

## Nurse Manager Morale

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Concerned about retention of Staff Nurses? Then give serious consideration to paying attention to Nurse Manager morale. Nurse Managers are said to have the most difficult management job in health care organizations. I have heard it said that Nurse Managers have the most difficult management job in *any* organization.

Nurse Managers often coordinate the care delivered on multiple units. They may be responsible for 200 or more employees with as many as 50% of those employees working shifts other than the one the Nurse Manager works. Nurse Managers must expect service orientation from their employees since their staff often give the patient their first impression of the organization. The nursing staff, in essence, represent administration through their actions and attitudes.

Nurse Managers also collaborate with allied health and support departments. These other departments often want to operate by their own schedule, leaving the nursing unit to coordinate the schedules of several departments including their own unit. Availability of support services, (e.g. laboratory specimen collection, patient transportation, computerized order entry, use of unit-dose medication system and coordination of discharge planning) enhanced professional nursing practice. Professional nursing practice in turn predicted higher mean levels of nurses work satisfaction (Mark, 2003). In a second, unrelated, informal survey, Nurse Managers were found not even to pursue problems with the availability of support services due to frustration with a lack of response from the support service departments.

Nurse Managers must establish relationships with physicians, a complex task at best since physicians are usually non-employees of the

organization, yet have a primary impact on the unit and the patients. Nurse/physician collaboration is one of three strongest predictors of psychological empowerment of nurses (Larrabee, 2003). Therefore, if you are the Nurse Manager of a unit with less than satisfactory nurse/physician collaboration, the prospect of it improving is usually through improving relationships one physician at a time given the independent structure of physician employment.

So, given all of this complexity in the Nurse Manager role, and the number of critical issues they juggle as front line managers, imagine my surprise when I combed through many, many management and leadership books and found NOTHING on morale. It seems to be a common word to me, and one that many people talk about and express an interest in. I even looked up other words for morale: spirit, cheer, courage, faith, hope, and determination. Aren't all of these words ones that we want associated with Nurse Managers? And don't these words, together, give a sense of a person we would want to be around and a person we would want to have manage and lead a patient care area? Wouldn't we want to work for someone with these qualities? Morale was often implied in other definitions such as job satisfaction, motivation, and work environment. But not once did I see morale singled out as a concept.

Of course, next I went to the internet. And what popped up first? The Army Morale, Welfare and Recreation (MWR) operations...worldwide! The Navy was also there with the Navy Morale, Welfare and Recreation Division...a whole Division! These divisions are often related to recreational services, but the descriptions of MWR include car-

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ing, investment, renewal, balance, quality support, retention, readiness and mental, physical and emotional well-being. And the Army has recognized the need for this support since World War I (with a period of "mothballing" after the War was over). Why is health care not out there as a leader in this area? Aren't we interested in caring, renewal, balance, retention, and well-being?

If we don't pay attention to Nurse Manager morale, do we undermine the healthy work environment we often talk about as necessary to retain and recruit staff nurses? Shouldn't we be starting with making sure Nurse Managers are supported? If we support Nurse Managers, won't we be more assured of Nurse Managers supporting staff nurses? And isn't one of the major areas of support not allowing supervisor, patient, family and physician verbal abuse of Nurse Managers? If we allow verbal abuse of Nurse Managers, will not Staff Nurses also be targets of verbal abuse, an area of great concern as it relates to morale?

Can we expect Nurse Managers to be responsible for both quality and financial outcomes for their areas of responsibility? Can they realistically monitor all the expected quality indicators; complete annual and intermittent performance evaluations on all direct reports; intervene with all issues with service departments, e.g. late trays, not enough linen, lack of maintenance and repairs, unit cleanliness, lack of coordination with pharmacy; central supply availability; tend to patient and family concerns including alerting risk management of potentially critical issues; implementing improvements to correct patient, family, physician and staff satisfaction scores which are below benchmarks and, on the side, develop point of service satisfaction surveys; monitor agency nurse performance; tend to RN turnover and staffing? On top of all of this, Nurse Managers must spend the better part of each day in meetings. And don't forget that Nurse Manager's visibility and availability to staff are major staff morale concerns. All of this complexity often exists with a strong Chief Nursing Officer (CNO) in the organization, but when an organization diminishes the role of the CNO, the negotiation strength of the Nurse Manager becomes less.

One way to improve Nurse Manager morale is to prepare them for their leadership and management role. Many people are coached in all walks of life; however, we most often think of athletes as being coached....no matter how long they have been an athlete. More and more executives are being coached, but this trend is slow to catch on in health care. Some people say it is because we identify ourselves as helpers, so it is difficult for us to ask for help. But if we are serious about creating healthy work environments and improving morale, we must begin with a healthy work environment for Nurse Managers. We need to pay attention to creating an environment where the Nurse Managers thrive, and this can be done through coaching them as they step into an overwhelming job with enormous responsibilities. As Nurse Managers are coached, there will also be a benefit to their staff since they will learn to coach them.

Coaching Nurse Managers involves a variety of experiences for personal leadership development of the Nurse Manager, built

upon the operations for which she or he is responsible. Coaches help the Nurse Manager set their own platform for the leadership of their unit(s), help them develop progressively more complex leadership skills and help them achieve recognition as a nursing leader. It is important to create and maintain a "work milieu in which participative management thrives" (Larrabee, 2003). How many Nurse Managers have the skills to implement this type of milieu?

Coaching Nurse Managers to invest in relationships by developing communication skills such as dialogue, alternative dispute resolution, and negotiation also helps them to be effective. Nurse Managers must maintain complex professional relationships, not only with physicians but with shift employees who they may not see very often. Jodi Taylor, former vice president of the Center for Creative Leadership (CCL) says "in examining the critical variables for success for the top three jobs in large organizations, ...the number one success factor is 'relationships with subordinates'"(Kouzes 1999).

In another study conducted by the CCL, they found that "the highest-performing managers show more warmth and fondness toward others than do the bottom 25 percent. They get closer to people, and they're significantly more open in sharing thoughts and feeling than their lower-performing counterparts" (Kouzes 1999). Clearly, coaching for relationship development is putting the Nurse Manager on the road to success.

The thesis of relationship skills development is further supported by Goleman (1998) in his book on emotional intelligence, which he says is twice as important as technical skills and IQ. Goleman lists five components of emotional intelligence: self-awareness, self-regulation, motivation, empathy, and social skill. And as you would guess, the last component, social skill, is about managing relationships with others. This is further support for coaching Nurse Managers on relationship skills.

Kouzes and Posner also have researched best practices of leaders. They have found that leaders who get extraordinary things done: "Challenge the process; Inspire a shared vision; Enable others to act; Model the way; and Encourage the heart". They have written an entire book on "encouraging the heart" because of wanting to add their "voices to the discussion of soul and spirit in the workplace. Leaders create relationships".

Most individuals assume people have relationship skills and need no coaching. Nurse Managers need support in holding others accountable while maintaining positive relationships. This does not mean "putting up" with unacceptable behavior to maintain relationships, whether from a direct report or other person in or affiliated with the organization.

And what about other areas indicated in the MWR web site: caring, investment, renewal, balance, quality support, retention, readiness and mental, physical and emotion well-being? I believe these are all related to morale. But not many organizations deliberately attend to these factors with Nurse Managers. It is worth the investment and again, much of this can be taught

through personal leadership development.

In "Encouraging the Heart", Kouzes and Posner point out that the word "encouragement" has its root in the Latin word "cor" which means heart, as does the word "courage". So to have courage means to have heart. This brings me back to some of the words for morale which were listed in the beginning of this article, one word being courage. So another way of talking about Nurse Manger morale is to say Nurse Managers have heart.....

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## 25th Annual International Association for Human Caring ) Conference.

In early June Colleen Person and Sharon Dingman from CHCM participated in the 25th Annual International Association for Human Caring (IAHC) Conference. 340 participants from all over the world gathered in Boulder, Colorado, to share their research, experiences and affirming stories of caring, healing relationships.

Sharon's presentation "The Nursing Leadership Difference: Caring, Courage, Compassion" was well-received. Participants reflected and engaged in dialogue on the need for leaders to develop their caring, compassionate selves and the courage to create environments of caring relationships in these challenging times.

Joan Borysenko in her address "Fire in the Soul" called participants to "grow a heart big enough to hold the good and the bad.....because patients enter health care in a space for despair or transformation, perish or possibility." Janet Quinn in "Re-Visioning the Nursing Shortage" presented a new perspective on the nursing shortage—an ecological frame in which nurse's caring is seen as a precious resource in need of conservation in a health care environment that is toxic. She suggested "Habitats for Healing" that included a caring/healing framework and modalities, developing competent caring staff and collecting pertinent data. "Hospitals must quantify the dollars saved by reducing nurse turnover and the incidence of iatrogenic events." And as one of our colleagues Tony Disser said "Nurses deliver the bottom line."

The conference was rich in research data supporting the value of therapeutic presence in relationships of caregivers with patients and families in all settings of care. And there was engaging dialogue about how to provide the key elements: organizational structure and culture in conjunction with practical transformational programs for leaders and staff such as CHCM's Reigniting the Spirit of Caring.

Next year's conference will be in Montreal, Quebec, Canada. For more information visit The international Association for Human Caring website at [www.humancaring.org](http://www.humancaring.org).