers that they don't have time to read a book, so we tried to keep this one short, useful, and to the point.

We hope that we have accomplished what we set out to do. We trust that as you read this book you will come away with a new level of commitment to the challenges of leadership and management in this pivotal time and gain useful ideas that can make you more productive. Above all, we hope our respect for and commitment to nurse managers will come through and leave you feeling that you have the support you need. We know for sure that you have the hardest and best job in the organization, and we hope that the essential skills discussed in the following chapters will allow you to move from "good to great" and have fun doing it.

A New Nurse Manager's First 100 Days

Sharon Cox, RN, MSN

While you may feel you have to hit the ground running, it is equally important to use this time for an assessment process and to pace yourself as you adjust to the demands of the role. You will find here several tips to make your time after orientation productive, as you set the tone for the kind of leadership and management you bring to this role.

First Impressions

You never have a second chance to make a first impression. As you begin your assessment, remember that people also will be assessing *you*—how well you listen, what matters to you, what your follow-through is like, and, for better or worse, how you compare to your predecessor.

Make every effort to build on the strengths that you see, not just to make a list of issues that need to be resolved. Be especially mindful of "walking the talk" because it is pivotal to building trust. If you say that you care about each person, make an effort to learn their names. If you say that their opinion matters to you, make time to listen and take notes. If you say that you want to foster teamwork, meet with them off-shift so they know that they matter to you.

Your intention to be trustworthy means that you do the following:

- ☑ Manage expectations and are consistent
- ☑ Delegate appropriately and let others know that you trust their judgment
- ☑ Maintain confidentiality
- ☑ Admit mistakes and ask for help
- ☑ Listen and act on things that matter, especially quick fixes or "low hanging fruit"

First Month: Meet and Listen

Focal points for this first month include relationship-building, identifying strengths and opportunities for improving the unit, and developing the structure and linkages needed for effective operations. These may include routine staff meetings, rounding, meetings with your director, and spending time with hospitalwide supervisors. As you "meet and listen" in your first month, spend time with those who are in key positions to support you and your unit, including these:

- Unit level management team
- Key department directors (e.g., materials management, admitting, IT)
- Medical director of the unit or key physicians
- Employee relations manager in HR and nurse recruiter

Use a consistent format for these meetings. Ask questions such as "What's working or not working, and what do we need to do differently?" You can also use an open-ended question, such as "What do you see as my priorities relative to the needs of patients or staff working with me?"

> **Try this** ▸ You may find it helpful to have a stump speech that outlines in a few sentences your beliefs, values, and management style. Be honest about why you took the job and what matters most to you as a leader.

Meetings with staff

Sharing your stump speech is a good way to open meetings with staff (in groups or individually) and follow it with a question-and-answer time. In addition to the "what's working" question, you can also ask, "What keeps you working here? What frustrates you to the point that you would consider leaving?" and "If you were in my role for three months, what would your priorities be?"

As you finish these meetings, discuss how you intend to follow up, set a schedule for routine meetings, and let staff know how they can best be in contact with you in the interim. You may also want to discuss how to make monthly staff meetings more effective.

Time with your director

As you make your initial assessments, this is an ideal time to meet with your director. Together, you can decide the priorities for the next two months, determine the frequency of your routine meetings, identify any barriers you may need help with, and establish your expectations of each other in order to work well together.

Month Two: Establish Structure and Engage in Projects

The only way people know that they have been heard is if you take action on what they've said—and that is your focus for the second month. How you decide to use your time speaks volumes about your ability to walk the talk, and your follow-through is pivotal for building trust. Focal points include *dealing with a few issues that matter most*, and developing or using a *structure for staff input and ownership.*

- ☑ Choose one of two projects stemming from the meetings you have had and engage in a problem-solving effort. You do not have to do it all; the intent is to get focused and use your energy to move from point A to point B. Your choice of two or three issues to address should stem from "listening to the staff's felt need," not just what you think needs to happen. Give priority to issues directly impacting patient care and tackle issues with the likelihood of early success, not major system issues at this point.
- ☑ Continue meeting with staff, department directors, and physicians until you have met with everyone on the staff roster and all key department directors who most impact the success of your unit.
- ☑ Identify a peer partner you want to use as a source of support and direction as you acclimate to the demands of the role. This person can be of your own choosing, or you can ask your director to suggest someone whose expertise would be particularly helpful. Set up lunch meetings with this person so that you have someone to bounce ideas off of and someone who will let you know past history or the politics of an issue.
- ☑ Develop a structure for meetings that fosters the cascading of information and also improves follow-through because key players are all on the same page. This could include monthly meetings with designated charge nurses, quarterly meetings with preceptors, monthly meetings with the chair of the unit-based council or staff action team, and monthly meetings with the medical director or physician sponsor.
- ☑ Develop or augment a structure for shared decision-making so that staff have more ownership in problem solving. This may be a unit-based council (UBC), a staff action team if UBCs are not in place, Lean daily management, or task forces.

As you meet with those who impact the success of the unit, engage in problem-solving, and make certain that there is a vehicle in place for staff to take ownership for clinical practice, you are sending an important message about your leadership style. If you intend to foster collaboration and teamwork or get back to basics, *the way in which you do things is as important as what you do,* maybe more so.

Caution ▸ Be intentional; don't let "putting out fires" carry you off course.

Month Three: Reflect, Adjust, and Develop a 3–6 Month Plan

Take this month to finish the important work you started, such as meeting with staff, learning names, getting feedback from those areas that interface with your unit, and getting to know your peer group. This is a good time to "come out on the balcony" and take stock.

The focal points at this juncture are to *reflect on what you have learned*, *get focused* on the best way to spend your time, and *get the necessary support in place to help you sustain the energy* for the role.

- ☑ Consider taking a long weekend away and reflecting on what you have learned. What surprised you, what alliances do you need to build, what barriers do you need support to handle, and what worries you the most as you consider the opportunities on the unit?
- ☑ Think about your personal productivity, and decide what you need to do to get more organized with your time or have your office be more inviting.
- ☑ Decide what routines you need to put in place to maintain energy and perspective, such as self-care and balance, a long weekend every three months to get away, or ways to make sure that you don't fall into a workaholic pattern.
- ☑ Be intentional about developing a support system that might include someone who could serve as a mentor, a good friend who knows you well that you debrief with regularly, or a peer with whom you feel a connection. Having at least one person who you can be totally honest with will make a huge difference as you take on the challenges of a nurse manager role.
- ☑ Develop an initial plan in concert with your unit level management team and your director to identify goals for the next three months and be certain that they align with the organization's strategic initiatives. You need to establish a "clear line of sight" between what the focus is on your unit and how it fits with the bigger picture of organizational goals.
- ☑ Work each shift once or twice to get the sense of work flow, systems issues, and so on. It always helps to "walk a mile in their shoes."

The overarching goal for the first 100 days is to function in a way that fosters trust and reflects your ability to take initiative, collaborate, and execute a plan for the benefit of those who are

partnered with you in improving the effectiveness of your unit. It is also important to be yourself, have fun, and listen to your intuition; it's the best compass you will ever have.

Capitalize on what you do well, be intentional about working your plan, and most of all, enjoy your honeymoon!

Try this ▸ Use a flow chart diagram or timeline to track progress because visually tracking progress will allow you to pace the process and celebrate successes.

Part 1

You Have to Start Somewhere

Chapter 1

Being the Leader Others Want to Follow

Sharon Cox, RN, MSN

I recently had the opportunity to listen to several nurse managers talking about their new CEO, who was about to celebrate her one-year anniversary, and was reminded again of what a difference one person can make. This particular organization had been in a downslide for several years under the leadership of an autocratic administrator who used fear and intimidation as his leadership style. Everyone had been impacted by this and carried with them the stories of what life was like during that time.

The Power of One

A new day dawned with the arrival of the new CEO, a seasoned administrator (and nurse), whose style was the polar opposite of her predecessor's. In one short year, she got a handle on finances, hired a strong team, and reached out to staff, leadership teams, and physicians. She built trust by acting on issues that mattered to them all and somehow found time to build community relationships as well. Morale was greatly improved from what I'd observed in my first visit under the old regime. To a person, everyone talked about beginning to have hope again that the organization could succeed.

When I asked the leaders who worked directly with this administrator what they most appreciated about her, I heard common themes in their answers. "She listens and values our opinions; she makes hard decisions when she needs to and is very transparent, which helps us trust her." "She makes a point of thanking people and seems so genuine. Her optimism is contagious, and she is a great role model for us."

On the flight home, as I was starting to write this chapter, I was remembering the energy in the room as she spoke to the nursing leadership team and the difference in the trust level I could feel. I realized the fortunate coincidence of seeing how an incredible leader could turn around

an organization as I planned to start to write a chapter on leadership. There's nothing like seeing real leadership in action to reinforce what I know—the leaders who "get it" make all the difference in the world.

It's All About Relationships

In a nutshell, leadership is about getting things done through other people. You have likely heard the phrase, "you are only as good as the team you build around you … they are your success." Leaders who understand this know that they need to listen more than they talk. They need to hire good people and support their decisions, while inspiring a shared vision and the trust of their teams.

Effective leaders have great people skills, and they love a challenge. They are strategic thinkers and can see patterns in what's going on, enabling them to *develop a shared vision for the future*. That last point is part of what separates leadership from management.

While leadership and management are interdependent, in some ways they are also different. Let's pause for a moment and drill down on the differences:

Managers	Leaders
• Focus on doing things right	• Focus on doing the right things
• Intent is to get things done	• Identify what needs to be done and why
• Set up systems and structure	• Deal with relationships and engagement
• Stress consistency and control	• Stress creativity and innovation
• Are concerned about results and the bottom line	• Look over the horizon and anticipate what's next

Stephen Covey summarized these differences well when he said that *managers* focus on climbing a ladder in an efficient manner, while *leaders* are concerned about the ladder being up against the right wall. One could argue that, in the rapidly changing world of healthcare, we are over-managed and under-led—and this is all the more reason we wanted to devote the first chapter to leadership.

Many chapters in this book will address the management aspects of your role, and in others you will find a leadership aspect woven throughout (e.g., staff engagement, team-building, and managing change). Leadership and management skills will both contribute to your success.

Emotional Intelligence for a Leadership Role

Developing your capacity for leadership is all about understanding and building your emotional intelligence. Daniel Goleman is an author who has written extensively in this field. He highlights the four domains of emotional intelligence in his classic book for leaders, *Primal Leadership: Learning to Lead With Emotional Intelligence*. These domains of emotional intelligence are outlined below with a list of the some of the behaviors that typify each category.

Self-awareness

- An understanding of one's own emotions, strengths, limitations, values, and goals
- A propensity for self-reflection, thoughtfulness, and using gut instinct to make decisions
- Self-confidence and self esteem

Self-management

- Self-control—ability to manage impulses or strong emotions
- Transparency—honesty, integrity, and trustworthiness
- Adaptability and resiliency
- Goal-oriented—internal drive to achieve standard of excellence
- Self-starter—takes initiative and is proactive
- Optimism—sees the glass half full and the value of positive thinking

Social awareness

- Empathic—actively interested in seeing from another's perspective and caring for their concerns
- Politically savvy—able to read a group, understand politics of an issue, astute
- Service-oriented—concerned with needs of clients, customers or employees

Relationship management

- Able to create a shared vision and persuade others to buy-in
- Influential—uses a variety of approaches to foster engagement

- Coaching and developing others—skilled in using feedback to motivate
- Change catalyst—initiates and manages group change
- Conflict management—deals with conflict proactively and resolves differences
- Networking—cultivates a variety of connections and builds relationships
- Teamwork—collaborative and builds on strengths of others

While no leader exhibits all of these characteristics, highly effective leaders have strengths in a half dozen of these behaviors, and all emotionally intelligent leaders use at least one behavior in each of the domains.

We know that the primary determinant of the workplace environment is leader behavior. Emotional intelligence is understood to be a key component in the success of leaders, so much so that many organizations (in business more than in healthcare) have candidates complete a battery of tests on emotional intelligence which are then factored in to the hiring decision. A direct link has been shown between leaders who exhibit these behaviors and positive business results.

Research shows that leaders with strengths in at least six of these behaviors place in the top third for performance evaluations (87%). It also shows that the units they manage outperform revenue targets by 15%–20% (Goleman, 2000). This is why you often hear the phrase that your emotional intelligence is more important than your IQ in determining your success.

As you reflect on the behaviors in each of the domains, it is important to remember that emotional intelligence gets better with age, and it can be learned. The best place to start is in building your self-awareness, since everything else flows from that.

> **Go to ▸** At the end of this chapter, I have included some tips for improving your emotional intelligence as well as helpful resources. It is useful to note that these behaviors build on each other. By managing impulses and feelings well—staying on an even keel, as it were—a leader is better able to create an environment of trust and fairness, which also fosters teamwork.

We now know what works and what doesn't work when it comes to effective leadership. Increasingly, emotional intelligence is a factor in who gets hired, promoted, or retained. Leadership is no longer defined simply by experience or training, but by how well you manage yourself and how you deal with other people.

Leader as Servant

As you think about the behaviors of effective leaders, you may well recognize in them a number of colleagues who embody several attributes on that list. If you were to talk with those people, you would likely find that they believe in the concept of *servant leadership.*

Servant leaders see themselves as *developing*—not controlling—people. These leaders listen and act on the "wisdom in the room" shared by those who do the work, rather than thinking they have the answers. They help to create a shared vision rather than a top down directive for the future. They leave their egos at the door.

The concept of servant leadership was developed by Robert Greenleaf in 1970 when, as a retired manager, he published an essay entitled *Leader as Servant* (Spears, 2002). That article began the servant leadership movement in this country. I still remember the first time I read that essay—I was a new faculty member teaching a leadership course for seniors in a baccalaureate program. I realized that servant leadership was not just a management concept, but rather a way of being, or a calling to live out a belief that life is about service to others (Autrey, 2001).

The Greenleaf essay often comes to mind when I read about transformational leadership as part of the culture in a Magnet® organization, or when I read a book on teamwork, or even when I run across an airline magazine article that talks about hiring only people who have a "servant's heart." I know I am listening to a servant leader when I hear, "My job is to see that those who work with me have what they need to get their job done."

Giving your team what it needs to get the job done may mean:

- Working to develop a just culture and dealing with disruptive physicians
- Supporting shared governance and evidence-based practice (EBP) by removing barriers
- Making sure that each member of the team regardless of their title or seniority feels valued and respected for what they bring to the table
- Securing funding for professional development or special training needs
- Advocating for and purchasing much-needed equipment
- Being creative with staffing and scheduling by making the best use of salary dollars
- Dealing with long-standing system issues, especially those related to supplies or support for staff

In forty years of watching this concept lived out by great leaders, I have never met a servant leader who did not also embody many of the behaviors we call emotional intelligence … some

of them long before that term was popularized. I doubt that you can have servant leadership without emotional intelligence in any meaningful discussion of leadership.

Having reviewed the ways in which effective leaders behave and the mindset that they have about their role, let's next take a good look at the style of leadership they have—transactional or transformational.

Transformational Leadership

You will find countless articles in the nursing literature touting transformational leadership as the preferred style for staff retention, teamwork, and innovation. The idea of transformational leadership developed substantially after it was recognized as the style used by managers in all of the original 41 reputational Magnet© hospitals (Drenkard, 2013).

Transformational leadership is all about partnership and the quality of the relationship that exists between the manager and the team. The transformational leader brings out the best in people and creates synergy that leads to creativity, innovation, and sustainable change in the organization. Transformational leaders have a "servant's heart" in that they genuinely care about the people with whom they work and are able to relate in a way that "engages the heart" and fosters commitment to change rather than just compliance with change (Kouzes and Posner, 1990). Through advocacy, influence, and support, they create a more proactive response to change. Their inspirational style allows people to function at higher levels that they may have thought possible (Wolf, 2012).

With transformational leadership:

- Strategic decisions are made for transforming the organization, not just managing change
- Measured risk-taking and atypical approaches are encouraged to meet strategic priorities
- Listening, challenging conventional wisdom, using influence, and affirming are behavior norms
- Leaders and followers learn from each other and act on shared values
- Nurses feel valued and know that their efforts to elevate practice are supported
- Feedback from all levels is encouraged and valued (Luzinski, 2011)

Given the magnitude of changes in the healthcare workplace, it is easy to see why transformational leadership is a component of the Magnet© model. As nurse managers demonstrate their value added by fostering commitment, not just compliance, and develop creative approaches and an agility with change, the need for transformational leadership has

never been greater. It is incumbent upon us to step up to this challenge and let go of old patterns of transactional leadership.

Transactional Leadership: The Parent/Child Approach

Years ago, in his popular book, *Games People Play,* Eric Berne shed light on what he called "transactional analysis" in which he examined ways of relating as parent/child, adult/adult, or combinations of those styles. I mention this since parent/child is a useful way to sum up what transactional leadership sounds like and feels like. Rather than dealing with each other as adults (partnering for change based on shared values), as has been described in preceding sections of this chapter, transactional leaders are much more inclined to see themselves as "in charge." They deal with their subordinates in a parent/child manner.

A number of years ago, I developed a workshop called "Taking the Mama out of Management." As I talked about this around the country for the next five years, I was amazed at how every audience could easily relate to what it was like to work with a parental style of management. Those who use a parenting approach to management see themselves as "over the staff" who report to them and feel a need to closely supervise work using rewards and punishment as motivators. They are concerned with maintaining the status quo, setting goals for those with whom they work, and expecting compliance.

A few of the more typical behaviors and characteristics include:

- Difficulty delegating
- Avoidance of conflict
- Directing style
- Thinking, speaking, and doing for others
- Hyper sense of responsibility
- Perfectionistic or obsessive personality traits
- High control needs
- Risk averse
- Making themselves indispensable
- Reactive and prone to victim thinking

I purposely used a great deal of humor in those workshops, which enabled the staff or managers in the room to laugh at the craziness created by this approach. The group energy always improved by the end of the day, as people left with a game plan for shifting to a more

proactive mindset and sustaining the needed behavior changes. The universality of the parent/child management style in healthcare is due in part, I believe, to the fact that we are part of the "helping professions" and naturally like to step in and fix whatever might be going wrong … in our opinion. Our take-charge style, while it may work in an emergency, does not bode well for team-building. It fits well with the old hierarchical culture but not with our efforts to create a collaborative work environment.

Sadly, transactional management is all too common in healthcare today. I still have staff nurses commenting after a workshop that they would love to use the content I presented, but they are in a very "parent/child" work environment and are reluctant to challenge the group norms. These behaviors are common at the director level and in some cases even in the executive team.

One pattern I have noticed is that as stress levels increase and financial pressures take center stage, it is not uncommon to see a resurgence of these old behaviors. While we all may regress under stress, backsliding is very unfortunate since it runs counter to the collaboration, teamwork, and engagement we need to deal with adversity.

> **Note ▸** Take a close look at the list of parent/child management behaviors. Be painfully honest with yourself, and use a peer partner to assist you in moving away, even under stress, from transactional leadership.
>
> Recognizing and changing these behaviors is next to impossible in isolation. Find that peer who always tells you when you have broccoli in your teeth and ask for feedback when, and if, you regress to a style that runs counter to everything we have discussed about leadership.

Nurse Manager Peer Group

Speaking of the value of having a peer partner—someone who will be really honest with you—let's look at the value of an effective peer group to further enhance your leadership skills. In his book, *The Five Dysfunctions of a Team,* Patrick Lencioni rightly states that your peer group is your "first team."

Your first team is the group that you collaborate with, the one that you depend on for advice and support. Your need for consistency from this group is obvious. In some organizations, this group is called the leadership council, and in others it is referred to as the nurse manager meeting. Sadly, in some organizations, the managers never meet as a peer group.

We've included the need for a peer group in this chapter on leadership because:

- A peer group gives you a place to hash out ideas, speak with one voice, and learn about group problem-solving and reaching consensus.

- You can't model these skills for your staff councils if you have not lived them out with your peer group. You have no credibility if you are trying to teach something you have not felt for yourself.
- Your primary needs for affiliation need to be met within your peer group and not with your staff.
- Staff nurses deserve consistency across units in how policies, communication, and change management occurs. You don't want them in the parking lot comparing notes on differences among units relative to management practices and expectations.
- Peers need to meet to discuss like issues and reach consensus. The dynamics will be different if those to whom they report are also in the room.
- Having a peer group of managers makes it easier for other departments to collaborate and foster a sense of partnership.
- There are times you need to make a decision that may not go over well in your unit but is in the best interest of the organization as a whole. Your peer group must be your first team if the various units are going to work in concert with each other.
- Working in concert with your peers to live out the agreed upon leadership principles of being patient-centered, collaborative, respectful, etc., means you raise the bar for the leaders in your staff councils.

If you are not meeting as a peer group, give serious thought to starting this practice. If you are routinely meeting as a peer group, look as ways you can use your collective knowledge and experience to benefit new managers.

> **Try it** ▸ I worked with a manager peer group that had developed a buddy system so that when a new manger was hired, they were met by a peer partner, taken to lunch by peers in their service, and offered an orientation package developed by the peer group. Try it!

Another value added with a peer group is to cooperatively select members of the group to act as a liaison with various departments, as a way to improve communication and partnership. This technique is a great way to change the "us and them" relationships with other departments, fostering instead a sense of being all in it together.

If you are having issues with a given support service, you can start by meeting with the manager liaison of the service to get a sense of how best to work on the problem. A peer group can also offer a mechanism to stay current on the best management books and articles, perhaps even developing subject matter experts within the group on LEAN principles, evidence-based practice, etc.

In organizations with a highly functioning peer group for managers, you see the same benefits as enjoyed by shared governance councils for staff nurses. We all need a peer group to continue learning and honing our skills for leadership and management.

Responsibility for the Practice Environment

If you are a new nurse manager using this book like a very large pocket guide, you may find the heading above a bit overwhelming. At the same time, it is true … the buck (and responsibility) stops with the nurse manager. To assist you as you move into your new role, we have prepared an addendum for new nurse managers at the end of this book particularly related to the first three months in the role. We hope this will ease your transition and allow you to feel more grounded as you assume your role as nurse manager.

For those who have been in the role for some time, the idea of being responsible for the practice environment may well be what keeps you coming to work every day—you know that you have an opportunity to make a difference for patients and families with the teamwork you engender and the quality of people you hire. Glancing through the chapter headings in this book, it will be obvious that owning the responsibility for the practice environment requires a heartfelt desire to lead and a commitment to developing the skill sets needed to be successful.

Developing a structure for shared decision-making is critical. Hiring the best people and attending to patient safety and quality are also clearly key areas where nurse managers should spend their energy. In addition, one particular topic that we will emphasize throughout the book is the importance of employing evidence-based practice. We will be crystal clear about the primary importance of using an evidence-based approach and the role of the manager in moving this from concept to reality.

Nurse managers need to play a pivotal role in fostering this approach by removing barriers (typically lack of time or mentors, or reluctance to change), role-modeling the values of EBP, and creating experiences for staff that foster a belief in the importance of EBP.

Cheryl Fisher and Joan Sheeron, two nurses from the National Institutes of Health, recently published an article entitled "Creating a Culture for Evidence-Based Practice: What's a Manager to Do?" in *Nursing Management*. In it, the authors provide a useful set of suggestions for managers intent on two important goals: providing nurses with control over their practice, and elevating the level of nursing practice offered to patients. Their approach includes a focus on:

- Organizational support as a prerequisite for the implementation of EBP
- Nurse managers who are conversant with the principles and implementation of EBP
- Incorporation of EBP into the annual performance evaluation

- The development of a five-tiered competency (based on a framework encompassing novice to expert), with nurse mangers expected to complete the competency at levels four and five
- Facilitation of manager and staff involvement in specific education (for example, literature appraisal) and ensuring dedicated time for this training and the CEUs provided
- Greater visibility in the clinical areas and explicit support for EBP
- Cultivating a "spirit of inquiry" with scheduled work time for nurses to have 1:1 mentoring (Fisher & Sherron, 2014)

Using the nursing practice council to promote autonomy in practice and having nurses as part of clinical rounds create the experiences that ultimately change the culture by weaving evidence-based practice into daily routines. Because we are in the early stages of adopting EBP as the norm across the country, it is even more important for nurse managers to own their part of this culture change.

It Takes a Village

If you glance at the "to-do" list on your desk, you will likely find that much of what you need to accomplish involves collaboration with the human resources department, physicians, and senior administration, as well as the support departments that take a lot of your phone time. Staying with the theme of making you the most effective leader possible, let's take a moment to explore the part these key stakeholders play in the overall success of your unit.

Partnering with HR

Working with the employee relations manager, the nurse recruiter, and others in human resources is important aspect of the managers role to hire and retain the best staff possible or, if necessary, to discharge an employee. The need for collaboration in this relationship is obvious.

Take the time to meet with HR staff to discuss "what do I need from you and what do you need from me in order for us to work well together" (team agreements) as one helpful way to foster a sense of partnership. Seeing things from their perspective and understanding how the department works may well make you more empathetic to the demands of their roles. Areas of common responsibility include the following:

- The on-boarding process
- Exit interviews
- Staff engagement and retention strategies

- Moving to positive or nonpunitive discipline
- Understanding market surveys and compensation policies
- Improving the system for evaluations

Most importantly, choose to avoid the age old "us and them" relationship with HR. Working together on issues of shared interest will serve you well—their advice may save the day when you are dealing with employment law and litigations.

Engaging physicians

Few relationships are more important to the care of patients than those you have with the physicians who admit to your unit. Physicians also play a pivotal role in staff retention—surveys indicate that a third of nurses who leave a unit do so because of poor physician relationships (Beeson, 2009).

Developing and maintaining collegial relationships with physicians is a key skill set for nurse managers. We know that collaboration is a process, not an event, and with that in mind, consider the following as a checklist you can use to support that process:

- ☑ Get-acquainted conversations so that you know something about their interests, experience, kids, hobbies, etc., to create a sense of familiarity.
- ☑ Team agreements with unit medical director—identify the two or three things most important to work on as partners.
- ☑ Physician rounding—intentional discussions to include, what is going well on this unit, is there someone I need to recognize, are there systems that could work better, what equipment is needed, etc. You may also want to keep a rounding log for accountability.
- ☑ Physician preference cards to include preferred rounding time, information needed when rounding, committee memberships, and contact information.
- ☑ List of what to do before calling a physician; when you call a physician, have collaborative practice orders, critical pathways, and protocols (Schmalenberg, 2005).
- ☑ Keep the focus on patient outcomes.
- ☑ Build working relationship with the chief medical officer. Agree on processes for resolving conflicts and dealing with disruptive physicians.
- ☑ Identify physician sponsors or physician champions with housewide change initiatives.
- ☑ Involve physicians in process improvement (e.g., Lean projects).

- ☑ Never underestimate the value of competence in one's own role and the need for competent nurses as a key factor in sustaining collaboration with physicians.

Perhaps your organization has holiday parties for staff and physicians to jointly attend, a physician recognition program in which nurses vote on and recognize the physician of the year in each specialty, etc. Having the nurse manager attend physician department meetings to talk about what is working/not working or to provide information on new staff is another linkage that can be useful.

Working with the C-suite

Partnering with your senior executives is essential, and many of the same ideas for collaboration mentioned earlier apply in this circumstance. Recognize that you are the lynchpin for communication, alignment with key initiatives, promoting professional practice, and managing up your staff as you work with members of this team. Demonstrate your value added by:

- ☑ Doing your homework and being prepared with data to support your request or position.
- ☑ Thinking in "executive summary" terms and being concise—using anecdotal information when useful.
- ☑ Share stories of what is going well and asking them to send thank-you notes or see staff members when rounding.
- ☑ Speaking the language of finance, IT, etc., and seeing a situation through their eyes as you prepare for meetings—remember the station we all listen to is WIFM (what's in it for me).
- ☑ Taking ownership for your part early in the conversation, and communicating the steps you have put in place going forward to learn from a situation.
- ☑ Offering written summaries of your key points, use visuals such as trending data, time lines to show past history, etc., and sending a follow up email after the meeting indicating agreements and next steps.
- ☑ Advocating for the unique contribution that nursing brings while also being a team player and demonstrating your ability to understand different views. Collaboration is your mantra.
- ☑ In informal conversations and rounding share your plans for the unit, being clear about ways they can remove barriers and follow up on agreements or next steps.
- ☑ Sending thank-you notes and personally thanking those whose actions are helpful.

Your intention to have a collegial relationship with the stakeholders whose work supports your unit will be evident as you listen, take ownership, and keep the patient at the center of what you do. Partnership means that you don't put down the other party in conversation, and you give the benefit of the doubt. You root for each other to be successful. There will certainly be times when things are not going well and your frustration is warranted, but keep the "end game" in mind and "don't burn your bridges," as my grandmother used to say. Stay in the adult-adult mindset as you deal with other departments, physicians, and your executive team, and don't let the stress of the situation make you regress to a parent/child mentality.

In her best seller *Lean In: Women, Work, and the Will to Lead,* Sheryl Sandberg reminds us to take "your place at the table" and be confident in what you are doing even if you have to "fake it till you feel it." In order to grow and challenge yourself in a leadership role, you have to believe in your ability. You may find yourself spoken over or discounted in meetings—your way of dealing with this needs to be speaking up, making your case, and staying true to what you know. Building alliances and credibility takes time and happens one situation at a time. Be the partner you would like to have, and you will be well on your way.

Finding the Space to Lead

One of the themes we often hear from nurse managers around the country is how busy they are. To a person, the issue of dealing with the urgent over the important is all-consuming.

The real question we must ask ourselves is, "Are we busy, or are we productive?" Are we so caught up in the daily trivia that we are like robots moving through the day, from meeting to meeting, and falling asleep at night reading books on leadership? I remember a nurse manager in a leadership development program years ago saying, "When I look at what I am doing, I realize I am either rehearsing or rehashing, always in my head, and as a result I miss this moment." Being effective in a leadership role means that we have to be present and not let the voice in our heads lead us around by the nose.

Janice Marturano, a lawyer by training and former business executive, has offered several ideas to address this issue in *Finding the Space to Lead: A Practical Guide to Mindful Leadership.* Mindfulness is about intentionally bringing our attention into the present moment with an attitude of acceptance. The way in which mindfulness has become mainstream in the last few years is due, in part, to our increased understanding of how the brain works.

Studies have shown that mindfulness changes the way the brain functions to allow for greater flexibility, greater creativity, more resilience, and greater empathy—making us less reactive and judgmental. When we allow ourselves to notice our breathing and come back to the body (and out of our heads) and be present and accepting of what is, we open a space for something else to

come through. Instead of being caught up in our logical minds or emotions, coming back to this moment allows for our "wise mind" to enter into the picture. We use the brief moment between an event and our reaction to it to instead *choose* our response. How many times have you made yourself buy time instead of reacting, and later found that this allowed you to respond in a much more effective way?

Consider those benefits of mindfulness and use the daily practices that Marturano recommends for leaders:

- ☑ Sit quietly and noticing your breathing for 10 minutes twice a day. Watch the "movie" as thoughts come and go without slipping into the screen.
- ☑ Practice a "purposeful pause" by doing one thing mindfully—being present.
- ☑ Notice an emotion without acting on it.
- ☑ Name the emotion you feel as it arises and watch it dissolve.
- ☑ Repeat the phrase "be here now," and allow yourself to notice your surroundings.
- ☑ Adopt a non-judgmental attitude ("it is what it is") and practice acceptance.
- ☑ Make an effort to "be with" rather than "do something."
- ☑ Listen and create a space for your "wise mind," choosing what to do next with greater awareness.
- ☑ Trust your intuitive sense.

Entering a time of huge transition requires that we make every effort to be creative and resilient, to have more empathy, and to be less reactive and judgmental. These are all benefits we can trade for our busy-ness. Bringing mindfulness into your life is training the mind and heart, and it takes time and discipline.

> *Seek to be a friend to your practice with a patient and gentle attitude …*
> *you will find powerful support and assistance opening to you.*
> *—Jeffrey Brantley, Calming Your Anxious Mind*

A Few Final Thoughts

Perhaps as you have been reading this leadership chapter, you have envisioned faces in your mind's eye those leaders who have influenced you and taught you things that you could never learn from a book. Take a moment to thank these people. Send them a note and let them know that what they did made a difference.

Keep in mind the lessons you've learned, and decide for yourself the leadership principles that are going to be your "must haves" in your role as manager. Build a team of people around you that compliment your skills, and know that they are your success. Have fun and know that you are right where you need to be, and use everything you ever thought you knew to add value and be a role model for those who work with you. In the words of Jim Collins, "be persistent and consistent and have patience … it will get better."

Shelley and I have a deep respect and gratitude for nurse managers who come to work every day living out much of what we offer here. This book is our way of expressing our gratitude.

When all is said and done, leadership is not about titles, or accolades, or being the best at getting down your to-do list. It is about one life influencing another. As you read the chapters that follow, we hope that our tips, tools, and insights will make your leadership a legacy you can feel good about for years to come.

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Tips

Become familiar with *Harvard Business Review, Fast Company,* and *Inc. Magazine,* and browse through these every chance you get. They often have articles that will educate, inspire, or energize you as you seek to improve your leadership skills. Check out *www.hbr.org* for a newsletter with management tips for the day.

Several management books provide access to newsletters, blogs and white papers through the website of the author.

Read the classics to ground yourself in basic truisms about leadership and management including *7 Habits of Highly Effective People* (Covey), *Good to Great* (Collins), *First Break All the Rules* and *Now Discover Your Strengths* (Buckingham), *Primal Leadership* (Goleman), *What Got You Here Won't Get You There* (Goldsmith).

Tools

Several tools to improve emotional intelligence can be found in *The EQ Difference* (Lynn) and, for managers to use with staff groups, look in *Emotional Intelligence Activities for Busy Managers* (Lynn).

A number of self-tests to gauge your emotional intelligence are available online; search for them.

TED talks: Andy Puddicombe, "All It Takes is 10 Mindful Minutes," Dr. David Cox, "The Science of Mindfulness," and Dr. Jon Kabat-Zinn, "Mindfulness Practice."

Guided Meditations for iPad and phone, in *Mindfulness of Beginners*, by Jon-Kabat Zinn

Application of servant leadership principles in nursing: *www.emergingrnleader.com/servant-leadership-in-nursing/*

Use a system for getting feedback. For example, ask: "What do I need to stop/start/continue doing?"

Insights

"The growth and development of people is the highest calling of leaders." —Henry Firestone

"The first responsibility of a leader is to define reality. The last is to say thank you. In between, the leader is a servant." —Max DePree

"Entitlement diminishes self esteem and is the inevitable outcome of caretaking." —Peter Block

Routinely spend time with your best staff nurses and ask them what you need to do to keep them…too often all your time is taken dealing with low performers.

Leaders don't have all the answers…they ask good questions.

"But of the best leaders, when the work is done, the staff will say, 'We have done this ourselves.'" —Chinese proverb (loosely translated)

