Nurse Manager Engagement
Three Adventures in Translating Theory into Practice
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Agenda
• Review/summary of key findings original Robert Wood Johnson funded. Nurse Manager Engagement Project

3 Application Adventures:
• NYU Langone Medical Center: Leadership Laboratory: Practicing Line of Sight
• AONE’s Nurse Manager Fellowship: An Emotional Mastery Curriculum
• Texas Health Presbyterian Hospital: The Sacred Sixty: Transforming Culture to Maintain Line of Sight

“Knowing is not enough; we must do.
Willing is not enough; we must do.”
--Johann von Goethe
Nurse Manager Engagement Grant: 2007-2009

- Funded by Robert Wood Johnson Foundation
- Clinical partner Pamela Klauer Trioio, PhD, RN, FAAN PT, Chief Nursing Officer, UPMC
- Six institutions studied
- 30 middle managers, 6 CNOs
- 45 hours of interviews, 600 pages of transcripts
- Since completion: Hundreds of nurse managers have deepened data base.

A Choice of Research Questions

- Why do nurses leave and how many?
  What are the problems of individuals and organizations that lead nurse managers to quit?

- Why do nurse managers stay?
  What are the solutions and models that can be found in the qualities of engaged individuals and their organizations?

Choice of words: Engagement or Retention?

- Retention is a metric.

- Engagement is a model. (Defined by Excellence and Longevity)
Positive Deviance (Hamel, 2007)
Study individuals who function more effectively than others. They suggest a model for the solution.

Appreciative Inquiry (Cooperrider, 1995)
Craft unconditional positive questions to learn strengths and value of individuals and organizations.

Signature Factors (Grafton and Ghosol, 2005)
Identify the positive characteristics aspirations and interests of individuals/organizations.

Research Tool: The Nurse Manager Engagement Questionnaire (NMEQ)
A focus on experiences, strengths and enduring values of individuals and organizations.
- Developed in Pilot study @UT Medical Center
- Beginnings and self reported strengths
- Positive factors that influenced decision to stay
- Satisfactions and highpoint experiences
- Organizational role in success and longevity
- Aspirations: wishes and positive future for nurse managers

Methodology + Data Analysis
- Interview tapes were transcribed.
- Each transcript was analyzed for individual and organizational themes.
- Dominant themes (I) and (O) from each organization were determined.
- Dominant themes across all six sites were tallied and ranked in order of frequency of occurrence.
- Significant themes and sub themes were noted across all protocols.
RWJ Study Summary: Signature factors Contributing to Nurse Manager Engagement

Ten Individual Elements
- Mission Drive
- Generativity
- Ardor
- Identification
- Boundary clarity
- Reflection
- Self-regulation
- Attunement
- Change Agility
- Affirmative Framework

Five Cultural Elements
- Learning Culture
- Culture of Regard
- Culture of Meaning
- Culture of Generativity
- Culture of Excellence

10 elements= 2 key themes
- Line of Sight: (Boswell & Bingham, 2006)
  One crucible of nurse manager engagement is meaning-making. The capacity to understand how their daily work as a manager contributes to care at the bedside and to the larger goals of the organization.

- Emotional Mastery: (Mackoff & Trisel, 2008)
  The other crucible of engagement is capacity to master the unique emotional challenges of nurse management.

The work continued......
Applications: Two Directions
Education for Engagement

Culture Change for Engagement

Nurse Manager Education for Engagement

New York University Leadership Laboratory 2011-

AONE Nurse Manager Fellowship 2009-

10 elements = 2 key themes

- Mission Drive LOS
- Generativity LOS
- Ardor LOS
- Identification LOS
- Boundary clarity EM
- Reflection EM
- Self-regulation EM
- Attunement EM
- Change Agility EM
- Affirmative Framework EM

Line of Sight: (Boswell & Bingham, 2006)
One crucible of nurse manager engagement is meaning making. The capacity to understand how their daily work as a manager contributes to care at the bedside and to the larger goals of the organization.

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Factor #1: Mission Drive

- Orientation toward purpose.
- Focuses on end result and outcome while addressing day-to-day issues.
- The capacity to maintain a line of sight to patient at bedside.
- Defines context with big picture thinking about self, team and organization.

“It is the patient, it is the person in the bed.”

Application #1: Educate for Engagement

Mission Drive
Line of Sight

Time Management in Light of Mission

Leadership Laboratory
New York University
Langone Medical Center

Creating a Leadership Lab
for nurse managers based on lived experiences

- Action research study
- Co-investigators: Dr. Kimberly Glass, CNO and Dr. Wendy Budin, Director of Research, NYU Langone Medical Center, New York
- Laboratory: New learning format based on NM lived experience, needs assessment and peer to peer counsel
- Appreciative Inquiry & Positive Deviance model
  What’s working/who has solved this?

How do nurse managers become leaders?
Time Management as a Leadership Practice

Managing time in light of mission

1. Time Management in leadership is about using time for the things that matter.

Reflect: A day in the Life of a Nurse Manager

Assignment: Plot out your day in 30 minute increments, list typical interruptions.

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What are your top 3 priorities as a nurse Manager?

How can these 3 priorities shape your planning today?

Making time for the things that matter.

Three simple but complicated guidelines

- Allow time for planning and establish priorities
  (Don’t do, Do later, Do now)
- Complete highest priority task whenever possible
- Reprioritize based on remaining tasks and new information and new situations.

Adapted from Croft, 1996

The 7 mistakes of a leader as time manager.

- Doing too much
- Leading by crisis
- Inability to say no
- Procrastination
- Complaining
- Perfectionism
- Disorganization
What are your best practices for managing this challenge?

Appreciative Inquiry / Peer Best Practices

What is working?

More than 100 suggestions

The Over-Functioner: Doing too much for too many

Critical questions:
• Did anyone have to do this task at all?
• Did I have to do it or could someone else have done it?
• List Your best practices to avoid over functioning.

The firefighter: Leading by crisis

Critical questions:
• Did I have to do it now—or could it have waited?
• Did I allow time to establish priorities to put this in perspective?
• How can I learn to smell smoke—before I see the fire?
• List Your best practices to avoid time crisis leadership.
The Scarlet O'Hara: Procrastinating and Postponing

- Create your procrastination profile
  - Critical questions:
    - What kind of things do I put off?
    - Can I identify my highest priority or hardest task and break it into chunks?

- List your best practices to avoid procrastination.

“[Image] I will think about it tomorrow…..”

The perfect ten: Perfectionism

- Critical questions:
  - Are my standards too high?
  - What level of achievement is needed for this task? (maximize or satisfy?)
  - Can I make decisions more rapidly with the information available?

- List your best practices for avoiding perfectionism.

In their own words….

- “The lab helped me to re-focus on what is truly a priority. It opened my eyes on the positive management of time that I am doing as well as the negative.”

- “It was wonderful to hear the strategies that I can readily implement in my practice starting today.”

- “I learned that everyone at the lab has struggled with the same issues I do. (There are) some good strategies that I will use, such as when talking to a staff who has a complaint, turning it into a problem-solving session. It made me reflect on my practice as a leader and how I want to be perceived.”

90% increased 1 point on Likert scale
Define: Boundary Clarity

“If I took it as a personal attack, I would never survive.”

- Connect to others without losing sense of self.
- Builds strong internal boundaries—separates own thoughts and feelings from those of others. (“This intensity is not mine.”)
- Maintain focus and equilibrium in the face of strong feelings in others. (“It’s not personal.”)
- Accept your own authority. (“You can’t be one of their buddies.”)
- Restore boundaries through disengagement. (“Get off the dance floor and up on the balcony.”)
- Avoid the triangle.

Boundary Busters

- Mount Vesuvius: Erupts with anger and accusation.
- The Guilt Monger: Persuades you to carry their burdens.
- The Confider: Gives (or asks for) too much information about private life.
- The Monopolizer: Asks for more than their share of time, energy and attention.
- The Dump Truck: Frequently unloads fears and tears.
- The Triangulater: Pulls you into their conflicts with others.
Build Boundary Clarity

- Use your resentment as radar.
- Name responsibility.
- Remember that “no” is a complete sentence.
- Respond rather than react.
- Get up on the balcony.
- Step out of the triangle.
- Change your inner conversation.

Inner Statements of Boundary Clarity

- “They are not doing this to me.”
- “What is the real problem?”
- “Why am I so concerned about saying no?”
- “The strong feelings here belong to him/her.”
- “If I choose to react this way, it is my issue.”
- “I can’t change her/him I can only change my response.”
- “I will need to separate myself to make calls that are correct.”
- “She needs to talk to him instead of me.”

Boundary Narrative

- Consider current/past situations with staff, physicians, patients, families & administration that have called for boundary clarity.
- Choose and describe a situation where you have succeeded in creating clear boundaries.
- Describe strategies that were effective.
The Sacred Sixty

Cole Edmonson
CNO, Texas Health
Presbyterian Hospital
Dallas, Texas

The sacred sixty, a hour of hospital wide rounding is part of THD initiative L2P (leader to patient) designed to enhance line of sight to the patient at the bedside.

The sacred sixty allows for engagement with frontline staff and patients during a protected one hour time that allows the leader to stay connected with the bedside experience, to harvest ideas and share experiences and to drive organizational outcomes and performance.

The name was conceived through a naming contest sponsored by CNO Cole Edmonson.
“I had the privilege of working with Dr. Cole Edmonson, who implemented a Leader to Patient concept at Texas Health Dallas Presbyterian (THD). When he arrived at THD, the patient satisfaction scores were 15%. He realized that the crux of the problem was that his nurse managers were being pulled in so many directions that they were not able to build the meaningful relationships with staff. He utilized the principles from [the nurse engagement research] and the satisfaction scores made a phenomenal climb to 90% in a few short months.”

----Juanita E. Hernandez, MSN, RN, CMSRN
Continuous Improvement, Texas Health Harris Methodist Hospital

“The hour was very beneficial and I was able to see several patients and staff members with no interruptions. I look forward to this time everyday as I have gotten comfortable with rounding it is very refreshing to hear great things about our team from our patients.”
--Kendra Henderson, RN, Nurse manager

“….A great teaching opportunity, and great team building opportunities. It takes us back to the patients and the staff, the real reasons why we are here.”
--Felicia Green, RN, Nurse Manager

“The no interruption was great. I asked one of my patients if she had 10 minutes to speak with me and she was delighted. I had sent his patient before but never had the opportunity to sit and visit, great time well spent and excellent way to deliver customer service.”
--Joyce Bass, RN, Nurse Manager

---Lisa Roberts, RN, Nurse Manager in Surgical ICU, Texas Health Presbyterian Hospital, AONE Nurse Manager Fellow in January, 2011
After your presentation, I had lots of questions from my AONE fellows about how the process works for our Sacred Sixty at THD. I shared that it is implemented hospital wide, and not only on the nursing units.

The 32 fellows were so impressed that our Administration totally supported the L2P concept, and set the standards for our organization by protecting the Sacred Sixty hour. No meetings nor phone calls are scheduled during the Sacred Sixty hour as all leadership is out rounding on their units, staff, and customers.

I heard from several of the nurses in my fellowship (10+ of them) that they are going to present this to their administration as well, since they consider this a best practice.

I am excited to meet with them in October and see if anyone has implemented the Sacred Sixty rounding at their hospital yet. Their biggest concern is how to accomplish this if they don’t have administration support. In regards to if the L2P concept will still make a significant impact, I encouraged them to start the rounding on their own units regardless. If it is implemented hospital wide, because they will still see a dynamic results with their staff and patients.

I am so fortunate to have such a great organization that supports leadership and nursing!

--Lisa A. Roberts

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Your thoughts?
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