New Managers: Strategizing for success

- Vacation volunteering
- Action plan for safety
- Translational research
Generational differences, staffing issues, communication failures, budgeting ordeals—these are just some of the challenges that freshly promoted nurse managers may face in their new roles. Through on-the-job training, attending specialized workshops, and peer support, RNs not only find solutions to these challenges—but they also find out they’re not alone.

Getting started
Nurse managers have their leadership skills put to the test as soon as they step into the role. When Christopher Bayne, MSN, RN, became a nurse manager at the University of Kansas Cancer Center Westwood in September 2017, he was nervous. Along with being an external hire, he was the only man in the department. When faced with uncertainty, Bayne chose to be open and honest with his staff. He admitted when he didn’t have the answer to a question and promised to follow up. “I think that honesty helped nurses respect me more,” he said, adding that it also aided him in learning about the department.

Tina Humbel, DNP, MHA, RN-BC, CCRN-K, CPN, a nurse manager in the Emergency Medicine and Trauma Center at Children’s National Health System in Washington, D.C., takes a similar approach. When working with teams from other departments who may question her decisions, “I try not to be defensive,” Humbel explained. In those situations, she reminds herself that making the patient experience better is the overall goal for everyone involved and does her best to resolve issues thoughtfully.

Bayne noted the importance of leading by example. “If you are typically upbeat, the staff will hopefully adopt your style,” he said. “If you are negative, then the morale of the team will be lessened.”

Generational mix
Inside any unit, work styles differ across generations. In general, the three generations in the workforce now see work-life balance in one of three ways, according to a workshop for new managers offered by the American Nurses Association (ANA). For baby boomers, it’s “work first,” for Generation X it’s “50% work, 50% life,” and for millennials, it’s “life first.”

Erica Robinson, RN, an assistant nurse manager in the postanesthesia care unit at New York Presbyterian Queens, has experienced this firsthand in her department. “Baby boomers are very straightforward; Generation X wants to do their work and go home,” she said. She found that millennials want more of a “coaching” style when receiving feedback.

When Humbel did research on generational differences for a nursing journal article, she was surprised by how much she didn’t know. After that, she made a point of taking generational differences into consideration on the floor. “I do my best to customize my approach with staff,” Humbel said.
Not every nurse manager finds this approach valuable when communicating with staff. Said Bayne, “I am more likely to tailor the message based on their personality rather than their age.”

Budgeting: Practice makes perfect

Many nurse managers have little to no experience with budgets. Each manager will have a different situation, but most involve on-the-job learning.

After attending ANA’s workshop for new nurse managers, the budget process “became a little clearer,” said Robinson, an ANA-New York member. “It has to be part of your everyday vocabulary or you won’t learn it,” she added.

Humbel, who had very little experience with budgets, agreed that the best way to learn is to jump right in. “Now that I have undergone a budget cycle,” she said, “I feel that I am closer to being prepared next time.” She also suggested that nurses meet with their organization’s chief financial officer or department lead to learn more details.

Bayne had never worked on budgets before he became a nurse manager, but plenty of practice helped raise his skill level. “My assistant director and I have sat down many times to review my budget, and I feel much more confident than I did in the beginning,” he said.

Perfecting people skills: Interviewing and staffing

One of the most critical challenges that new nurse managers face is learning how to interview. Not only are they looking for the right skills and attitudes, they need to determine if a candidate is the right fit for the department. ANA’s workshop illustrates this with the KASH box (Knowledge, Attitude, Skills, Habits), explaining that most businesses spend their time and money developing employees with the left half of the KASH box (knowledge and skills), while most terminations and departures are due to weaknesses in employee attitude and habits.

Bayne, an ANA member, said he used to interview potential staff from a peer’s perspective rather than a manager’s. Now he focuses more on ensuring the new hire is a true fit for the department and examining his or her long-term goals to see if the department is right for that prospective hire.

Another challenge on Bayne’s ambulatory unit is staffing. “Once you find the right person, the next challenge is keeping them,” Bayne said.

When he was a staff nurse, Bayne said he was isolated with just his patients during a shift, only thinking about what he needed to do for the next 12 hours. But as a manager, he has to think about how every nurse’s assignment will impact them. “If we have too many short-staffed days, they [staff] do start to look elsewhere,” he added.

Nurse turnover and recruitment of new staff are among the top three challenges identified by respondents in a 2017 Trends and Salary survey of nearly 6,000 nurses by American Nurse Today and ANA. About 60% of managers say recruiting RNs in the past 12 months has been difficult.

Communication: Building collaborative relationships

Communication skills are critical for nurse managers and key to building strong relationships with staff. “Let nurses know that they can come to you with an issue,” Bayne said, who keeps the lines of communication open by working with his staff to find the best solution to a problem and then updating them on the progress toward a solution. That’s critical because staff want to know that their voices have been heard, he said.

Robinson learned quickly that her staff needed...
someone to listen to them. That required a change on her part. “I needed to listen a lot more instead of being reactionary,” she said.

Being younger or the same age as most of her direct reports, Robinson has worked hard to stay professional, especially when tension arises. “I have improved my response to negative interactions and manage my emotions,” she said.

**Occupational hazard: Burnout**

Every nurse is susceptible to burnout, but the increased responsibilities of a nurse manager may bring it on sooner. Signs of burnout include chronic fatigue, anxiety, inability to concentrate, lack of empathy, and disengagement from work, according to information provided in the ANA workshop. The workshop curriculum also suggests a number of interventions, like mindfulness training and self-care.

“You need a good foundation outside of work to keep your sanity intact and help you be the best version of yourself you can be,” Robinson explained.

Keeping work and home separate can be difficult, but it’s necessary. Bayne said, “I work 9- to 10-hour days, but if I can help it, I leave work at work. I know that to be successful and not burn out, I need to be able to step away and have personal time.”

Sharing work responsibilities also can help alleviate stress. “I have a nurse manager partner I share job responsibilities with,” Humbel said. “We complement each other and have a shared vision,” she added.

Humbel also prioritizes time with her family and goes for a run when she needs to decompress and reflect.

Robinson agreed. “Having strong support outside of the unit is critical to avoiding burnout.”

— Elizabeth Moore is a writer at ANA.

**ANA’s new nurse managers workshop**

Bayne, Humbel, and Robinson attended the “New Nurse Managers Workshop: Your Roadmap to Success” at the American Nurses Association (ANA) in Silver Spring, Maryland. Presented by Rose Sherman, EdD, RN, NEA-BC, FAAN, and Joyce Batcheller, DNP, RN, NEA-BC, FAAN, the workshop teaches leadership, communication, management, and business skills for new nurse managers, and provides education in finance and staffing. It also brings together new nurse managers from around the country to network and share their experiences.

“Everybody faces the same issues as a new manager,” Bayne said. “Whether you think you’re alone on an island or on a sinking ship, there’s someone (at the workshop) who’s there with you or has been there.”

Before Robinson attended the workshop, she was uncertain about continuing in her assistant manager role. Once there, she saw that she wasn’t the only one to find management difficult. “The workshop helped me get a better perspective,” she said. “I learned new support systems and different avenues to explore from the other attendees.”

The 2-day workshop is held several times a year at ANA headquarters. The next workshop is in November 2018. Learn more at nursingworld.org/continuing-education/workshops.

**ANA resources for new managers**

- ANA’s Healthy Nurse, Healthy Nation™ Grand Challenge: hnhn.org
- National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience: nam.edu/initiatives/clinician-resilience-and-well-being
- ANA Up and Comers online community: http://community.ana.org/communities
Questions to ask before combining vacation and volunteer work

To: Ethics inbox
From: Socially responsible nurse
Subject: Volunteering abroad

Friends of mine returned from volunteering in another country, and they loved the experience. They enjoyed giving back and everything they were able to do. One of them even delivered a baby! I would like to take some vacation time and volunteer outside of the United States, as well. What should I look for when choosing an organization for volunteering abroad, and what should I expect once I get there?

From: ANA Center for Ethics and Human Rights

Voluntourism, combining your vacation time with providing service to individuals or a community, is a popular concept and becoming a big business in many countries. Choosing a company with a strong ethical foundation can lessen the number of issues that may confront you when you arrive.

Before you make a commitment to any organization that arranges volunteer experiences, it’s important to ask the right questions. In addition to practical questions about immunizations, dealing with emergencies, food and lodging, you should ask:

- What is the company’s mission? How long has the company or organization worked with the community and what projects have they completed?
- Are any local members of the community involved in planning the experience?
- Can I ask a few local residents how they perceive the impact of the company in the community?
- How are funds that I pay to the organization distributed within the community?
- Is there a pre-planning process?
- What support will I have when I arrive? Will I be assigned to work with a local RN and can I communicate with that nurse beforehand? Will language be an issue?
- Will there be time away from the clinical setting, and how are additional tourist experiences arranged?
- Is there any support after I return home? Does the company provide ways for me to reflect and share my experience with others?

Know as much as you can about the community before you go. Local residents may appreciate your attempts to say simple phrases in their language. While organizations may emphasize the need to adapt in the local context, remember that you should not practice beyond the scope allowed by the nursing organization in that country or in the United States.

The American Nurses Association’s (ANA) Code of Ethics for Nurses with Interpretive Statements states that we are responsible for the care we provide and are accountable for our practice (Provision 4.1). If you have not been trained to do a procedure, then you should refrain. Working with a local nurse will be helpful in understanding what the nursing expectations are in that particular country.

Having a sense of social responsibility is important and wanting to help is admirable. However, you should also realize that there is a potential to do harm. Think about your motives and expectations before you decide to volunteer. Providing service is important, but do so with an attitude of learning from others by asking questions and reflecting on the work you are doing. Reflection is key—before, during, and after your experience.

— Response by Michele Upvall, PhD, RN, CNE, FAAN, member of ANA’s Center for Ethics and Human Rights Advisory Board.

Selected reference

The American Nurses Association (ANA) is among 25 organizations that have joined the Institute for Healthcare Improvement (IHI) to help create a national action plan to accelerate progress in patient safety across systems and settings. On May 22, the IHI formed the National Steering Committee for Patient Safety to relaunch the nation’s safety agenda; the committee includes representatives from the healthcare, policy, regulatory, and advocacy communities.

This new effort stems from a 2017 Call to Action issued by the National Patient Safety Foundation (NPSF), which merged with IHI in 2017 to combine the strengths of the two organizations around patient safety. The Call to Action frames medical harm as an issue that affects all of society, demanding a coordinated response by the healthcare and public health sectors.

“As decades, experts have called for increased coordination to improve patient safety, but such a strategy has not been fully instituted,” said Tejal K. Gandhi, MD, MPH, CPPS, chief clinical and safety officer at IHI and co-chair of the committee. “There is still so much work to be done in patient safety, in part because we’ve reached the limits of what a project-by-project approach can achieve. Instead of declaring ‘mission accomplished,’ we need to take steps to advance total systems safety—safety that is reliably and uniformly applied wherever care is provided.”

As outlined in a 2015 NPSF report, a total systems approach contains elements that have proven to be at the foundation of safety and are key to making sustainable progress in all health settings. They include safety culture, leadership, communication among team members, measurement, and patient and family engagement.

Nearly 20 years ago, the report To Err Is Human: Building a Safer Health System, estimated that as many as 98,000 deaths in the United States each year are the result of harm accidentally inflicted during a medical encounter. Recent studies claim that four times as many deaths can be attributed to medical harm, making it by some estimates the third leading cause of death in the United States and a source of long-term physical, emotional, and psychological damage.

This renewed, shared focus on keeping patients safe and the work of the National Steering Committee reflect the importance of effective coordination at all levels—from national organizations to individual clinicians. ANA has long advocated for and promoted a wide range of programs and efforts to address patient safety.

For more information on the work of the National Steering Committee, visit ihi.org/patientsafety.

What’s new in OJIN?
The May 2018 issue of OJIN: The Online Journal of Issues in Nursing features four new articles related to the theme of “Translational research: From knowledge to practice.” The articles examine the emerging science of translational research, with helpful knowledge for nurses in a variety of roles:

- Translational research in practice: An introduction
- Advancing scholarship through translational research: The role of PhD and DNP prepared nurses
- Connecting translational nurse scientists across the nation—The Nurse Scientist-Translational Research Interest Group

Visit ojin.nursingworld.org to read these articles and others.
ANA announces 2018 National Awards honorees

The American Nurses Association (ANA) has announced its 2018 National Awards recipients. ANA’s National Awards honor outstanding nurses whose dedication and achievements have contributed significantly to the nursing profession.

This year’s 12 honorees include two nurses who will be inducted into ANA’s Hall of Fame, and 10 RNs who will receive Honorary Awards. A ceremony to honor the 12 award recipients will be held June 22 at the Washington Hilton in Washington, D.C., during ANA’s Membership Assembly.

ANA is honored to induct two Hall of Fame Award recipients for 2018: Barbara J. Drew, PhD, RN, FAAN, FAHA, ANA-California, and the late Marie Louise Fitzpatrick, EdD, RN, FAAN, Pennsylvania State Nurses Association.

Drew’s cardiovascular nursing research has brought valuable improvements to patient care and nursing scholarship. Her 30 years of research and publication work, focused on cardiac monitoring, has led to major changes in the clinical care of patients with heart disease. Drew has demonstrated an extraordinary commitment to furthering excellence in nursing science. In her work with organizations, she has often moved them toward more productive interdisciplinary goals and to the adoption of clinical guidelines that reflect nursing research and the concerns of clinical nurses.

Fitzpatrick was a visionary leader and champion for the nursing profession, international healthcare, and nursing education. She was the Connelly Endowed Dean and Professor of the College of Nursing at Villanova University—a position she held for nearly 40 years. Under her leadership, Villanova’s College of Nursing was created and developed into a premier nursing program. She expanded the college’s academic programs, including initiating the master’s and doctoral programs, as well as an accelerated BSN program for second-degree students. Fitzpatrick developed distance learning strategies and clinical simulation initiatives with a focus on scholarship and research.

The Honorary Award recipients are:

- **Gale Adcock, MSN, RN, FNP-BC, FAAN, FAANP**
  North Carolina Nurses Association
  The Barbara Thoman Curtis Award recognizes significant contributions to nursing practice and health policy through political and legislative activity.

- **Marilyn D. Harris, MSN, RN, NEA-BC, FAAN**
  Pennsylvania State Nurses Association
  The Distinguished Membership Award recognizes outstanding leadership and contributions to the mission of ANA.

- **Michael J. Rice, PhD, RN, APN, FAAN**
  Colorado Nurses Association
  The Hildegard Peplau Award honors significant contributions to the field of psychiatric nursing.

- **Valerie Aarne Grossman, MALS, BSN, RN, NE-BC**
  ANA-New York
  The Honorary Nursing Practice Award acknowledges an RN who is directly involved in patient care for his or her contribution to the advancement of nursing through strength of character, commitment, and competence.

- **Peggy L. Chinn, PhD, RN, FAAN**
  ANA-California
  The Honorary Human Rights Award recognizes outstanding commitment to human rights and exemplifying the essence of nursing’s philosophy about humanity.

- **Joyce Fitzpatrick, PhD, MBA, RN, FAAN, FNAP**
  Ohio Nurses Association
  The Jessie M. Scott Award recognizes a nurse who demonstrates the interdependent relationships among nursing education, practice, and research.

- **Richard Henker, PhD, RN, FAAN**
  Pennsylvania State Nurses Association
  The Luther Christman Award recognizes the contributions that an individual man in nursing has made to the profession.

- **Paula K. Anderson, RN**
  Ohio Nurses Association
  The Mary Ellen Patton Staff Nurse Leadership Award recognizes significant contributions to the professional advancement of staff nurses and for demonstrating leadership in the nursing profession.

- **Jacquelyn Y. Taylor, PhD, PNP-BC, RN, FAAN, FAHA**
  ANA Massachusetts
  The Mary Mahoney Award recognizes significant contributions to integration within the nursing profession.

- **Alexandra L. Wubbels, BSN, RN**
  Utah Nurses Association
  The Staff Nurse Patient Advocacy Award recognizes staff nurses who provide direct patient care in all practice settings and who have advocated for their patients.
Oh the places nurses lead!


Nurses can be leaders in many ways, and Constance M. Baker, EdD, is a leader in most.

In 2017, when considering her accomplishments in the nursing profession across the country and internationally, Baker decided to become a lead donor at the American Nurses Foundation. Through her financial generosity, she created the Constance M. Baker endowment fund to support research on strengthening nursing leadership.

“The next generation of nurse leaders will benefit from Dr. Baker both as a role model and mentor, as well as a generous donor,” said Tim Porter-O’Grady, DM, EdD, APRN, FAAN, FACWS, chair of the Foundation’s board of trustees. “On behalf of the Foundation, we applaud her distinguished career and are grateful for her confidence in donating to the Foundation to help carry out her legacy.”

Baker has come a long way since growing up in Sault Ste. Marie in the Upper Peninsula of Michigan, when women in her generation had two main employment options: teaching or nursing. She followed the path of a close aunt who was a nurse, and made her first move after high school graduation to Detroit, for Wayne University and Grace Hospital.

After graduation, Baker’s ambition was aided by a little luck. Federal scholarships for nurses who planned to become faculty because of a national nursing shortage allowed her to earn a BSN at the Frances Payne Bolton School of Nursing and subsequently a master’s degree in sociology at Case Western Reserve University in Ohio.

In 1965, Baker took a position at Columbia-Presbyterian Medical Center in New York City. Soon she was invited to join the faculty and launched her academic career. She taught nursing leadership for 12 years to baccalaureate seniors at Columbia University School of Nursing. Always a multitasker, Baker spent her spare time acquiring a master’s and doctorate of education from Teachers College, Columbia University.

“I have always been proud of my doctoral dissertation, a national study of middle management in schools of nursing,” Baker shared. “I was able to publish four articles as a result.”

After a few more moves, Baker settled in as dean at the University of South Carolina from 1981 to 1988, where she oversaw the addition of the PhD in nursing science program and the first distance-learning graduate courses offered by television.

Another career highlight includes serving as a professor of nursing and fourth dean of the School of Nursing at Indiana University from 1988 to 1991. Baker’s interest in curriculum development led her to becoming a consultant with foreign universities that wanted to establish PhD programs in such countries as the Philippines, Malawi, and Mexico. Later, she became the coordinator of international health initiatives for Indiana University’s Indianapolis campus, and represented Indiana University health schools across many continents.

After her retirement in 2006 and a few years of fun in New York City, Baker was called back to her roots in Sault Ste. Marie, where she helped care for her niece’s twin boys until they entered nursery school. “How could I say no?” she wondered.

Not one to stay idle, Baker is now working with the president of Lake Superior State University to create a discovery center for children in its new Center for Freshwater Research and Education.

Visit givetonursing.org to give to the American Nurses Foundation.