THE BEST OF EMERGING RN LEADER

BLOGS

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The Emerging RN Leader Blog

Dedicated to Developing the Leader in You

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This PDF E-Book is in celebration of the second anniversary of the Emerging RN Leader blog. This blog is for new and aspiring nurse leaders throughout the world who are interested in nursing leadership as career path. You may be in your first nursing leadership position or perhaps you just became a Registered Nurse but see leadership in your future. Our goal is to provide you with leadership development information that is cutting edge and incorporates best practices and research from leadership work that is being done internationally. Your comments and emails have been so helpful in guiding the direction of the blog.

This E-Book is a collection of 25 blogs published over two years that have been popular with readers. They include blog topics from the following five major topic areas:

- The Leader Within
- Leading Others
- The Business of Healthcare
- Career Tips
- The Future of Healthcare

Thank You to our Blog Readers

Section 1

The Leader Within

Becoming a Transformational Nurse Leader

Published January 19, 2012

By Rose O. Sherman

"A leader is best when people barely know he exists, when his work is done, his aim fulfilled, they will say: we did it ourselves." - Lao Tzu

All of us have probably had a leader or coach who was able to bring out the very best of everyone on their team and achieve results that seemed impossible. If you have had this experience, you were probably witnessing ***transformational leadership.*** It is one of the key characteristics of Magnet designated organizations and is considered essential to solve some of the complex problems that we see in health care today. Unfortunately, many current nurse leaders are not transformational leaders. They may not even be sure what a transformational leader does or how to develop their skills to become one.

Key Attributes of Transformational Leaders

Transformational leadership theory was first introduced in 1978 by James McGregor Burns. He described it as leadership that occurs when the leader engages with followers in a way that raises their level of performance and motivation. Those influenced by transformational leaders find meaning and value in their work, are able to make significant contributions to their organizations and are more likely to become leaders themselves. There are four key attributes of transformational nurse leaders:

1. The leader serves as a role model and "walks the talks".

2. They inspire motivation in their followers by having a strong vision about their work.

3. They are concerned about the individual and demonstrate genuine concern for their needs and feelings.

4. The leader challenges and develops the followers to be innovative and creative nurturing independent thinking.

Transformational Leadership Skill Development

Nurse researchers who study transformational leadership have found that nurse leaders who use transformational leadership principles create environments that promote higher levels of job satisfaction, well-being and organizational commitment. Wong & Cummings (2009) also found in their work that there were significant associations between transformational leadership practices, increased patient satisfaction and reduced adverse events.

Developing transformational leadership skills requires that nurse leaders be honest and reflective about their current practices. Dr. Ronald Riggio, an expert in leadership development, advises

leaders to ask themselves the following key questions to determine whether they demonstrate transformational leader qualities: (Agree or Disagree)

1. I would never require a follower to do something that I would not do myself.

2. My followers would say they know what I stand for.

3. Inspiring others has always come easy to me.

4. My followers would say that I am attentive to their needs and concerns.

5. My followers have told me that my enthusiasm and positive energy is infectious.

6. Even though I could easily do a task myself, I delegate it to expand my follower's skills.

7. Team creativity and innovation are the keys to success.

8. I encourage my followers to question their most basic way of thinking.

You're Leadership Journey

You probably were not able to answer yes to each of the above questions. Leadership is a journey of self-development. It is important to turn your areas of weakness around using these statements in situations to ask yourself for example – a*m I being attentive to the needs and concerns of my team members?* An even stronger test would be to ask members of your team how they would rate you on each of the eight statements.

Every nurse who assumes leadership (CNO, nurse manager, charge nurse, preceptor) can and should practice transformational leadership. You will find that most of your followers are visionary, passionate and committed. They have great innovative ideas about how to transform health care that need to be unleashed through transformational leadership.

Read to Lead

Burns, J.M. (1978). Leadership. Harper & Row Publishers.

Riggio, R. (2009). Are You a Transformational Leader? Available at http://www.psychologytoday.com/blog/cutting-edge-leadership/200903/are-you-transformational-leader

Wong, C.A. & Cummings, G.G. (2009). The relationship between nursing leadership and patient outcomes: A systematic review. *Journal of Nursing Management. 15,* 508-521.

Are You are Good Follower?

Published April 30, 2012

By Rose O. Sherman

"What makes for a good follower? The single most important characteristic may well be a willingness to tell the truth. In a world of growing complexity, leaders are increasingly dependent on their followers for good information, whether the leader wants to hear it or not." Warren Bennis

To be selected for leadership, you must demonstrate that you are also a good follower. This is a topic that rarely receives attention when we discuss professional development in nursing. We hear a great deal about developing our leadership abilities, but little about follower-ship. Great leadership is only possible when the leader is surrounded by followers who will be inspired to do great work. I remember once interviewing a nurse for a staff nurse position and I asked her about her leadership goals. She responded that she really was not interested in seeking any higher level of leadership, but she told me that she was a great follower. As I worked with her over a number of years, I found that to be very true and what a remarkable gift it was. Some key traits of good followers include the following:

1. Frequent Communication with the Leader

Leaders count on followers who will be self-starters in their work. Followers also need to keep their leader informed about what they are doing, and any challenges they may be experiencing. Leaders need good communication from their followers to help them make the right decisions. Most leaders have preferred methods of communication such as a weekly briefing, email, frequent huddles or text messages. Find out what the leader's preferred communication style is and use it. You will also want to know if there are specific types of things that the leader does want to be informed about – ex. medication errors, family complaints, supply issues, areas of staff dissatisfaction. Health Care is a 24/7 business so learn the types of issues that a leader may want to be called about in their non-work hours. Leaders become frustrated when they hear that a problem has gone on for weeks and they were never informed about it.

2. Trustworthiness

Even great leaders can be undermined by followers who criticize decisions, are passive-aggressive, look to find fault or use their influence to erode the support of others. Good followers need to be trustworthy and transparent in their actions. There may be times in your career when you work for a leader that does not earn your trust, but this does not change your need to be trustworthy.

3. Accountability for Commitments

I once asked a nurse ,who has had remarkable achievements in his career, about the secrets to his success. He told me that the foundation of his success was that he always follows through on what he had committed to do. So few people do, he observed, that it will always make you stand out. Leaders depend on followers who will follow through on their assignments and can be counted on

to do their work. When nurse leaders look at their staff to identify their emerging leaders, this is a key trait that is considered.

4. Support for Decisions Made

The health care environment today is in a state of constant change. Even nurse leaders at the most senior level of the organization find themselves making decisions that may impact the work of staff in ways that will be perceived negatively. There is often no choice but to make these tough decisions and policy changes. Followers can and should share their concerns with leaders. Once a final decision is made, it needs to be supported. Followers should not blame the leader for unpopular organizational decisions, that they may have no control over.

5. Encouragement of Leadership Efforts

It is often said that it is lonely at the top, and many nurse leaders would agree with this assessment. Good followers recognize this, and find ways to encourage the leader on their journey. There is nothing that leaders value more than authentic praise from those that they lead.

In her work on follower-ship, Barbara Kellerman identifies five types of followers based on their level of commitment: *Isolates, Bystanders, Participants, Activists and Diehards.* She contends that the ideal follower is the Activist. The activist is passionate about their leader and/or organizations and demonstrates that enthusiasm. They are energetic, eager and engaged. It is from this group that future leaders emerge.

As you begin thinking about your future career as a nurse leader, don't forget to ask yourself first whether you are a good follower.

Read to Lead

Kellerman, B. (2008). Followership. New York: McGraw-Hill.

Servant Leadership in Nursing

Published April 16, 2012

By Rose O. Sherman

"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 De Pree

One of my neighbors is fighting an aggressive cancer, and recently spent three weeks in the hospital receiving chemotherapy. Happily, she has been discharged and appears to being doing well. In my conversations with her about her hospitalization, she was very complimentary of the nursing care that she had received. What she found even more remarkable was the incredible leadership provided by the nurse manager on the unit. This neighbor had been in leadership positions outside of health-care her entire working life. She told me that she was amazed watching this nurse leader interacting with staff. She exemplified servant leadership. Her comments were not surprising to me. I have known this beloved nurse manager for years. What was surprising is that her leadership was clearly visible to a very sick patient.

What is Servant Leadership?

Servant leadership as a leadership philosophy was first defined by Robert K. Greenleaf. He described servant leaders as those who achieve results for their organizations by attending to the needs of those they serve. A nurse servant leader looks to the needs of his/her staff and continually asks how they can help them solve problems and promote their personal development. The manager described by my neighbor as a servant leader worked with her staff to help them meet the needs of patients, while coaching them in their professional practice. The ability to provide service is their primary motivator for seeking a leadership role. Larry Spears describes 10 characteristics that are important to the development of a servant leader:

1. **Listening** – the servant leader actively listens to the needs of staff and helps to support them in their decision making.

2. **Empathy** – the servant leader seeks first to understand the needs of others and empathize with them.

3. **Healing** – the servant leader helps staff to resolve their problems, negotiate their conflicts and encourage the formation of a healing environment.

4. **Awareness** – the servant leader has a high degree of emotional intelligence and self-awareness. He or she views situations from a holistic, systems perspective.

5. **Persuasion** – the servant leader does not use coercive power to influence or persuade but rather their personal powers of persuasion.

6. **Conceptualization** – the servant leader sees beyond the day to day operations of their unit or department. They are able to focus on the bigger picture and build a personal vision.

7. **Foresight** – the servant leader is able to envision the likely outcome of a situation and is proactive in attempts to create the best consequences.

8. **Stewardship** – the servant leader is a good steward of the resources and staff that they are given. They feel an obligation to help and serve others without focusing on their own rewards.

9. **Commitment to the Growth of People** – the servant leader is inclusive of all staff and sees value in everyone. They attempt to maximize the strengths of all who work with them.

10. **Building Community** – the servant leader recognizes the importance of building a sense of community among staff.

Servant leadership has been embraced by many nurse leaders as the philosophy that guides their practice. Servant leadership is caring leadership and helps to build trust because followers believe that their leader genuinely cares about their welfare. This psychological safety leads to a higher level of employee engagement. Through their work, nurse servant leaders like the nurse manager described by my neighbor naturally build healthy work environments that attract and retain staff.

Read to Lead

Greenleaf, R.K. & Spears, L.C. (2002). *Servant Leadership: A Journey into the Nature of Legitimate Power and Greatness 25th Anniversary Edition*. Paulist Press.

The Introverted Nurse Leader

Published June 4, 2012

By Rose O. Sherman

"Introverts living under the Extroversion Ideal are like women in a man's world, discounted because of a trait that goes to the core of who they are. Extroversion is an enormously appealing personality style, but we've turned it into an oppressive standard to which most of us feel we must conform" Susan Cain

One of my students recently told me that she was not sure she "had the right personality" for leadership. She described herself as being somewhat quiet and reflective. *"I worry that staff look for leaders who are more extroverted and talkative".* I was impressed that this student understood herself well enough to be asking this important question. In the United States, we tend to value extroversion and often view it as a key leadership quality. Susan Cain is the author of a new book, *Quiet: The Power of Introverts in a World That Can't Stop Talking.* She contends that introverts are often more creative and careful in their approach to managing problems and risks. Introverts provide important balance in organizations, and there is a need for both introverted and extroverted leaders.

Introversion versus Extroversion

The terms introversion and extroversion are used to describe dimensions of personality were first introduced by the psychiatrist, Carl Jung. *Extroversion* is described in wikipedia as "the act, state, or habit of being predominantly concerned with and obtaining gratification from what is outside the self". Extroverts draw energy from being with others, and are prone to boredom when they are by themselves. By contrast, *Introversion* is "the state of or tendency toward being predominantly concerned with and interested in one's own mental life" Introverts draw energy from being in quiet reflection and lose energy when interacting with large groups of people. These dimensions of personality are thought be on a continuum with some individuals being extremely extroverted, some in the middle and some very introverted. It can be very difficult for extroverts to understand introverts, and their need to spend time alone.

Strengths of Introverted Leaders

Although extroversion has historically been thought to be important in leadership, there are those that argue that today's workplace and workforce are better served by more introverted leaders with high degrees of emotional intelligence. David Rock, in his book, *Quiet Leadership: Six Steps to Transforming Performance at* Work, cites recent neuroscience research that argues effective leaders should focus on mentoring, empowering and developing people, behaviors that are more consistent with introverts than extroverts. Introversion does not mean that a leader is shy, fearful or unable to take action. Rather it is a way of processing the world and information. Some strengths of introverts include the following:

- They think first and talk later.
- They focus on depth rather than superficiality
- They exude calm.
- They are comfortable with the written word

- They are more inclined to empower employees

Avoiding the Pitfalls of Being an Introverted Leader

Introverted leaders have great strengths but also have some weaknesses that can be pitfalls in a nursing leadership position. The need for solitude can lead staff to think that they are aloof, arrogant and even unfriendly. Although it may be difficult for the introverted leader, it is important to get out of the office and interact with staff, families and peers. Introverted leaders often find social events draining and avoid attending them. It is important to push yourself to go even for short periods of time. Because introverts relish privacy, introverted leaders need to work harder to help people to know who they are.

Introverted nurses can and do make great nurse leaders. One of the best nurse leaders that I know is very introverted. She readily shares this tendency with her staff, and even jokes about her occasional need for solitude as she leaves social events. She offers excellent guidance for introverted nurse leaders – *know who you are, be honest with others but push yourself outside your comfort zone when it is important.*

Read to Lead

Cain, S. (2012). *Quiet: The Power of Introverts in a World That Can't Stop Talking.* New York: Crown Publishers.

Rock, D. (2007). *Quiet Leadership: Six Steps to Transforming Performance at Work.* New York: Harper Books

Williams, R. Why it's Time for Quiet, Introverted Leaders. *Psychology Today Blog,* May 25th, 2012

How to Develop Thicker Skin in Your Nurse Leader Role

Published June 18, 2012

By Rose O. Sherman

When I began working in my first leadership position, I took every negative comment quite personally. I would go home sometimes feeling quite unsure of myself. I would second guess everything I had done that day. I remember talking with a close friend and colleague about my dilemma. She was quite blunt in her assessment that *"I needed to toughen up if I planned to stay in leadership"*. I understood what she was telling me, but I still was not sure how I could become less sensitive to negative feedback. Developing a thicker skin as a nurse leader is necessary, and here are five strategies that can help.

1. Recognize that most criticism is not about you personally but rather the situation

Negative feedback can be hard to take in a leadership role when you work hard. You may even feel a little under-appreciated by your staff. Most negative feedback is probably not directed at you personally, although you may feel this way. Rather, the individual is expressing frustration with their situation. A common criticism that new managers receive often revolves around staff schedules or assignments. A staff member may say that you are unfair or you don't know how to properly develop a fair staffing plan. What they really mean is that they don't like their schedule or assignment. It is framed as a much larger issue, and you could interpret it as a personal attack.

2. Discuss the situation with someone you trust to give your feedback

It is easy to misinterpret criticism or over-react to what was said. I have found it helpful in my leadership career to discuss volatile situations with a trusted mentor or my spouse. Someone who knows you well can help you to sort the situation out, and present a different viewpoint about what occurred. You may just have been hypersensitive.

3. Put a timer on your reaction to the situation and don't ruminate

Ruminating about criticism can be toxic to your mental health and undermine your confidence. Set a timer on yourself (24 hours as an example) to think about the situation and then just move on. Recommitting yourself to your work, and getting involved in a project that excites you can help you move past negative situations.

4. Acknowledge the truths in the feedback

There is usually some truth in the negative feedback that you receive. Don't be discouraged by the feedback but take the criticism as an opportunity to improve and grow. Always ask yourself the question "*Is there truth in what was said here?"* If there is truth to the complaint, acknowledge that you were wrong. Nursing staff have great respect for leaders who are able to say that they made an error and apologize for it.

5. Focus on something good about your criticizer and mention it in the conversation

When you are being criticized, think of something positive to say to the person that is giving you the feedback. Statements such as the following can be very useful to help you defuse the negativity: *Thank you for coming to me directly to discuss your feelings or I appreciate you taking time to give me this feedback.* You are not making any judgments about the legitimacy of the feedback, but you are acknowledging that you hear what is being said. Often the person that is criticizing you will be taken by surprise with this comment, and the conversation will end on a more positive note.

Sorting out all the feedback that you receive when you are a new leader is not an easy process. When you deal with criticism over a period of time as a leader, you will develop a thicker skin. You will anticipate that you will receive it, and even come to expect it. A good sign that you are developing a thicker skin is when you no longer find it necessary to defend all of your behaviors or respond to the criticizer. Will the criticism still hurt? Of course it will, but the sting will last a much shorter period of time. You may even smile when you realize your own growth.

Read to Lead

Garner, R. (2006). Criticism management: How to more effectively give, receive, and seek criticism in our lives. Woodlands, TX: Prescient Press.

Section 2

Leading Others

Why would Nurses want to be led by You?

Published January 9, 2012

By Rose O. Sherman

"Good leaders make people feel that they are at the very heart of things, not the periphery. Everyone wants to feel that he or she makes a difference to the success of the team. When that happens, people feel centered and that their work has meaning" - Walter Bennis

Why would anyone want to be led by you? That is a question that nurse leaders rarely ask themselves. If leaders are brutally honest in reflecting on their own strengths and weaknesses, they can probably find many reasons why nurses might not want to be led by them. Developing yourself as a leader is a process. You can and will make lots of mistakes. Reflective questions like this one are important to help you frame your leadership journey so you become the kind of nurse leader that no one wants to leave.

What do Followers want in a Leader?

Successful leaders are unable to achieve goals without inspired and motivated followers. We have all probably observed nurses who have been placed into leadership positions, had the formal title of leader but are not successful in capturing the heart and soul of those they lead. John Maxwell in his book *21 Irrefutable Laws of Leadership* makes the important point that leadership is above all the ability to influence others. We know from nursing research conducted on this topic that key qualities that nurses look for the in their leaders include:

- A commitment to excellence
- Passion about their work
- A clear vision and strategic focus
- Trustworthy
- Respectful
- Accessible
- Empathetic and caring
- A commitment to developing others

Seeking Feedback from Followers

Former New York city mayor Ed Koch was famous for walking into crowds throughout the city and asking "*So how am I doing?"* This is a pretty brave question to put out their to your followers when you are not sure what the response will be. The only way that you will learn and grow as a leader is to ask your followers to give you feedback about what you could do differently. Here are four good questions to ask your followers for feedback about your leadership style, communication and performance:

What should I keep doing as a leader?

What should I do more of as a leader?

What should I do less of as leader?

What should I stop doing as a leader?

If you receive enough feedback, you will see the trends in what you currently do well and where you need to improve. The key is to take the feedback and try to use it in a constructive way instead of trying to justify why you do what you do. Leadership does not happen in a vacuum. Goffee and Jones from the Harvard Business School who study followership offer good advice. They point out that successful leaders are those that are able to modify their behavior to respond their followers and the circumstances while simultaneously remaining true to who they are.

Read to Lead

Goffee, R. & Jones, G. (2006). Why would anyone what to be led by you? What it takes to be an Authentic Leader. Harvard Business Review Press.

Maxwell, J. (2007). The 21 Irrefutable Laws of Leadership. Thomas Nelson Publishers.

Teaching Nurses to Delegate

Published November 3, 2011

By Rose O. Sherman

Treat people as if they were what they ought to be and you will help them become what they are capable of being – Goethe

Many nurses find it difficult to delegate tasks to other members of their health care team. It is not uncommon to hear a nurse say that they could finish the task themselves in the time that it takes to explain it to someone else. While this may be true, it is shortsighted. When done well, delegation can be a very effective management tool. It frees professional nurses to attend to more complex patient needs. At the same time, delegation helps to develop the skills of nursing assistive personnel and it is also more cost-effective for the organization. By the end of the decade, this skill will become critical when there is a shortage of both professional nurses and nurse leaders.

An Overview of Delegation

Ineffective delegation or the lack of follow-up for tasks delegated can result in errors or omissions of care. As part of professional standards and licensure, specific guidance is often provided to nurses about the delegation of nursing care. In the United Kingdom, qualified nurses who are registered by Nursing and Midwifery Council (MCN) delegate care to Health Assistants but retain responsibility for care delegated.

In the United States the National Council of State Boards of Nursing (NCSBN) has published a position paper that describes delegation as the transfer of authority by a qualified nurse to a competent individual for the purpose of completing selected tasks or activities. This assignment should be based on the assessment of the patient's needs and the scope of practice and skills of the individual to who care is delegated. This delegation could be to another Registered Nurse, Licensed Practical Nurse or Patient Assistant.

Follow-up guidance and supervision of care is expected. In most US states, activities that include the use of the nursing process (nursing assessment, diagnosis, and plan of care, reassessment and evaluation of patient outcomes) can only be delegated to a Registered Nurse.

Prior to delegating in any setting, nurses need to understand the practice act or professional responsibilities that are part of their licensure. In addition to this information, it is also important to review the policies that a health care agency has regarding delegation. The following framework (NCSBN) can be then be used in the delegation process:

Step One – Assessment and Planning Questions to Ask

Goal – Give the Right Task under the Right Circumstance to the Right Person

- What are the needs and condition of the patient?
- What level of clinical decision making and assessment is needed?

- What is the predictability of the patient's response to care?
- What is the potential for adverse outcomes associated with the delegated performance of tasks and functions?
- What are the cognitive and technical abilities needed to perform the activity/function or task?
- Which team member has the scope of practice, skills, competencies and experience to perform the task needed?
- What is the context of the situation and the environment – was the patient just admitted, is it a high acuity environment?
- What level of interaction/communication is needed in the care of the patient and with whom?

Step Two – Communication Questions to Ask

Goal – Give the Right Direction

- How is the task to be accomplished?
- When and what information should be reported?
- What is the process for seeking clarification about delegated care?
- What are the communication expectations in emergency situations?

Step Three – Supervision Questions to Ask

Goal – Provide the Right Supervision

- What level of supervision and observation needs to be provided?
- What should be the frequency of monitoring and observing care?
- How will the completion of care be verified and documented?
- How will unexpected changes in a patient's condition be managed?

Step Four – Observation and Feedback Questions to Ask

Goal – Assess the Effectiveness of Delegation

- Was the delegation successful?
- Is there a better way to meet the needs of the patient?
- Is there a need to adjust the plan of care?
- Were there learning moments for staff or the nurse who delegated care?
- Was appropriate feedback and follow-up provided?
- Was positive feedback given when appropriate?

Delegation is both a science and an art. The science to delegation involves understanding professional responsibilities from a legal standpoint. The art involves making sure that good communication takes place during the delegation process. Part of being a good leader is helping professional nurses understand the need to develop their team members through delegation rather than demonstrating a lack of confidence in others or a need for control.

Read to Lead

Gillen, P. & Graffin, S. (2010) Delegation in the United Kingdom. *Journal of Online Issues in Nursing.* Available at http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol152010/No2May2010/Delegation-in-the-United-Kingdom.aspx

Hansten, R.I. & Jackson, M. (2008). Clinical Delegation Skills. Jones Bartlett Publishers.

National Council of State Boards of Nursing. Position paper on delegation. Available at https://www.ncsbn.org/1625.htm

Meeting Management Skills

Published April 5, 2012

By Rose O. Sherman

"Begin with the end in mind." Stephen R. Covey

All of us have probably had the experience of attending a meeting where there were no outcomes, and the conversation drifted way off the subject of the original intent of the meeting. Participants leave meetings like this feeling de-energized, and perhaps even angry that their time has been wasted. It can become difficult to maintain enthusiasm and engagement when this occurs. Unproductive meetings are also costly to organizations in terms of staff time. Meeting management skills are an important nursing leadership competency. There is both an art and science to the effective management of team, task force or committee meetings. Effective meeting management is a very visible way that one's leadership skills are judged by both peer and supervisors. Prior to leading any meeting, review the following checklist of questions:

1. What is the objective or purpose of the meeting?

Effective meetings start with good planning. Some meetings may be required monthly staff or committee meetings. These meetings often have set agendas with specific topics/information that is discussed. Other meetings have a specific purpose such as a review of a sentinel event or selection of a product vendor. Prior to planning a meeting, you should have a very clear idea of the meeting focus.

2. Do we need to have a meeting?

This is a critical question, which we often fail to ask. Think about whether a meeting is the right vehicle to solve a problem, improve a process or establish an action plan. Could this discussion happen through an email exchange?

3. Who should be present to provide input?

Nothing is more frustrating than to attend a meeting, and find through discussion that a key player in the decision has not been invited to the meeting. Carefully think through whose input and buy in will be needed to move forward with a decision. To avoid pushback at a later point in time, it is better to err on the side of being inclusive and inviting every stakeholder.

4. How should the meeting be conducted?

Historically, most organizational meetings have been face to face meetings. With the availability of technology, this is rapidly changing. Many health care organizations are now part of larger systems and the meetings will include stakeholders from facilities outside your geographic area. Meeting leaders need to make a decision about the right format for the meeting. If video conferencing, telephone conferences or webinars are used, these plans need to be made well in advance and may

involve assistance from technology staff. Meeting leaders should have some expertise with the technology that is being used to avoid wasting meeting time dealing with technical issues.

5. What are the critical agenda items and meeting time-frame?

Agendas should be established in advance of the meeting and sent to participants for review and comments. Items to be discussed should be prioritized, and a specific time-frame should be allotted for each item. Think carefully about how much time should be allotted for the meeting. It can be extremely difficult to maintain the engagement of participants when the meeting extends beyond 90 minutes so keep agendas short. All material to be reviewed should be sent a week in advance. A reminder message with the date/time/room number/call-in number with the agenda should be sent out again the day before the meeting. At the beginning of the meeting, ask if there are any additional agenda items that members would like to add.

6. What ground rules should be established?

When teams meet for the first time or if you are a new leader to a team, ground rules should be discussed. Some basic meeting ground rules include the following:

- Meetings begin and end on time.
- The time-frames on the agenda will be followed.
- All members are expected to arrive on time so timely discussion can begin.
- Only one team member should be talking at any given time.
- All viewpoints should be honored.
- Everyone needs to participate.
- Participants should refrain from reading email and checking phone messages.
- Confidentiality should be maintained depending on the topic of discussion.

7. What outcomes are expected from the meeting?

It is important to be clear about the outcomes expected from the meeting. The agenda and time-frames for discussion should be reviewed at the beginning of the meeting. Good facilitation involves keeping everyone focused and productive. You may have to stop discussion on an agenda item that has exceeded the time-frame.

8. What follow-up may be needed?

A frequent problem after meetings is the lack of follow-up on agenda items. Meeting leaders should wrap up each meeting with a clear statement of the next steps and responsibility for each action item. Ask members if there are any questions or additional thoughts. The need for a follow-up meeting with possible dates/times should be discussed. The discussion during the meeting should be recorded, and a summary of the meeting should be sent to each participant shortly after the meeting. As leader, your actions after the meeting are crucial to maintain the enthusiasm and energy of the group. Team leaders should attempt to follow-up with each participant who has an action item to check progress and provide help.

To improve your leadership of teams, consider asking your committee or team to debrief the meeting process. Ask what was effective and ineffective about the meeting, and their thoughts about the progress of the team. As the meeting leader, try to be inclusive of everyone on the team, and ask questions of those who might be attending by phone. End all meetings on a positive note thanking everyone for their time and active participation.

Your ability to effectively manage meetings will develop over time. New leaders sometimes do lose control over meetings. If this happens to you, don't become frustrated. Take time to go back through these meeting management questions and reflect on how you will do it differently the next time.

Read to Lead

Covey, S. R. (1989). *The 7 Habits of Highly Effective People.* New York: Simon and Schuster.

Six Secrets of Effective Meetings YouTube Video Available at http://www.youtube.com/watch?v=ZSft2OeMmzQ&feature=related

Are Nurse Leaders Responsible for their Staff's Happiness at Work?

Published May 31st, 2012

By Rose O. Sherman

"*Happiness is not something ready-made. It comes from your own actions.*" Dalai Lama

Several years ago, I had a conversation with two nurse managers regarding the challenge of keeping their staff happy. The novice manager lamented that she was unsure if she could ever do enough to keep some of her staff happy. The more experienced nurse manager, beloved by her staff for her superb leadership, sharp wit and candor, replied that she no longer spends much time worrying about this. She described how in her early days of leading, some staff frequently came into her office to give her updates on how "*everyone was feeling*". They would tell me that the staff on the unit were not happy. It did not seem to matter what I did – I still received this feedback. So when I felt that I had done all that I could, I changed my response and began saying *"then you just need to get happy"*. She raised a very important point in telling her story. Happiness at work is not just the nurse leader's responsibility.

Why Happiness at Work does Matter

Diane Scott has written a Center for American Nurses Association whitepaper on happiness at work. She proposes that not only is there a positive correlation between happiness at work and the individual nurse's life and professional satisfaction, but there is also a strong business case. Employee happiness increases productivity and improves retention. It has also has been demonstrated that it improves patient outcomes. Being happy at work is important to life satisfaction, because so much of our time is spent in the work setting. There is no one size fits all for staff happiness.

The Nurse Leader's Responsibility

While nurse leaders cannot make staff happy, they can establish workplace cultures that engage and empower staff – two key components to work happiness. Building a sense of community among staff is very important, because personal relationships with others at work positively affect workplace happiness. It is also crucial that leaders demonstrate that they are happy in their own roles. Some key evidence-based leadership strategies that have been demonstrated to increase staff happiness include the following:

- Provide a clear vision about the work and goals of the organization
- Value the importance of everyone's contribution to the work of the unit
- Listen to staff and make them feel like their opinions matter
- Give staff autonomy in their work
- Communicate honestly even during tough economic times
- Ensure that no-one is working in isolation

- Establish a culture of celebration of everyone's successes
- Don't tolerate bullying and discourage cliques
- Treat all team members with the same respect

The Individual's Responsibility

Srikumar Rao, a Columbia University Professor and author of *Happiness at Work*, proposes from his research that we create our own experiences on the job. Happiness at work is a very individual thing. Two employees can have very different experiences within the same organization. Happiness ultimately comes from within, and how we view our circumstances. If you wait for your manager, your colleagues or your organization to make you happy, nothing will happen. It is important for the individual to have a clear sense of what makes them happy or unhappy at work, and what actions they can take to improve their own situation.

All of us have a strong need to be respected, recognized for our talents, feel a sense of belonging and do work that we feel is essential. Only an individual staff member can truly know whether they are happy at work and if not, does something need to change. Nurse leaders can create the environment for staff happiness but may find that some staff are still unhappy. That is not the nurse leader's responsibility, and it never can be.

Read to Lead

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Coaching our Novice Nurses

Published June 21, 2012

By Rose O. Sherman

Last week, I had an opportunity to facilitate a panel of novice nurses who had recently completed their first year in practice. I was so proud of the ability of these young nurses to reflect so thoughtfully on their experiences during their professional transition. When I asked one of the panelists what novices need from nurse leaders, he told me that what he most needed during that first year was ***hope***. The hope that he would learn, grow and be successful.

Novices Nurses Today

This is the time of year when thousands of new nurses enter practice with enthusiasm and passion for the profession that they have chosen. They are the future of nursing and may someday take care of you or one of your family members. All of us were once novice nurses. We would not be where we are today without having experienced the challenges of being a novice.

What you might not realize is that although reality shock has been part of new nurse transition for decade, the transformation from student to nurse is even more challenging today. Good coaching can make a significant difference in both reducing the frustration often felt by new graduates, and retaining them in their initial work settings.

Four Ways to be a Better Coach for Novice Nurses

1. Remember what it was like to be novice

Experienced nurses move through their work day often giving little thought to their clinical decision making process. Nursing responses that appear so obvious and almost innate to a seasoned nurse may not even be on the radar of thought for the newer nurse. New graduates are in the novice stage of their nursing development. They rely on following the recalled rules of practice that they learn in school and may not grasp the full context of a nursing situation. The novice nurse may appear to be slow in their actions and focused on tasks that need to be immediately accomplished. This is part of development on the continuum from novice to expert.

2. Promote critical thinking skills

A frequent complaint about novice nurses is that they lack critical thinking skills. Good coaching is critical to the development of strong clinical reasoning. New nurses need to be provided with learning opportunities where a coach helps them through guided discussion and reflection to connect their thinking and action. Some good questions to ask to promote critical thinking skills include the following:

- What is the first thing that you plan to do after receiving report on your patients?
- What tasks can wait until later?

- What is confusing to you?
- How long can you wait to intervene?
- What are your major concerns with the care of this patient today?
- How will you evaluate the appropriateness of that intervention?
- What could go wrong here?
- What evidence are you using to support your assessment?
- What did you learn from this experience?

3. Be sensitive to generational differences

When coaching novice nurses, it is important to consider generational differences. With four generations (Veterans, Baby Boomers, Generation X and the Millennials) in today's workplace, you may find yourself coaching a novice nurse who has very different attitudes, beliefs, work habits and experiences than your own. As the world changes, generational cohorts have different life experiences. These experiences create preferences about how a generation wants to be coached and motivated by those who work with them. Most new graduates entering the workforce today are members of Generation Y (born between 1980 and 2000). Generation Y as a cohort expect more coaching and regular feedback than any other generation in the workplace. They are optimistic and goal oriented but want structure, guidance and an extensive orientation.

4. Give them hope and encouragement

Having a unit culture that promotes the importance of coaching, learning and teaching will help to build the confidence of novice nurses. Today's health-care environments are often very chaotic. New graduates can easily become overwhelmed and feel professionally isolated. The novice's sense of self-trust in their own judgment is often tenuous. Hope and encouragement about the progress that they are making is extremely important feedback, especially when it comes from nurse leaders.

Coaching our novice nurses is a responsibility that all professionals in nursing share. Our contributions to coaching future generations of nursing may have a much longer and more profound effect than anything else that we do as professionals.

Read to Lead

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Section 3

The Business of Healthcare

The Business of Caring

Published December 5, 2011

By Rose O. Sherman

Recently, I conducted interviews with Chief Nursing Officers to determine their perspectives on what is needed in emerging nurse leader development. A recurring theme from interviews was the importance of nurse leaders who both understand the business of healthcare, and the need to accept responsibility to help manage costs. The phrase *No Money No Mission* is sometimes overused in healthcare today, but sound fiscal management is important in all healthcare environments whether they be for-profit, non-profit or publicly financed.

The recent debates on health care reform have focused on the cost of care in the United States. This discussion is now occurring globally as countries throughout the world work to control budget deficits. This has placed increasing pressure on nurse leaders to operate organizations that are more efficient while improving quality and patient outcomes.

Despite the need to become more financially savvy, current and emerging nurse leaders often gravitate to what they do best and rarely does that include fiscal responsibilities. Nurses and some nurse leaders sometimes fail to understand the impact of nursing activities and staffing on the revenue of a health care agency. If nurses are unable to see the financial ramifications and costs of decisions, they will be less successful in advocating for the resources needed to successfully staff and operate units.

Becoming More Financial Savvy

On most units, staffing is the single biggest budget item and area of concern. As an emerging leader, you can ask to be involved in analyzing staffing grids and productivity reports with your manager. Most hospital units today have targeted hours per patient day and outpatient centers have targeted time per procedure. When units or departments vary from these targeted hours, the managers are usually required to respond to why there are variances.

When you take charge, decisions about whether to use overtime or bring in agency staff are key financial decisions and should be viewed as such. Another area to think about is the cost and use of equipment and supplies. Unfortunately in many settings, these costs are not well known to staff but they should be because nurses often have great ideas about how to save resources.

With the growing trend toward hospital reimbursement for performance measures that are nursing sensitive, as an emerging leader you need understand how patient care outcomes impact the financial bottom line of their institutions. In US hospitals, there are now certain types of situations that are described as "never events" – things that should not happen while a patient is hospitalized such as a pressure ulcer, patient falls or hospital acquired infections. If these never events happen to a patient, the hospital is not reimbursed for any of the associated care.

Patients and families are informed consumers with higher expectations than in the past. Nurse leaders today have a higher level of accountability in terms of the customer service that they provide

with the initiation of the *Hospital Care Quality Information from a Consumer Perspective* (HCAHPS) survey. These scores are now publicly reported in the United States. Consumers review these scores prior to making decisions about where to seek treatment. Effective October 2013, low HCAHP scores will also negatively impact reimbursement for care.

Resources to Help You Grow

The business of caring has become more complex. In addition to asking good questions and seeking out experiences to help you to become more financial savvy, there is also a very good free resource. The Healthcare Financial Management Association (HFMA) and the American Organization of Nurse Executives (AONE) co-publish a nursing-business newsletter *The Business of Caring*. This newsletter can be downloaded for free and serves as an excellent resource to educate you about business and finance. The *Business of Caring* features a *Business School for Nurses* as a regular educational section of the newsletter. Examples of recent topics include the following: reducing hospital readmissions, evaluating staffing costs, determining return on investment, business writing tips, medical variation and the cost of care. This newsletter is a very rich source of business information and practical strategies that can be easily used by aspiring nurse leaders.

Read to Lead

Healthcare Financial Management Association Website. *Business of Caring Newsletter* Available at http://www.hfma.org/boc/

5 Ways the Affordable Care Act Could Change Nursing

Published July 16, 2012

By Rose O. Sherman

Last month, the United States Supreme Court found that most provisions of the Affordable Care Act (ACA) are constitutional. With a presidential election looming in November, the debate about the future of law will continue. In spite of the political battles, most health care analysts agree that the law's structural and financial features are likely to remain in place. As systems thinkers, nurse leaders now need to consider the impact of ACA on the work of nursing and future needs in the US nursing workforce. Areas of impact could include the following:

1. Increased Nursing Workforce Needs

Under the Affordable Care Act, more than 32 million uninsured Americans will have increased access to affordable health coverage options. With better coverage, fewer people will delay or avoid seeking care that they need simply because they cannot afford it. This is likely to result in an increased demand for health services. In a recent report issued by the George Washington University Center on Education and Workforce, it was predicted that health care workforce demand will grow by 30% by the end of 2020. Much of this growth will come from the implementation of the Affordable Care Act and the current aging of the US population.

2. An Expansion of Nursing Roles outside of Acute Care

The ACA includes legislation that provides for the development of new models of patient care delivery with a focus of patient management in ambulatory versus acute care settings. Two major demonstration projects that are funded as part of this legislation include the implementation of Accountable Care Organizations (ACO) and Patient-Centered Medical Homes.

Definition of an ACO – A group of health care providers (including physicians and hospitals) who provide coordinated care and chronic disease management, and thereby improve the quality of care their patients get. The organization's payment is tied to achieving health care quality goals and outcomes that result in cost savings.

Definition of a Medical Home - A comprehensive, team-based primary care practice, which might include physicians, advanced practice nurses, physician assistants, pharmacists, nurses, nutritionists, social workers, educators and care coordinators, that takes care of large majority of each patient's needs while coordinating any other care patients may need, including specialty, hospital, home and community-based care services. Medical homes partner with patients and families to facilitate shared decision-making and guide patients in managing their own care and conditions, while demonstrating commitment to quality and improving patient experience.

3. A Need for more Nurse Practitioners

The United States is on the verge of a serious physician shortage especially in primary care. The ACA legislation will move many more patients into the primary care system. Nurse practitioners will

assume more responsibility for the primary care management of patients in the United States and there are provisions in the legislation to both fund ARNP programs and nurse managed clinics.

4. Increased Accountability for Health Care Quality and Value

At the present time, the United States spends over $8000 per person on health care each year. This trend cannot continue. The Affordable Care Act contains provisions to move the reimbursement system from fee for service to bundled payment for episode-based care. In this type of care, different health care providers treat an individual for the same or related conditions over set time period. They are reimbursed with overall sum or capitated amount, rather than for an individual test, treatment, or procedure. As a result providers are encouraged to coordinate care, prevent errors and complications, and reduce duplicative tests and treatments. All health care providers including nurses will be held to a higher level of accountability to ensure not only quality care but also value-based care.

5. Opportunities for the Development of Innovative Nursing Care Delivery Models

Nurses have a unique opportunity to lead and contribute to the redesign of health care delivery models that focus on wellness and prevention, rather than simply on the acute care management of patients. The traditional nursing care delivery models that we have used in nursing focus on the episodic management of patients while they are in the hospital. This will need to change as nurses become more accountable for what happens to patients after discharge. The focus of nursing care will change to the management of patients across the continuum of care

In responding to the Affordable Care Act, the American Nurses Association has noted that the legislation represents an enormous step forward in advocating for registered nurses, their families and their patients. What is clear from an analysis of the legislation is that it will change nursing, and nurse leaders need to be proactive in planning for the changes.

Read to Lead

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American Nurses Association (June 29th, 2012). The Supreme Court Decision Matters for Registered Nurses, their Families and Patients. Available at http://www.emergingrnleader.com/wp-content/uploads/2012/07/SupremeCourtDecision-Analysis.pdf

Why is Change so Hard?

Published November 24, 2011

By Rose O. Sherman, EdD, RN, FAAN

"Everyone thinks of changing the world, but no one thinks of changing himself" Leo Tolstoy

Many nurse leaders today will readily admit that one of their most significant challenges is dealing with the rapid changes occurring in the health care environment. This change is happening on many levels. Organizations are introducing new technologies and electronic medical records that are forcing a change in practice. Insurers are moving to reimbursement models that are based on pay for performance on a wide variety of measures, many of which are nursing sensitive. The workforce is comprised of four generations with different values, attitudes and beliefs – and some tried and true approaches in human resource management are no longer working well. The level of uncertainty during these difficult economic times makes future planning difficult. We know that the future will require that we take some bold action but resistance to change in times of uncertainty can be challenging.

Accepting Change

In most situations where we are asked to change, we are substituting new and unfamiliar behaviors or practices for old comfortable ones. This can make us feel insecure about our work and is often personally exhausting. That is why the reaction to change can be quite emotional. A good example of this is what is happening with in many institutions with the introduction of the electronic medical record. Seasoned nurses who have worked their entire careers with paper charts are now being asked to do their charting electronically. Some are not secure with their technology skills and are having difficulty mastering the new systems that are purchased by their health care agencies. Initially, their work is taking much longer because of their lack of proficiency with these new systems. They feel like novices in clinical environments where they once felt quite proficient. In contrast, many younger nurses who are part of the digital age are quite happy with the transition to electronic medical records. They have always had technology as part of their life. Their clinical patterns of working are not as well established because they are early in their careers. It is important to keep in mind that resistance to change is often a manifestation of insecurity.

The Role of the Nurse Leader in the Change Process

As a leader, reflecting on your own reaction to the change and what you are projecting to others is an important first step. You may be demonstrating resistance yourself in subtle ways that are both verbal and nonverbal. Leaders play a key role in framing the context of change for their staff. This is especially true in uncertain environments. You must help to manage change in a way that employees can cope with it. To be successful, change cannot be imposed but rather the leader should look for ways to enable and involve staff. John P. Kotter, a Harvard Business Professor, is a highly regarded expert in the field of change management. He proposes the following 8 step model that leaders can use to understand and manage change:

1. ***Create a sense of urgency about the need for change*** – inspire staff to see the need for the change and make the change objectives real and relevant.
2. ***Build a team to help guide the change*** - get the right people in place (skills, abilities and attitude) to make the change happen.
3. ***Develop and communicate the change vision*** – a simple, clear strategy of what the change is and how the change will occur.
4. ***Communicate for buy-In*** -involve as many people as possible, keep them informed and respond to their needs.
5. ***Empower action*** – remove obstacles, provide feedback and reward progress.
6. ***Create short-term wins*** – establish some easy to reach goals – manage the change in bite-size chunks.
7. ***Don't let up*** – build and encourage determination and persistence – report on the progress.
8. ***Make the change stick*** – this is the most challenging part of change -weave the change into the culture and practice in tangible ways.

Change can be hard but altering the pace of change in our environments is not likely to be a leadership option now or in the future. What is within our control is how we personally respond to change, and how we frame and facilitate change for our followers.

Read to Lead

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Kotter International. The Eight Step Process for Leading Change

The Nursing Leadership Dilemma with 30 Day Readmissions of Medicare Patients

Published August 23, 2012

By Rose O. Sherman, EdD, RN, NEA-BC, FAAN

Over 2000 hospitals in the United States received some very bad news last week about their future reimbursement from Medicare. They will be penalized by the government on Medicare reimbursement during 2013 because many of their patients are being readmitted to the hospital within 30 days of discharge. These penalties have been authorized as part of the recently passed Affordable Care Act. With health-care costs skyrocketing, the readmission of 20% of Medicare within 30 days of discharge from hospitals has captured national attention as a symbol of uncoordinated and expensive health-care. The penalties in reimbursement are an attempt by Medicare to both reduce costs and force improvements in hospital quality. Nurses in a wide range of health settings are being called on to provide their expertise in the development of strategies to reduce hospital readmissions.

The 30 Day Readmission Rate Dilemma

Bob Johansen, a leadership futurist, defines a dilemma as a problem that cannot be easily solved and won't go away. The problem of 30 day readmission rates can be viewed as a dilemma. Many hospitals over the past year have put considerable effort into reducing their 30 readmission rates with only partial success. The penalties were based on the frequency that three groups of Medicare patients (heart failure, heart attack and pneumonia) were admitted within 30 days from 2008 to 2011. Hospital care is just one piece of a complicated health-care puzzle in the United States. There are still many gaps in providing care for chronically ill patients across the continuum. More coordinated discharge planning will solve some but not all the problems. Readmission rates alone may not be an indicator of poor care. In fact, some patients may have problems identified early and be readmitted with shorter lengths of stays than they would have had if their admissions had been delayed.

Dilemma Flipping

Dilemma flipping is a way of viewing unsolvable challenges as both a threat and an opportunity. The threat is obvious for the 2211 hospitals who will have their base Medicare payments reduced in 2013 by up to 1% based on an evaluation of their performance during the past year. The maximum penalty will increase to 2% in 2013 and 3% in 2014. This could mean a substantial reduction in needed reimbursement especially for hospitals who treat a large population of Medicare patients. Some of the hospitals who are losing reimbursement this year are public, safety net hospitals that are already in financial trouble.

There are opportunities for nurse leaders to view the problem of 30 day readmissions in a different way with a different nursing mindset. Although we have always understood that more effective care coordination could improve care, there has never been a strong drive in many organizations to require this of their interdisciplinary team members. Discharge planning is often fragmented and

not begun early enough in the hospitalization. A quick fix such as creating new discharge planning sheets with more check boxes is not likely to solve an issue that is far more complex.

This new dilemma presents an ideal opportunity to push for a different care delivery model that emphasizes interdisciplinary care coordination. In a recent study on Collaborating to Improve Care and Cut Costs published by the Health Leaders Media Council, 69% of health care organizations surveyed indicated that adopting care coordination across the continuum was the top intervention that could be implemented to reduce the costs of health care. This is one initiative that nurse leaders can be instrumental in taking the lead. It is a complex care coordination problem. Every organization will have unique challenges given their surrounding community, availability of resources and patient case mix. There is no one size fits all solution but there are best practices that have been published by organizations like the Commonwealth foundation's *Reducing Hospital Re-admissions: Best Practices from Top Performing Hospitals.*

Value-Based Care Initiatives Are Here to Stay

Are hospitals being unfairly targeted with this new initiative? Perhaps, but a key piece of information in putting together the health-care financing puzzle is to look at how dollars are currently being spent. Hospital care is the single biggest spending category at 31% of the health-care dollar pie. Not surprisingly, when cuts are proposed, this big ticket item is looked at first. Payment incentives are quickly moving away from volume toward a greater focus on value of services and health outcomes, including fewer hospitalizations. This is the future of health care and nurse leaders are in a unique position, with the right skill sets to promote better care coordination.

Read to Lead

Commonwealth Foundation (April 2011). *Reducing Hospital Readmissions: Best Practices from Top Performing Hospitals* *1473_SilowCarroll_readmissions_synthesis_web_version*

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The Nurse Staffing Conundrum

Published July 4, 2013

By Rose O. Sherman

I recently watched a very seasoned Chief Nursing Officer do an excellent job of presenting to a group of staff at a conference on the issue of nurse staffing as part of a discussion on healthy work environments. Appropriate nurse staffing is one of the six core standards in the healthy work environment developed by the American Association of Critical Care Nurses. Staffing should be planned to ensure that there is an effective match between patient needs and nurse competencies. Yet it became clear from our discussion, that the question about what is "appropriate staffing" and how to achieve it is one of the most complex and controversial issues in nursing today.

The Evidence on Staffing

The current evidence on nurse staffing suggests that an increase in nurse staffing is related to decreases in risk-adjusted mortality, nosocomial infection rates, complications in surgical patients, development of pressure ulcers, readmission rates and failure to rescue. Poor staffing has also been associated with nursing burnout, stress, work-related injuries and turnover.

What is true of all of the research is that no "ideal staffing" has been identified. California is the first state to mandate nurse staffing but their ratios were taken from expert consensus and not evidence-based work.

The Conundrum

With changes in reimbursement and the unknowns in healthcare reform, many organizations today are looking to reduce costs. It is not surprising that nurse staffing is targeted as it is one of the biggest line items in any organizational budget.

Nurse leaders are being challenged to justify their staffing ratios – not only with evidence from the literature but also specific data on how staffing is impacting outcomes within their own organization. This is not always easy to do because numbers alone don't tell the whole story. There are qualitative factors in any organization or on any unit that need to be considered. Five important ones to consider include the following:

1. What is the organizational/unit culture?

The type of organization can make a difference. Staffing needs may be different in academic setting where nurses work closely with house staff to coordinate care versus a community hospital where there is a stable hospitalist group. Some organizations foster teamwork as a strong value and staff are expected to work closely with one another to meet the needs of patients. In other organizations or units, nurses take individual assignments with little support from others.

2. What is the patient population?

Units or organizations with a larger case mix of older patients may require different staffing than organizations with a younger population even with the same acuity. Some patient populations are higher risk for falls, infections and pressure ulcers. If staff nurses are expected to be very involved with discharge planning – the needs of the patient population should be considered.

3. What is the organizational/unit structure and architectural layout?

How much ancillary support an organization provides will impact the RN staffing needs. Are nurses expected to answer the phone and/or do transport of patients. We often don't think about unit layout. Patients today expect private rooms but depending on the features and layout of those rooms – it may increase the work of staff and the ability of an RN to assume the care of additional patients.

4. What is the daily census and unit turnover?

A considerable amount of nursing work is spent on admissions, transfers and discharges yet the work associated with patient throughput is often not reflected in staffing ratios.

5. What is the staff skill and expertise?

A seldom considered factor is staffing ratios is the competency and expertise of the individual nurse. Units with higher percentages of new graduates may need to be staffed differently.

To some extent – perception is reality. You may have two nurses working on a unit and one feels it is very understaffed while the other feels that the workload is very manageable. Staff involvement in staffing and scheduling is key. Nurse-Manager staffing and Nurse Productivity committees can be a good way for organizations to evaluate their own unique needs. There are no easy answers to the staffing conundrum and the answers may not be universal.

Read to Lead

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Section 4

Career Tips

Your First 100 Days in a Nursing Leadership Position

Published April 19, 2012

By Rose O. Sherman

When you are selected for a leadership position that you really want, it is very exciting. While celebrating career success is important, many leaders don't give enough thought to how to manage their own transition to the role. How you spend your first 100 days in a leadership position can help set the stage for the rest of your tenure in the role. Those you lead closely watch how you orient yourself to the organization, how you spend your time and what relationships you begin to build. Five key activities that you will want to build into your action plan include the following:

1. Learn as much as you can about the department and organization prior to your first day

Carefully study the website of the organization so you know the mission, vision and range of services provided by the health care agency. If the hospital or agency is part of a larger system, go to the systems website as well. Review any publicly reported data available about the agency such as what is on the hospital compare care site in the United States. Many nursing services today use specific theoretical frameworks such as Watson's Caring theory to guide care – be familiar with it. If the hospital is Magnet designated and you have not worked in a Magnet hospital, review the forces of magnetism. You will be expected to know the role of leadership in promoting a healthy work environment.

2. Meet with all your direct reports

Whenever there is a change in leadership, nursing staff will worry about how a new manager will affect them. A key success factor for the new nurse leader is to be proactive in alleviating this concern by scheduling a meeting with each staff member during your first 100 days. These meetings will provide you with an opportunity to build a relationship with each staff member. You will want to learn about their concerns and to seek support from them. Some good questions to ask during these meetings include the following:

- What are three things that you are proud of about this unit/department/organization?
- What are three things that we need to change?
- What do you most need me to do as your leader?
- What are you most concerned about that I'll do?
- What advice do you have for me?

3. Gain trust by listening and observing

To gain the trust of staff, you need to avoid rushing to judgment about "*what is wrong"* based on your observations. At the same time, you do need to take note of what you see. Listen during your conversations with staff and carefully observe what happens on the unit when you make rounds. During the first 100 days, new leaders should also reach out to stakeholders including patients, interdisciplinary team members and other department leaders. They will provide you with important insights into your work setting, and you will want to build strong working relationships with them.

4. Learn the culture and politics of the organization

Every organization has a unique culture and organizational politics. New leaders can damage their credibility by being insensitive to the politics of the unit and organization. You may have grown up in another organizational culture that has become so familiar to you that it is like the air that you breathe. When you come into a new culture with different norms, the differences can be profound. Take time to learn the norms. A good example of this involves meetings. Meeting norms, behaviors and standards vary widely across organizations. In some organizations, meetings are very formal while in others, they are casual and informal. Take time to observe, adapt and learn. New leaders can alienate members of their organizations by talking excessively about how things were done on their previous units, so avoid doing this.

5. Find a mentor

You will want to build strong relationships with your staff but remember that they are not your leadership peers. You should not use members of your staff as sounding boards particularly when the topic is confidential. Look for an experienced leader in your organization who can help mentor you during your transition.

6. Avoid acting too quickly

Wise nurse leaders don't announce huge changes during their first 100 days and don't turn their departments upside down. It is important to let staff know that you have high standards and expect their best work. You can lower the level of what you expect if it turns out the demands are too high but it is almost impossible to raise it if you have started too low.

For many new leaders, the first 100 days will be challenging but exhilarating. What if your feel during this first 100 days that you have made a mistake accepting the leadership role? This is a difficult question to answer because you may feel overwhelmed during these first 100 days, but it may not be a good indication of how you will feel in six months. If you feel you have made a mistake, it is important to have the courage to discuss the situation with your supervisor. It is often said that *success is becoming who you already are*. Using this first 100 days to build this success will set the stage for a great leadership career.

Planning your Nursing Leadership Career – The Role of Luck

Published November 7, 2011

By Rose O. Sherman

What does luck have to do with it? This is a question that we rarely see asked of nurse leaders, when they discuss their career successes. I was intrigued to see Jim Collins and Morten Hansen, authors of *Great by Choice,* devote a whole chapter to this topic in their new book. Thomas Jefferson was quoted as saying "*I am a great believer in luck, and find that the harder I work the more I have of it".* Is luck an outcome of hard work as Jefferson noted or is it something that happens in one's career and one can capitalize on it or not.

Defining Luck

Collins and Hansen define a luck event as having the 3 components:

1. A significant aspect of the luck event occurs largely independent of the actions of the individual who experiences it.
2. The event has a potentially significant consequence (either good or bad).
3. The event has some element of unpredictability.

Luck as defined by these authors is an event that is largely out of your control. Although it may be random, some individuals are more likely than others to recognize luck and seize the opportunity. One of my nursing leadership students recently told me of her experience with luck in securing a position as a new graduate in a critical care unit in a highly respected hospital with a competitive selection process. Her mother was unexpectedly hospitalized after experiencing a massive heart attack. This new graduate flew back to her hometown to be with her family. She stayed with her mother around the clock. One day, the nurse manager in the intensive care unit was making rounds and she happened to be at her mother's side. The manager asked her about her mother's care. She told this manager how impressed she was with the staff. The nurse manager asked her about herself and she mentioned she had recently graduated from nursing school and was looking for a job. At that point, the manager said nothing and my student assumed she had forgotten her but continued to help care for her mother. Three days later, the manager came back into her mother's room and told my student that she wanted to interview her for a position that had recently opened. In recalling the incident, my student told me that the manager had spoken with every nurse who had taken care of her mother and asked about her. "*She saw a spark in me that I did not see in myself. It was an unbelievable stroke of good luck for me and of course, I changed my plans and moved back home to take a job on this unit".*

Capitalizing on Luck

At some point in your path to becoming a nurse leader, you will likely experience a lucky break. Luck is not a career strategy but capitalizing on luck when it occurs is. Collins and Hansen offer some important advice on how to manage luck. This involves four things:

- Cultivating the ability to zoom in and recognize luck when it happens.
- Developing the wisdom to see when and when not to let luck disrupt your plans.
- Being sufficiently prepared to endure an inevitable spate of bad luck.
- Creating a positive return on both good and bad luck.

Tjan points out that the secret to capitalizing on luck begins with the right attitude and stems from humility, intellectual curiosity and optimism. We can't cause, control or predict luck. We should be aware that most of us at some point will get a lucky break that could propel our careers forward if we act on it.

Read to Lead

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10 Ways to Reduce Incivility in your Work Environment

Published June 7, 2012

By Rose O. Sherman

"An eye for an eye makes the whole world blind". Mahatma Gandhi

If you watch the nightly news or observe what goes on in our political environments today, you may sometimes wonder if we live in a civilized society. There is a rash of discourteous, disrespectful and rude behavior that is strangely tolerated, and even accepted as a new norm. With increasing pressure to get their work done, some staff may feel that there is no time to be polite, to say *please* or *thank you* or to think about how their behavior is affecting others on the team. The issue of incivility has become an important topic of concern in all workplaces, but especially healthcare where it has the potential to impact patient safety. The interesting problem with incivility is that if it is not dealt with, it can exponentially increase over time and become an accepted part of a work culture.

What is Civility?

Civility in the workplace can be defined as behaviors that show respect toward another person, makes them feel valued, and contributes to mutual respect, effective communication and team collaboration. Conversely, workplace incivility can be defined as "low-intensity deviant behavior with ambiguous intent to harm the target, in violation of workplace norms for mutual respect; uncivil behaviors are characteristically rude and discourteous, displaying a lack of regard for others In a Civility in America 2011 poll of 1,000 adults, 43% of Americans say they've experienced incivility at work, and 38% believe the workplace is increasingly disrespectful It does not have to be this way. We know from research that if a staff member develops an awareness of respectful behaviors and necessary skills and is held accountable, these behaviors will spread in the workplace and beyond.

The Costs of Incivility

Disrespectful and uncivil behaviors drain productivity and negatively influence staff satisfaction and patient outcomes. Incivility has been found to contribute to the following:

- Staff Sick Leave Use
- Loss of Productivity
- Staff Turnover
- Staff Disengagement
- Medical Errors

With our changing US healthcare reimbursement structures that will soon be tied to patient satisfaction with care, incivility in clinical environments may also have a significant negative impact on the economic bottom line of organizations.

Reducing Incivility in the Work Environment

One interesting find in the Civility in America poll described above is that 65% of US Workers surveyed felt that the leadership in their organizations was accountable for the growth in workplace incivility. Many leaders might disagree with this finding, but it is true that leaders are highly influential in establishing work cultures that either tolerate or don't tolerate incivility. Ski Lower in a recent article in the American Nurse Today provides some good strategies that leaders can use to promote civility in their environments.

1. Examine your own behavior and how you contribute to civility or incivility.
2. Take a temperature check in your unit to see how staff treats one another.
3. Don't listen to or tolerate rumors and gossip.
4. Encourage staff not to jump to conclusions about the intent or motives of other staff, patients or families.
5. Stop the blame game and encourage a solutions orientation to problems.
6. Encourage acts of kindness among staff.
7. Go out of your way to say thank you and promote this behavior in staff.
8. Look for common ground in dealing with conflict.
9. Encourage the practice of forgiveness.
10. Make it safe for staff to ask questions and discuss problems.

Anne Frank once wisely observed that, "*How wonderful it is that nobody need wait a single moment before starting to improve the world."* This is good advice for nurse leaders to consider. Small changes in behavior to promote civility can produce powerful results.

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5 Strategies for Managing Yourself

Published August 27, 2012

By Rose O. Sherman

"Mastering others is strength. Mastering yourself is true power" Lao Tzu

A young nurse recently came to see me who wanted leadership mentoring. I asked her to tell me about herself. I was struck by how honest she was about her own strengths and weaknesses. She observed that she had a lot of growing to do before she took her first leadership role. I told her that she had done some of the most important work already – she understands herself. In leadership development, we spend a great deal of time talking about leading and managing others. But leadership really begins when you are able to manage yourself. As one of my former nurse managers candidly admitted, *"I really am my own worst enemy."*

In 1999, Peter F. Drucker (whom many consider to be the father of modern management theory) wrote a now classic article for the Harvard Business Review titled *Managing Oneself*. He observed that there are few naturally great achievers in life, and that most of us will need to learn to manage ourselves to be successful. Here are five strategies to better manage yourself adapted from Drucker's thinking on this subject:

1. Know you strengths

Drucker observed that most people are not that good at identifying their own strengths and weaknesses. He was an early proponent of the concept of strengths-based leadership. There are many ways of identifying our strengths. One of the most powerful is to seek feedback from those we work with on a regular basis and those who supervise us. This is sometimes called *360 Degree Feedback* and many organizations periodically do this with their leadership teams. Another great resource has been put together by the Gallup corporation. If you purchase one their books such as *Strengths Finder 2.0* or *Strengths Based Leadership,* you will receive an access code to take the strengths survey. After you complete the assessment, you will receive a personalized strengths-based leadership guide based on your top five strengths identified from the survey.

2. Identify how you get things done

In his article, Drucker makes the important observation that few people ever analyze how they get their work done. An important question that every leader needs to ask themselves is: A*re you are a reader or a listener?* Leaders need to understand how they best absorb information. Leaders also need to understand how they learn best. Do you need to write to gain clarity on a subject or do you want to talk through a problem? Understanding your personal work habits is also critical – do you work better alone or with others? Can you work under stress and do you really want to be the decision maker are also important considerations.

3. Understand your values

Drucker suggests that values should be the ultimate litmus test on whether a job is the right one for you or not. Does the organization culture, mission and strategic direction align with what you believe about your work? He suggests that they don't need to be exactly the same but they do need to be close enough to co-exist. When your values are in conflict, it can be impossible to do your best work.

4. Figure out where you belong

Drucker acknowledged that figuring out where you really belong in the world can be a challenge. Successful careers, he maintained, are not planned but develop when people are prepared for opportunities and know their strengths. I have often had nurses come and talk with me because they realize that they are just not comfortable in formal leadership positions. Recognizing this to be true requires courage and insight.

5. Decide what you can contribute

A final question that leaders need to ask themselves is given their strengths, how they get things done and their values – where can they make the greatest contribution? There are many opportunities presented to us throughout our careers BUT they will not all be the right ones for us. When you do the work that you were meant to do, you will thrive.

There are many elements of our complex and often chaotic health care environment that are outside our control. But we can help to promote our own success as leaders if we start by managing ourselves.

Read to Lead

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What You Can Learn from Failure

Published June 20, 2013

By Rose O. Sherman

"*Success is not final, failure is not fatal: it is the courage to continue that counts."* Winston Churchill

Every successful nurse leader has had the experience of not being selected for a coveted position, failing to achieve a goal, making a bad judgment call or possibly being fired or asked to step down from a position. Sometimes these failures are quite public but more often, they happen and are never again discussed by the leader.

One of my early leadership mentors was a beloved nurse executive who had served in her position for 25 years. I marveled at how she excelled at what she did so I asked her about her growth as a leader. She told me the story of her first year in the position. She was a relatively young and inexperienced nurse leader at the time of her selection to the top nursing position in this organization.

"I came in like a bull in a china shop talking about significant changes that needed to be made in the organization. I began many new initiatives all at once and was really not listening to my own team or considering their needs. I was failing miserably yet somehow I was so out of touch that I did not realize it. One day, a nurse manager who had been with the hospital for years came to visit me. She had a list of complaints that the group of nurse managers had compiled about my leadership style. I was really pretty stunned. I went home that weekend and seriously thought about resigning. What stopped me was reading the list again and realizing that their complaints were valid. I came to see this list as a gift. I could either change my behavior or continue on my current path which would probably lead to being fired. I chose to change and never looked back".

I was quite surprised to hear this story. The problems she described seemed impossible to envision in the leader that she had become. I asked her how many people in the organization knew this story. She told me that she told this story to other leaders who were experiencing failure so they too could grow and learn. One of the things she felt she did right in this situation was to immediately embrace the message rather than to shoot the messenger who brought it to her. At the time, her humiliation was quite public but she chose to ignore it and moved ahead to make the personal changes she needed to make.

We celebrate our successes and most of our nursing journal articles focus on what is working in organizations. Failure is also part of the leadership experience. If you never fail, you probably are not taking risks that will lead to your personal growth or innovation in your organization. Reflection is important after failure to grow and learn from the experience. Too often, leaders get into the blame game when there is failure rather than admit their role in what happened. Some key questions to ask include:

- What happened and why?
- What key signs did I miss leading up to the failure?
- What were the consequences of what happened here?
- What did I learn as a leader from this situation?

- How will I apply any lessons learned in the future?

Our failures can be some of our best teachers if we pay attention and learn from them. Fredrich Nietzsche once observed that "t*hat which does not kill us makes us stronger".* This is wise advice for leaders as they learn and grow from both their successes and failures.

Read to Lead

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Section 5

The Future of Healthcare

2013 – Is there a Nursing Shortage?

Published January 21, 2013

By Rose O. Sherman

We have just begun our spring semester at colleges and schools of nursing throughout the country. Many senior nursing students will soon become new graduates. They are already worrying about their job prospects based on the feedback that they have received from last year's graduates and recent stories in the media. An article published online this month on CNN Money, *For nursing jobs, new grads need not apply,* has done little to alleviate their anxiety. The story points out that many new graduates remain unable to find positions more than one year after graduation. This leads to an interesting question about the nursing shortage – is there one and if not now, when will it start?

Factors that are impacting the nursing job market

The health care environment remains volatile especially in hospitals where more than 80% of new nurses have traditionally begun their careers. The anticipated changes in reimbursement from Medicare and Medicaid that accompany health reform could mean lower revenue, and there is also a new focus on keeping patients from being readmitted. Staffing budgets are very closely monitored in healthcare today and new hire is charged almost immediately to the hours per patient day. This reality has played a big part in the decision making of nurse managers as they recruit for vacancies on their units.

In response to concern about a pending nursing shortage, schools and colleges of nursing have increased enrollment, and are graduating double the number of nurses today from a decade earlier. In a 2012 article in the New England Journal of Medicine, Peter Buerhaus a nursing workforce expert points out that many nurses returned to full-time employment between 2005 and 2010 because of the economic downturn. How long they will stay in the workforce as the economy improves is a question that is not easily answered at this point in time. Recent data from a nationwide study conducted by Jackson Healthcare (Nursing Vital Signs 2012) indicates that most nurses currently working are satisfied and plan to stay in their jobs for at least five years. Based on their findings, they predict that the first significant wave of retirements will occur around 2022.

What could change?

The effects of the enrollment of uninsured patients through health exchanges which is likely to increase demand for health care services will probably not be seen until 2014. Nurses surveyed by the Jackson group expressed concern about the potential surge in patients. They worry whether the current health care system has the capacity to absorb these patients, and what it might mean for their workload. The aging population could also have a significant impact on the demand for nursing services. More than 8000 Baby Boomers are retiring each day. Surgical volumes especially in orthopedics increased in 2012. The number of Total Knee Arthoplasties surged 161% over the past decade and this is expected to increase with an aging population.

So what are the job prospects?

Many Chief Nursing Officers that I talk with are optimistic that they will continue to hire new graduates but caution that there will be significant competition for new graduate residency and internship slots. Data from the American Association of Colleges of Nursing indicates that Baccalaureate graduates definitely have an edge in employment unless the applicant is a current employee of the health agency.

Before declaring that the nursing shortage is over as some have, it is important to watch the trends that can quickly shift. What we do know is that a significant number of Baby Boomer nurses are likely to retire by 2020 and this will leave a huge gap in the workforce. These shortages have already begun in certain specialities such as perioperative nursing. This year, new graduates again will have fewer employment options, and will need to explore jobs outside the hospital setting.

In the not too distant future, most nurse leaders believe that we will experience another nursing shortage. It is likely that the newest members of our profession who are struggling to find employment today will again be in great demand. The long-term career opportunities for nursing in general look very bright when compared with other economic sectors.

An 80% BSN Prepared Nursing Workforce by 2020?

Published March 22, 2012

By Rose O. Sherman

I recently attended the American Organization of Nurse Executive's annual meeting in Boston, Massachusetts. Dr. Susan Hassmiller from the Robert Wood Johnson Foundation was a keynote speaker. She discussed progress on *The Future of Nursing* report issued by the Institute of Medicine in December of 2010. The report has eight recommendations. The fourth recommendation in the report is one of the most controversial. It involves a goal to increase the proportion of nurses with a baccalaureate degree to 80% from the current 50% level today by 2020.

Many nurses that I talk with are highly skeptical that this will happen. Seasoned nurses point to discussions as far back as the 1960s about this same issue. Others look at the increasing number of associate degree programs and graduates, and wonder if these nurses will return to school in greater numbers than they have in the past. Some nurses have misinterpreted the report to mean that associate degree nursing programs should be completely eliminated. Nurse leaders need to be prepared to speak to this issue because it is controversial yet important to the future of nursing.

Four Key Points to consider about this recommendation include the following:

1. Highly Complex Environments Require Stronger Knowledge Skill Sets.

The IOM report makes a strong case to support that advances in science and increasing patient complexity have accelerated our need for nurses, with the skill and knowledge to manage a challenging and increasingly diverse healthcare environment. Unlike Associate Degree programs, BSN curriculums provide content on evidence-based practice, health policy and finance, interprofessional communication and collaboration, systems leadership, disease prevention and population management. This is program content that nurses need to navigate not only today's health care environment, but also the changes anticipated with health reform.

2. There is Research Evidence to Support that a Higher Percentage of BSN Graduates = Better Patient Outcomes.

One of the strongest arguments to support the need for a higher percentage of BSN prepared nurses is the research evidence that a richer mix of BSN nurses results in better patient outcomes. Work done by Aiken (2003), Estabrooks et al. (2005), Tourangeau et al. (2006), Blegen &Goode (2009) indicates that a higher percentage of BSN prepared nurses lowers patient mortality.

3. Current Education Models Support the Movement of RNs from Associate to Bachelor's Degrees.

Historically, it was difficult for nurses from associate or diploma programs to find flexible programs to complete their BSN. Today, there are many options especially with the rising number of online programs. In a number of states, community colleges have moved to become colleges and now offer RN-BSN programs in addition to associate degrees. In response to the IOM report, states like

Oregon are moving forward to standardize nursing curriculums and facilitate the pathway for nurses who seek their BSN.

4. Europe has already moved Nursing Education to the BSN Level.

We often think of the US education system as being one of the most progressive. Many nurses don't realize that as part of the Bologna agreement which was signed over a decade ago, professional nursing education in the European Union shifted to the baccalaureate level as the standard for professional licensure. Australia and New Zealand also now have BSN preparation as entry into practice. There are a number of states in the United States where there is active lobbying for legislation to require RNs to obtain a BSN for relicensure within an established period of time. These include Missouri, New York, New Jersey, Kansas, Oklahoma and Missouri.

So what happens next?

The arguments about the need for a BSN are likely to continue. Many health care organizations, especially those with Magnet designation, have already made the BSN a requirement for entry level employment. It is interesting that in my years of teaching RN to BSN students, I have never had a student tell me that earning their BSN was a bad decision. In fact, many sheepishly tell me that they wished they had not spent so many years debating the value of a BSN. I always tell students that y*ou don't know what you don't know, until you do.* Investing the time and energy to receive a BSN is a personal investment that will open doors. Nurse leaders play an important role in encouraging their staff to continue their education and will be key to nursing achieving an 80% BSN workforce by 2020.

Read to Lead

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Ten New Leadership Skills for an Uncertain World

Published August 16, 2012

By Rose O. Sherman

"We are in a time of accelerating disruptive change. In a VUCA world – one characterized by volatility, uncertainty, complexity , and ambiguity – traditional leadership skills will not be enough." Bob Johansen

Many nurse leaders tell me that the last two years have been the most challenging in their leadership careers. What is happening in health-care today is not unique to our industry. We are living in what Bob Johansen, an internationally known leadership futurist, describes as a VUCA world. This is a world that is characterized by **V**olatility, **U**ncertainty, **C**omplexity and **A**mbiguity. In a compelling new book *Leaders Make the Future,* Johansen advises that the pace of change and level of uncertainty will not decrease over the next decade. He suggests that leading in a VUCA world will require 10 new leadership skills.

The 10 new leadership skills that current and future nurse leaders will need are:

1. The Maker Instinct

Leaders in the future need both a *can do* and *can make* spirit. The maker instinct is defined as the ability to exploit your inner drive to build and grow things, as well as to connect to others in the making. This maker instinct will be important for nurse leaders, because health-care reform will require innovation at a level not seen before. The ability to use one's creativity to redesign care delivery systems or connect with others who are designing change will be a key skill for future nurse leaders. You may not always know the answer but makers work on their problems.

2. Clarity

Leaders need the ability to see through the messes and contradictions to a future that others cannot see. The vision of the leader needs to be clear to followers. Future nurse leaders will need to establish a viable yet flexible direction in the face of confusion. They also need to convey optimism. Johansen offers the excellent advice that future leaders should be *"very clear about where you are going but very flexible in how you get there."*

3. Dilemma Flipping

Johansen defines a dilemma as a problem that cannot be solved and won't go away. The ***End of Life*** treatment controversy and impact on the moral distress nurses feel about it is an example of a complex dilemma in nursing. Leaders should not oversimplify dilemmas. Dilemma flipping is defining unsolvable challenges as both a threat and an opportunity. There may be opportunities to provide end of life care in a different way with a different nursing mindset. Leaders will need to see the tension between opposing ideas, and not be forced into premature choices or resolution.

4. Immersive Learning Ability

Future nurse leaders will need to have the ability to immerse themselves in unfamiliar environments, to learn from them in a first-person way. The introduction of electronic health records is a good example of a significant change in health-care environments. Nurse leaders who are not digital natives needed to make the choice to immerse themselves in the technology rather than resist it. The pace of change will bring about many new innovations in the future that will require the immersive learning ability skill.

5. Bio-empathy

Leaders need the ability to see things from nature's point of view; to understand, respect and learn from its patterns. Johansen is convinced that the next big global economic driver will come from biology and the life sciences. This prediction is especially significant for the future of health-care where genetics and personalized medicine will drive treatment protocols.

6. Constructive Depolarizing

Johansen warns against leaders who maintain absolute certainty in their viewpoints. While this frame of mind can be tempting in a VUCA world, it can lead to bad outcomes. Future leaders will need the ability to calm tense situations where differences dominate and communication has broken down. The leader will need to be able to bring people from divergent cultures toward positive engagement. Constructive depolarization is about grace across barriers of any kind.

7. Quiet Transparency

In the future, nurse leaders are likely to be asked more questions about the "why" of their decisions. Leaders need to be humble and listen carefully. They must be willing to explain the thinking behind their actions. Future leaders will need to adopt a servant leader's framework in their leadership practice.

8. Rapid Prototyping

Johansen describes rapid prototyping as quick cycles of try, learn, and try again. Future leaders will need to develop *a learn as you go style* with a willingness to accept failure as critical to success.

9. Smart-Mob Organizing

Smart-mob organizing is defined as the ability to bring together large groups for a common purpose, making savvy use of available media. Future leaders will need to learn these skills and develop their own online leadership presence. In-person leadership will not be enough to create change. PatientsLikeMe.com is an example in health-care where smart mobs have been organized to manage illness.

10. Commons Creating

The last of the ten skills is the need for future leaders to be able to seed, nurture and grow assets that can benefit the common good. Health-care today is a competitive business. Despite this environment, current nurse leaders are unusually good at collaboration and mutual sharing with each other. Future leaders will need to be even more skilled at creating shared assets in the VUCA world.

Although the future cannot be predicted, Johansen offers useful insights from more than 40 years of futures forecasting. He urges that leaders become comfortable with being uncomfortable but not passive. Development of these ten skills, he proposes, will help leaders to lead more energetically, even if they feel uneasy.

Read to Lead

Johansen, B. (2012). *Leaders make the future: Ten leadership skills for an uncertain world.* San Francisco: Berrett-Koehler Publishers.

Surrendering Our Attachments to the Past

Published August 30, 2012

By Rose O. Sherman

"He who cannot change the very fabric of his thought will never be able to change reality. Anwar Sadat

One of my graduate students who is also an experienced nurse leader recently observed that some nurses are dealing with the chaos and change in our health delivery system by "*mourning for the good old days."* But were the good old days really that good? Our past practices have led us to where we are today with costs out of control, access to care issues and questionable patient outcomes. To be effective, nurse leaders need to remain future focused and in the words of Dr. Tim Porter-O'Grady "*surrender our attachments to the past."*

The chaos and complexity in today's environment is challenging the sense of order for many nurses with long professional careers. When we feel fearful, it can be comforting to cling to what we know has worked in the past. A key skill for leaders is to work in the present with an eye toward the future. When you think about the past, it is good to reminisce but important to keep in mind the phrase *that was then and this is now*. Three key ways to stay future focused include the following:

1. Track the trends

Any major trends in our environment whether it be work, home or the world in general are almost always preceded by many signs large and small. In the mid-1960s there was a song recorded by the group Buffalo Springfield that began with the lyrics "*There's something happening here. What it is ain't exactly clear"* Many seasoned nurse faculty feel this sentiment. They feel challenged because teaching strategies which have served them well in their careers are not working with our newest generation of learners – the Net Generation. Their observations about differences in how today's students read and think are being validated by scholars who study the impact of technology on learning. The attitudes, expectations, and learning styles of Net Generation students are different than previous generations and reflect the environment in which they were raised. Yet if you had really been paying attention to all the trends in the environment such as the explosive growth of technology and the internet, much of this would not have been surprising.

2. Look for opportunities to reinvent

Peter Drucker is quoted as saying "*the best way to predict the future is to create it."* This is great advice when you think about it. If it is clear that things are changing and innovation is needed – why not be the one to invent it. Just because you have done things a certain way does not mean it is the best way to do it today. When you are passive in the process of change, it is easy to feel like a victim of what is happening. You will be much more willing to embrace something that you have an active role in creating.

3. Talk to younger nurses

Investing in the relationships with younger members of your team will help your understanding of today's environment. The pace of change in our health-care delivery system does not seem to frustrate our younger nurses. Many of them have commented that in their short careers, they have adapted to the pace, complexity and changing environment. They are full of hope and can give you great hope for the future. As a wise CNO recently told me, *"with all of our challenges, we need technologically savvy nurses who can think quickly on their feet and are creative and flexible….in my mind the future of nursing is made for the Generation Y nurse. A greater challenge is for those of us more seasoned nurses who want to hold on to tradition…..I believe in these new age nurse leaders. "*

A metaphor that I frequently think about when looking at our attachments to the past is that of a ship. When a ship has left the dock, you are either on board or you are not. The ship is not heading back to that port to pick you up. Surrendering our attachments to the past is a choice but an important one. Whenever you find yourself talking about the good old days of nursing, reflect on what is to be gained by the conversation and whether anyone is in fact listening. The future does belong to those who create it.

Read to Lead

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From Volume to Value-Based Care

Published April 25, 2013

By Rose O. Sherman

This past weekend, Dr. Tim Porter O'Grady (a nurse futurist) spent time with our emerging nurse leader students and their preceptors discussing the changing role of the nurse leader in the new evolving health-care delivery system. One significant change in health reform is the movement of reimbursement away from a focus on the volume of services to a focus on the value of services delivered during an episode of care. This is what Tim describes as one of the rivers of change in health reform. It is a radical shift that will require of all of us in health-care to embrace new ideas and release old ones.

I reflected on Tim's thoughts as I spent time with an emergency department director yesterday. We talked about health reform and what it might mean to her specialty. She remarked, *"Our whole model in the emergency department is based on the volume of our services. I can think of no other specialty area that could be impacted more by health reform. Currently about 40% of our patients are not true emergencies. With a focus on prevention and more patients insured, our volumes are sure to drop. In fact, the goal will be to keep patients out of EDs where the cost of care is quite high. This will be a huge culture change for us."*

What is Value-Based care?

Value-based care is a payment methodology that shifts the focus from the number and type of services delivered to one that rewards quality, safety, efficiency and lower costs. A frequent complaint about health-care today is the lack of transparency in costs. A value-based purchasing model will usually involve bundled payments for an episode of care usually 30, 60 or 90 days. Under this bundled payment, hospitals and other providers assume the financial risk for delivering all care for one price. In a value-based model, providers are accountable for the quality and costs of health services. There are usually predetermined performance measures. The system is designed to eliminate costly, inappropriate or unnecessary care such as frequent trips to emergency departments.

To effectively determine costs and outcomes and price these services, providers and hospitals need data. The electronic record meaningful use requirements in the high tech act described in a previous blog is legislation designed to help organizations and providers have the data they need to make decisions about costs. There are many pilot projects that are underway throughout the country testing the bundled payment process. The cover story in this week's *Hospitals and Health Networks* frames the issue and illustrates some of the opportunities and challenges.

What changes could it bring to the nurse leader role?

A value-based purchasing model changes the focus of care from quantity of services delivered to streamlining care to achieve the best outcomes. Nurse leaders will need to adopt a very strategic mindset as they work on interdisciplinary teams that formulate plans to manage patient episodes of care. In the case of my emergency department colleague, part of her new role may involve analyzing the risk of ED use of certain groups of patients. The goal will be to reduce ED care. Most experts

are also predicting that shortened lengths of stay and reduced hospitalizations may inevitably lead to bed/hospital closures.

Nurse leaders have a unique opportunity at this time to lead and contribute to the redesign of health care delivery models that focus on wellness and prevention, rather than simply on the acute care management of patients. The traditional nursing care delivery models that we have used focus on the episodic management of patients while they are in the hospital. This will need to change. Nursing will assume more accountability to manage patients across the continuum of care as part of the change in reimbursement. It is a challenging but also exciting time as we move forward into what will be a very different health care system than the one currently in place.

Read to Lead

Deloitte Consulting Group. (2011) Deloitte Value Based Purchasing

About this E-Book

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