

Nurse Manager Survival In An Age Of New Healthcare Priorities

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The role of the nurse manager in today's intergenerational workplace has become more challenging. This article compares a scan of recent health regulatory and policy reports with the needs and priorities of today's emerging workforce. The resulting environment is one in which managers find themselves being told to retain staff without the ability to sculpt the workplace into a arena where young workers want to stay. A manager's tool kit is presented defining the skill set needed for successfully managing the twentysomething generation to retain them in healthcare.

Healthcare has emerged as a preeminent priority in the business, political, and global economy of the twenty-first century. Employment opportunities for nurses are abundant, non-traditional educational options are springing up everywhere, and creative solutions are being sought to ease a critical nurse shortage. But even though nursing is in the spotlight, the role of nurse manager has become more difficult, frustrating, and less satisfying than ever before. What has changed and what can be done to prevent a mass exodus of nurse leaders who are saying about their manager role, "I've just about had it!"?

What follows is an overview of current ideas about the twentysomething generation in general and what they want in their managers and work settings. This information is incorporated into an environmental scan of recent reports by healthcare groups (American Hospital Association, American Nurses Association, Robert Wood Johnson Foundation, and Joint Commission for the Accreditation of Hospitals) with analysis of how the emerging workforce ideas about managers blend with the projected realities. Finally, an opinion of what should happen next is offered along with strategies for developing and retaining our young nurses in today's volatile healthcare environment with an emphasis on strategies for frontline managers as well as hospital systems.



Nursing that Works

Management Challenges - Healthcare's Voice

Effective leadership and management are essential components of today's work environment if nurses are to enjoy a satisfying and productive career trajectory. How does the nurse manager handle the challenges of today's nursing environment which is fraught with chaos and challenge? The shortage has brought recruitment and retention issues to the forefront of everyone's strategic plan. When staff is short, the problem falls squarely on the shoulders of the nurse manager who is expected to cover the unit even though there are inadequate bodies to do so. When nurses decide to leave, the problem again goes directly to the nurse manager who is told to develop a retention plan and keep those nurses employed and working. When tired, overworked nurses make mistakes or burn out, the burden of explanation and solution falls to the nurse manager who is often dealing with personal feelings of burnout and frustration at the same time. How are we going to retain our finest managers in the midst of this critical nursing shortage?

The world is looking at the nursing profession and asking these same types of questions. Never before have so many powerful health-related groups all focused on nursing issues within such a short timeframe. During the summer of 2002, no less than four powerhouses of healthcare addressed the nursing shortage and voiced remarkably similar messages.

American Hospital Association

In April of 2002, the American Hospital Association kicked off the nursing shortage showcase with their thoughtful and insightful publication, *In Our Hands: How Hospital Leaders Can Build a Thriving Workforce* (AHA, 2002). Among other things, this publication pointed out some sobering facts to the U.S. healthcare establishment. This report indicates that this nursing shortage is different because:

- U.S. labor force is aging
- Fewer potential workers are behind the baby boomer generation
- Careers in healthcare are seen as less attractive to those entering employment
- Many in the current hospital workforce are dissatisfied with their work.

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To solve the workforce crisis, 5 key steps with implications for the nurse manager in the hospital setting are proposed (AHA, 2002).

The first priority is: "foster meaningful work. Workers must find meaning in their work and be supported in efforts to provide high-quality patient care" (p.13) Nurse managers are in the unenviable position of finding ways to help their staff nurses find meaning in their work without sacrificing high-quality care. Most nurse managers would say that the act of providing high-quality care "is" the way that nurses find meaning and relevance. However, we find that significant numbers of nurses are saying that their ability to provide quality care is compromised by the lack of staff. Aiken et al (2002) has shown that having additional patients compromises the safety of the patient and increases nurse dissatisfaction and burnout. However, the nurse manager is challenged to help nurses find this meaning which seems to be eluding the managers themselves.

A second priority of the AHA report was: "improve the workplace partnership where staff are valued, have a voice in shaping policies and are rewarded and recognized" (p. 27). The only way for nurses to feel like they have a voice in shaping policy is for them to be at the table when policy is shaped. "Being at the table" has been a priority for nurses for many years. The nursing shortage has brought nurses into the policy realm as shortage solutions are sought. However, the nature of the shortage has made getting to the table even more challenging. Short staffing and increased acuity have made time away from patients more and more difficult. Nurses are reporting problems even getting a break for meals or getting to take scheduled days off due to short staffing. The nurse manager is faced with the dilemma of scheduling nurses for participative governance opportunities and still assuring that the patients get quality care. Who does the nurse manager call to provide the coverage? Often, it is the manager who must provide the care at the bedside or the voice at the table along with other duties of scheduling, budgeting, evaluating, and coordinating the activities of one or more nursing units.

Besides having a voice and feeling valued, nurses want to be recognized and rewarded. Studies have shown that it is particularly important to the younger workforce to be praised and recognized for their contributions (Wieck, Prydun, & Walsh, 2002). Expectations that nurses will be rewarded and recognized within the current structure also fall on the backs of nurse managers who must fund rewards out of unit budgets and organize the recognition events during "spare time."

The AHA report also calls for healthcare institutions to "broaden the base of health care workers by attracting and retaining a diverse workforce of men and women, racial and ethnic minorities, and immigrants and older workers" (p.47). Recruitment and retention activities are assuming greater priority in nurse manager time management. Pre-employment interviews, evaluations, and post-employment assessments are being used to help make recruitment and retention decisions. These responsibilities may fall to the human resources department, but the nurse managers is usually involved in the process if not directly responsible for it. Scheduling to promote reentry of older workers has called for innovative, often shorter shifts. The wide variety of shifts and proficiency of the workforce has made scheduling more of a challenge to the nurse manager.

A fourth priority for changing the healthcare environment is "collaborate with others to attract new workers" (p. 59). Collaboration is an excellent way to share new ideas and innovations between and among many healthcare provider groups. Caught in a dilemma of attracting new workers while holding onto the ones currently in place has caused many nurse managers to question their own abilities to maintain the balance and control over their environments that is valued so highly by their younger nurse employees (Tulgan, 2000).

Nursing that Works

The final priority of the AHA (2002, p. 73) report is "build societal support for public policies and resources needed to help hospitals hire and retain a qualified workforce including:

- a. adequate payment rates for hospital care
- b. financial support of information technology
- c. regulatory reform"

This issue focuses on policy changes and depends on a reliable, factual description of current conditions. When hospitals decide to change public policy, their first step is always data collection to frame the problem. Who collects the data? Who is responsible for furnishing the information needed to reframe healthcare? Generally it is the person in the manager role who collects the data, fills out the forms, or worse yet, has to ask over-worked staff nurses to fill out yet another data collection form instead of providing the quality care that makes their nursing career meaningful.

The squeeze from the top and the bottom is threatening the stability of the mid-manager cadre in healthcare today. How can nurse managers be helped to regain some balance so they can assist in making the hospital environment one in which nurses can survive and thrive?

A key focus of the strategies recommended by the American Hospital Association (2002) is development of new models of care delivery by empowering teams, including physicians and nurses, to build new work models based on workers' competencies, education, and experience. They further suggest that ideas be offered to modify work design and environments to retain older workers. And finally, they seek innovations built upon new technologies that reduce paper records and the repetitive entry of information and which capture the concepts of the Magnet Program.

How will these new work models be developed? Will nurse managers be involved in the evolution of new care delivery systems? If invited to the table, can they and will they take the time to participate in this evolution of nursing care delivery? Will nurse managers be expected to implement pilot studies and evaluate new models? Who will develop the evaluation criteria? Will new care delivery systems be the straw that breaks the backs of nurse managers and drives them out of nursing all together? How can we protect and nurture our current and aspiring nurse managers so they can take a leadership role in the solution of the nursing shortage and the development of an ideal nursing care environment of tomorrow?

American Nurses Association

In April, 2002, the American Nurses Association released its publication, "Nurses Agenda for the Future: A Call to the Nation." A vital piece of that publication was the future vision for nursing which began with the statement that "Nursing is the pivotal health care profession, highly valued for its specialized knowledge, skill and caring in improving health status of the public and ensuring safe, effective, quality care." ANA also calls for new models of care delivery. One of the strategies defined for creating integrated models of health care delivery is that nursing practice management be redefined and reshaped for positive change. Further, to influence legislation, regulation and health policy, ANA calls on nurses to be policy-makers at local, state, national, and international levels.

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Nurse managers are seldom educated in the skills and politics of health policy development. How will management be redesigned and reshaped? If the emerging workforce needs are considered, management preparation will focus on leadership skills rather than management styles. The emerging workforce wants to be led, not managed (Bradford and Raines, 1992). ANA's Agenda for the Future proposes a primary strategy that "professionalism is supported by infrastructures for education and leadership development." What retooling and reeducation will nurse managers need in order to support the professionalism of their nursing staff?

Robert Wood Johnson Foundation

April, 2002, also brought the release of the Robert Wood Johnson-funded study, *Health Care's Human Crisis: The American Nursing Shortage* (Kimball & O'Neil, 2002). The authors point out that the nursing shortage is being driven by nurses' dissatisfaction with the profession and professional nursing's lack of appeal among minorities and men. Work satisfaction studies show that nurses are unhappy about pay, stress and physical demands, paperwork, and time spent with patients (Hart, 2001). To improve the satisfaction levels of the staff nurses, managers need to address these factors. But managers have little or no input into salary negotiations. Paperwork is driven by regulatory agencies and risk management priorities to protect the hospital from lawsuits. And stress, physical demands and time spent with patients are often factors of the acuity levels and staffing rates which, in the current shortage, are beyond the ability of the nurse manager to fix. So again, the manager finds a situation of accountability without control of causative factors - a recipe for dissatisfaction and burnout.

The RWJF study (Kimball & O'Neil, 2002, p.57) offered several recommendations for improving the nursing shortage situation:

1. Develop new models of nursing and healthcare provision and advance the study of nursing's contributions to healthcare outcomes and patient satisfaction.
2. Reinvent work environments and nursing education to address the needs and values of those currently in the profession and appeal to a new generation of nurses.
3. Establish a national nursing workforce measurement and data collection system.
4. Create a clearinghouse of effective strategies to advance cultural change within the nursing profession.
5. Form a National Forum to Advance Nursing, an independent body that would draw together a wide range of interested parties to work on the recommendations above.

Nursing that Works

Once again, the new models of care initiative is being put forward as a solution. When managers are faced with the daunting task of developing a new model of care without an additional infusion of money or personnel, the options are limited. New ideas and pilot projects are time-consuming and labor-intensive, but the development of better care delivery methods is too important to ignore. So, nurse managers are expected to be innovative researchers while they maintain a satisfied workforce rendering a high standard of care.

The healthcare world is beginning to take notice of the new generation of nurses (Wieck, 2000). Their work commitment and career goals are different than their Baby Boomer counterparts. Strides are also being made to retain older nurses in the workforce to help alleviate the shortage. The nurse manager finds a challenging workplace with three or four distinct generations clashing over how to do things or even what to do. Nurse manager challenges are growing.

Joint Commission for the Accreditation of Healthcare Organizations (JCAHO)

The fourth report of the summer of 2002 was released in August. **HEALTH CARE AT THE CROSSROADS: Strategies for Addressing the American Nursing Shortage** (Joint Commission for the Accreditation of Healthcare Organizations, 2002) is the first of a series of white papers by JCAHO to address areas of health care where public policy is needed. In summary, they say that healthcare organizations must:

1. Create organizational cultures of retention (i.e. Magnet status, for example.)
2. Bolster the nursing education infrastructure (increased funding for scholarships; establish a standardized, post-graduate residency program; emphasize team-training in nursing education; create nursing career ladders commensurate with education and experience)
3. Establish financial incentives for investing in nursing (base funding incentives on achievement of quantifiable, evidence-based, and standardized nursing-sensitive goals).

Issues which are being forwarded as vital to creating a desirable healthcare environment for tomorrow include development of a culture of retention for nurse staffing along with fair and competitive compensation and benefits packages for nurses. JCAHO further calls for a minimization of the paperwork and administrative burden that take the nurse away from patient care. This statement is interesting since much of the documentation required by hospitals is driven by JCAHO requirements. Nurse managers who are under tremendous pressure to assure compliance with JCAHO requirements are now being advised that paperwork needs to be minimized. How do they accomplish this feat? The obvious way is to develop pilot studies to determine more effective ways to chart patient activities and to serve on product evaluation committees who look at new documentation systems. Again, the nurse manager is pulled to off-the-unit activities which are important but time-consuming.

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JCAHO has also recognized the frustration of nurses with the treatment they receive at the hands of some physicians and are calling for hospitals to adopt a zero-tolerance policy for abusive behaviors by physicians and other healthcare practitioners. Here is a thorny point for nurse managers who are expected to assume responsibility for the unit activities and therefore often bear the brunt of physician outbursts and hostility.

Priority is given in the JCAHO report to measurement, analysis and improvement of staffing effectiveness. Limits to the use of mandatory overtime except for emergency situations are proposed along with asking hospitals to set staffing levels based on competency and skill mix applicable to patient mix and acuity. They further address the nursing environment by requests that hospitals adopt information, ergonomic, and other technologies designed to improve work flow and reduce risks of error and injury. All of these approaches affect the role and approach used by the nurse manager.

Fortunately, the JCAHO report does address the preparation and scope of the nursing leadership in a hospital. Hospitals are called to provide the management training and resources that nurse executives need to attain and maintain a culture of retention. The hospital administration is expected to delegate authority to nurse executives and other nurse managers, and, in turn, to staff nurses for patient care and resource deployment decisions. How will we prepare nurse executives and managers to fulfill these mandates for delegation and staff development? What kinds of managers are hospitals seeking and how will they know them when they arrive?

THE FUTURE

Hospitals are not going to close beds because they do not have enough nurses. They will find a way to meet the new mandates that evolve from the JCAHO, AHA, and other bodies who wield influence over them. A possible next-step might be seeking "substitutes" for nurses. This step is risky in light of the Needleman & Buerhaus (2002) study which clearly demonstrates the essential nature of registered nurses in hospitals. More RNs equate to better outcomes. Simply piling on more patients is not the answer as demonstrated in the Aiken (2002) study which shows that patient morbidity increases with the addition of more patients to the nurse caseload.

One fear is the potential substitution for nurses at the manager level. The unit-based manager role could be filled by persons with education in liberal arts or business graduates who backgrounds include finance, personnel, negotiation, and leadership. The nurse managers concept would be replaced by this "manager of nurses" who would then be in a position with potential mobility toward executive management, higher pay levels, and increased responsibility.

The advantages of such a substitute for the current nurse manager would be evident in having someone who has management as an area of education focus and expertise. Focus on leadership, economics, and human relations would allow the "manager of nurses" to develop expertise in those areas that address the things that have been identified as important by accrediting bodies and by the younger workers themselves such as personal attention, feedback, and involvement in workplace decisions that involved them (Tulgan, 2000). Freedom from the clinical aspects of the nursing unit, i.e. leaving that to the nurses who are the clinical experts, would leave the "manager of nurses" free to address personnel or financial issues, an area which many nurse managers say they dislike.

Nursing that Works

The down side of the "manager of nurses" concept is a further minimalization of the professional role of nurses. Recruitment of young people into the nursing profession is already hindered by low salaries and a perceived lack of control over one's professional career. Drucker (2002) says that young people want to be treated as associates, not subordinates. If management roles are closed to nurses, recruitment and retention of new nurses will grow more difficult as they see obstacles to progressing to the higher-salary levels and leadership positions.

Furthermore, traditional conflicts between nurses and business office personnel would escalate as decisions take on the characteristics of the bottom line and lose the qualitative caring aspect that nurses value so highly. Further diffusion of the "reason I got into nursing in the first place" can only continue to add to the nursing shortage as nurses leave the profession.

CONCLUSIONS...

Young emerging workforce nurses want a nurturing manager who helps them ease their transition into the nursing workplace. Yet, educators are being told that new graduates "need to hit the ground running."

- New graduates want "to be led, not managed," yet nurse managers may lack the leadership skills to realize this challenge.
- Young nurses expect their managers to be competent and professional, yet the main focus of many managers is the economic and personnel issues of the nursing unit.
- National groups are calling for "new models of care," yet managers may be helpless to have input into the development of these innovative new delivery systems.

It appears that professional nursing is at a crossroads - persons extraneous to the delivery of the resource are making the decision about how the resource will be packaged, delivered, and evaluated. This system appears to be a recipe for disaster.

A similar situation has occurred in the public education field where local and state politicians along with related but uninvolved groups such as psychologists and testing specialists have designed new models of education delivery. The result has been unprecedented drop-out rates, high school graduates who cannot read, and universities who are overwhelmed with the need for math and English remediation courses. Although the U.S. spends 54% more than international schools on secondary education, U.S. students ranked second to last in progress in science scores (Chester & Walberg, 1998). Simply reinventing a system does not ensure success.

If nurses are not involved in the "reinvention" of healthcare, they may suffer the same fate. Nurse managers are critical to this evolution of new models of care delivery. But they have new and increasing demands from younger nurses, challenges of managing a multigenerational workforce, and pressures from their own administrators to solve the problems arising from the shortage. Nurse managers are assessing the situation and making the decision to leave or stay.

It is vital that the new models of care delivery involve ways for nurse managers to be nurturing to their staff while maintaining control of the practice of nursing. Efforts to remove some of the management responsibilities from the nurse manager are tempting, but the control of nursing practice must remain with nurses. It is a challenge worth careful consideration.

Nursing that Works

Difficult as it seems, nurse managers must be educated in financial management, negotiation skills, personnel development, conflict resolution, and leadership. How can we prepare the managers and leaders of tomorrow? Here is the skill set or "tool box" for tomorrow's nursing manager in the intergenerational workplace. To produce a healthcare environment where nurses are satisfied and productive, nurse managers need to know how to:

- Negotiate for themselves and their employees
- Set boundaries and use critical reasoning to make them stick
- Attend to the diverse needs of four generations in the workplace
- Measure and evaluate competency, satisfaction and education needs
- Budget time, people and effort to produce clear outcomes
- Create balance and perspective in fostering a healthy work environment.

To use these tools effectively, the nurse manager must be adequately prepared.

The manager and leadership role must be brought back to nursing academic graduate programs and must be compensated at a level equal to others who hold similar positions of responsibility. For that reason, nursing must insist that our leaders and managers be educationally prepared at a level commensurate with other disciplines with a minimum of a master's degree to hold top-level management positions.

Nurses with leadership skills must play a role in the health delivery system of the future. As new models of care are developed, nurses with vision and strength must be at the table to advocate for the public and for nurses. A positive future will require diligence, strength, and interest - commodities which are scarce during times of strife and shortage. But nurses must be at the table when new models of care are developed. Changes are coming. Nursing's choice is whether to proactively drive the changes or reactively fight and criticize them. The choice is ours. And the stakes are high.

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