



Nursing Leadership Workforce Compendium

 **AONL** | American Organization
for Nursing Leadership™

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Nursing Leadership Workforce**

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The AONL Nursing Leadership Workforce Compendium



Robyn
Begley

Dear Colleague:

The American Organization for Nursing Leadership (AONL) is leading a national effort to develop a compendium of workforce best practices and innovations to aid and support nurse leaders. The AONL Workforce Committee sent out a nationwide call for exemplars from nurse leaders in all health care settings to share their best practices and local scenarios with particular attention to scenarios including diversity, equity, inclusion, and belonging.

Seven subcommittees were formed for the following key topic areas:

- Talent acquisition and attraction
- Recruitment and retention
- Leadership
- Academic-clinical partnerships
- Positive practice environment
- Culture of inquiry
- Compensation and benefits



Erik
Martin

Before the COVID-19 pandemic, nurse leaders were challenged to staff appropriately, and experienced scope expansion within a dynamic work environment. The workforce committee and subcommittees evaluated best practices and innovations, structured recommendations, and set forth leadership opportunities and resources for each of the seven topic areas. Additionally, we leveraged the gathered information to define areas for future evaluation and research. The Workforce Compendium will go beyond published literature and focus on successful strategies used to effectively improve the work setting and support nurse leaders. The compendium will be released in three sections. This is the first section of the compendium.

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Task Force Charge and Framework

Nursing workforce issues are at a historical inflection point. Pre-pandemic, the workforce began to shift based on the retirement of Baby Boomer nurses, comprising approximately one-third (1.2 million) of the total nursing workforce (Buerhaus, 2021). With nursing retirements, resulting in the clinical and experiential knowledge, leadership, preceptor and mentor drain, organizations were challenged to consistently guide a newer, younger professional workforce (Buerhaus, 2021). While the U.S. Bureau of Labor Statistics (2022) projected the workforce would grow by approximately one million nurses between 2020 to 2030, replacing those with decades of experience in specialty areas proves challenging. The supply and demand rapidly shifted during the pandemic, and the need for the existing quantity of nurses to care for COVID-19 high acuity patients overwhelmed the health care system (Buerhaus, 2021). Nurses left the health care environment for multifactorial reasons with some of the key ones being: they became sick with COVID-19 and opted not to return, treatment or vaccine concerns, self-preservation or protection of their loved ones, curtailing hours due to school-age children at home or caring for parents, and early or on-time retirements. Even as the pandemic began to abate, the delta between nurses returning to the bedside versus remaining home or opting to work in an alternate profession reduced the number of nurses available to work in health care.

The American Organization for Nursing Leadership (AONL) recognizes the cascading implications of the contraction in the availability of nurses. The latest findings from the 2022 AONL Longitudinal Nursing Leadership Insight Study identified staffing as the top challenge for nurse leaders at all levels – chief nursing officers, directors and managers. The stress and pressure of front-line nurse leaders to fill vacant positions with qualified nurses have significant implications on their well-being. In the same study, we found that:

- 67% of nurse leaders identified emotional health as a major challenge.
- One in four nurse managers indicated they are not at all or not emotionally healthy.

Hence, the AONL Workforce Committee was convened, along with seven subcommittees, to identify approaches and interventions that address nurse leaders' workforce challenges. Each subcommittee undertook a collaborative learning exercise and examined specific topics, convened focus groups, requesting national exemplars and best practices from every health care setting. They also broadly surveyed nurse leaders with questions developed by each group to guide their work. The Workforce Compendium is a work product offering recommendations to nurse leaders that can be readily applied within the health care environment and concentrates on the engagement, retention and re-imagining of nurse leaders' work to support their roles. Ultimately the goal is to improve nurse attraction, retention and re-engagement. AONL recognizes that influential and satisfied nurse leaders who create a positive work environment and develop staff to their highest potential will yield high-quality, safe patient care and a superior patient experience.

The Opportunity

Learning from others, working collaboratively and evaluating change are necessities for the nursing leadership workforce. Throughout health care, we need to identify and implement timely, sustainable solutions that work in the real world. Practice-based exemplars, best practices and innovations offer an underutilized way forward. They provide an opportunity to work together to use innovations and strategies not commonly found

in the peer-reviewed literature, to understand better and address our most significant challenges. Done well, implementation of practice-based evidence involves some adjustments to align with organizational culture and priorities, teamwork with particular emphasis on ongoing data assessment and evaluation of impact. In this compendium, nursing leaders and academics evaluated and summarized practice-based evidence, tools and strategies that have worked in the workplace. Nurse leaders can use them to effect change and meet current and future goals. These practices should also generate more practice-based evidence and serve as a starting point to translate practice-based evidence into the workplace, transforming the nursing leadership workforce and preparing it for future opportunities.

Compendium Objectives

- Identify workforce solutions that support and enhance nurse leader practice.
- Identify tactics health care organizations can deploy to promote diversity, equity, inclusion, and belonging for direct-care nurses and leaders.
- Reimagine the front-line leader role and support structures to boost the recruitment of diverse and talented direct-care nurses into nursing leadership positions.
- Create a compendium of resources, including innovations, centered on well-being, care models, workplace environments, leadership development, and staffing.
- Amplify best practices demonstrating nursing leadership's impact on improving workforce outcomes.
- Collaborate on creating, implementing and evaluating innovative structures including models of care, leadership responsibility and education (e.g., leadership competencies, resiliency, and optimizing practice).

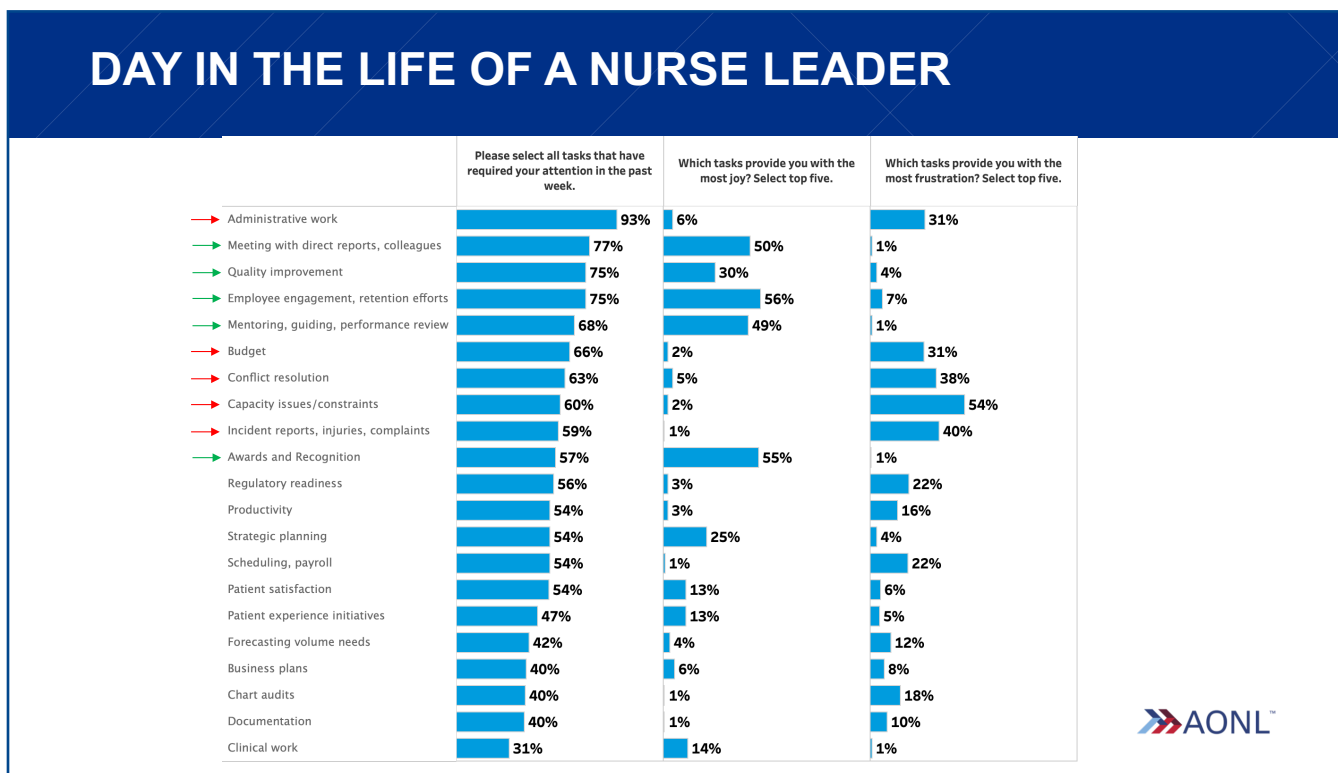
AONL Workforce Committee Scope

- Retention and recruitment of nurse leaders as the primary focus.
- Create an exclusive AONL resource for innovation and best practices as emerging research and studies become available.
- Develop multiple and consistent streams of communication modalities to disseminate workforce development and planning practices highlighting authentic scenarios.
- Articulate the span of control for front-line nurse leaders related to organizational support, workload, decision-making authority, and flexibility.
- Collaborate with relevant organizations to reiterate and strengthen messages on the importance of nursing leaders.
- Leverage technology and offer the utility of workforce analysis and planning recommendations to nursing leaders.
- Highlight individual workforce stories from direct-care nurses and front-line leaders to help educate and inform current and future nurses.

Key Results from Nationwide Surveys in 2022

AONL Foundation Nursing Leadership Insight Study

The AONL Foundation and Joslin Insight conducted a four-part longitudinal pulse check study over two years to identify the greatest challenges facing nurse leaders throughout and after the COVID-10 pandemic. After interviewing nearly a dozen nurse leaders in various positions, Joslin Insight launched an online non-incentivized survey to nurse leaders. Fielded in early August 2022, the latest study contains insight from more than 2,300 respondents at all levels of nursing leadership and across the continuum. More than 20% of the group identified as nurse managers. The data below provides insights on their top challenges, solutions and intent to leave their positions.



Remesh Study

Working with Deloitte Consulting, LLC, a facilitated virtual online session and an on-demand “flex” session were conducted in September 2022 with AONL members. The purpose of this study was to better understand nurse leader perspectives about the environment, teaming, leadership, culture, development, job design, work intensity and work-life sustainability. Questions were derived by members of the AONL Workforce Subcommittees. All nurse leaders (emerging leaders to executives) were asked to participate. Findings from the Remesh study are interwoven by topic into this compendium.

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SECTION 1

Attracting, Acquiring, Recruiting and Retaining Nursing Leadership Workforce



CHAPTER 1

Talent Attraction and Acquisition

Talent attraction and acquisition is the process of enticing the most desirable candidates to your organization and compelling them to apply for a position within the organization. This process requires strong collaboration between a nurse leader, especially the nurse manager, and a talent acquisition professional, responsible for sourcing, attracting, and interviewing prospective employees to find the right match for a company's long-term goals. From ensuring the proper skill set and education are identified, helping write the job description and answering unit specific questions, the nurse manager has the knowledge to assess and communicate the organization's and unit's culture to attract the nurses and other team members to the right position. Additionally, a nurse leader can work with the talent acquisition professional to revamp and market job postings to include what nurses want to know about the role and unit or department rather than simply a list of job responsibilities with generic department descriptions.

Labor economics and the pandemic transformed the way organizations attract and acquire talent. To understand the emerging best practices, AONL created a workgroup comprised of nurse leaders, talent acquisition professionals and nurse leaders in talent acquisition roles.



Takeaways

- 1 Apply for a position at your own organization** to evaluate processes, barriers and opportunities.
- 2 Offer a job within 24-48 hours** or less and escalate all declinations to Talent Acquisition to evaluate and track rationale.
- 3 Create a relationship between the applicant and the nurse manager prior to onboarding**, facilitated by the talent acquisition professional.

The group identified three phases to the talent attraction and acquisition process:

1. Attracting and identifying candidates,
2. Submitting an application, conducting an interview, offering the position, accepting the offer, and
3. Preboarding and onboarding.

The workgroup shared best practices from their organizations and interviewed experts from industry, large academic medical centers to smaller organizations throughout the country.

Recognizing the competition health organizations face to recruit in this tight labor market and sensitivity around compensation, AONL will not attribute any of the best practices identified in the chapter to a specific organization.

The subcommittee selected best practices that were: 1) practice-based evidence implemented to address real-life opportunities/challenges, and 2) described context, process, and outcomes of the practice-based evidence related to the overview/key definitions for this section.

Key Findings From AONL Research

Respondents to the AONL Remesh study (2022) agreed that there is a significant need to assess and redesign the recruiting, hiring, and onboarding processes to focus on efficiency and meaningful interactions. Over 73% of respondents agreed that the interview process needed to be streamlined and that recruiters needed to be knowledgeable about the work they are recruiting for. Participants also recommended the following to improve the acquisition and attraction of nurses to nurse manager roles:

- **Expedite Processing Times:** shorten time between applications, interviews, offers (including day of), and start dates.
- **Increase Nurse Leader Involvement:** expand role to screen and interview applicants.
- **Strengthen Relationships with Recruiters:** ensure they are clear on role requirements to improve the screening process.

Nurse Leaders often agreed on a short list of common recommendations for process improvements related to recruitment, hiring, and onboarding

What best practices or innovations do you think are successful for...

Improving the process related to recruitment and hiring of nurses	Increasing the practice readiness of nurses as they transition from students to novice nurses	Increasing the quantity of nurses in the pipeline
<p>#1 MOST COMMON RESPONSE</p> <ul style="list-style-type: none"> Expedite Processing Times: shorten time between applications, interviews, offers (including day of), and start dates Increase Nurse Leader Involvement: expand role in screening and interviewing, consider peer interviews Strengthen Relationships with Recruiters: ensure they're clear on role requirements to improve screening 	<ul style="list-style-type: none"> Mentorship Programs Nurse Residency Programs Preceptors Robust Onboarding & Orientation Externships 	<p>#1 MOST COMMON RESPONSE</p> <ul style="list-style-type: none"> Academic Partnerships: formalize relationships with local nursing schools and universities, including acting as clinical faculty Community Outreach: work with communities and high schools to engage a younger audience in nursing careers
<p>"Streamline the interview process, have recruiters that are knowledgeable of the work they are recruiting for, etc."</p> <p>73% AGREE SCORE</p>	<p>"Residency programs. Strong orientation also helps - but that starts with having effective preceptors and strong nurse educators."</p> <p>78% AGREE SCORE</p>	<p>"Collaboration with local universities - recruit students into the profession.... not just recruiting nurses to your organization."</p> <p>77% AGREE SCORE</p>

Taking Action: Assess and redesign recruiting, hiring, and onboarding processes to focus on efficiency and meaningful interactions

What best practices or innovations do you think are successful for increasing the quantity of nurses in the pipeline?
 What best practices or innovations do you think are successful for increasing the practice readiness of nurses as they transition from students to novice nurses?
 What best practices or recommendations do you have for improving the processes related to recruitment and hiring of nurses?
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 * Agree score is a modeled estimate of the share of participants that would agree with a particular response. These are calculated using collaborative filtering from participant voting after submitting their own response. Each % agree score is representative of sample in one of the two sessions conducted and is used for inferential / comparative purposes.

While over half of Nurse Leaders reported a turnover rate above 20%, many find it difficult to obtain turnover/vacancy information to help inform staffing decisions

TURNOVER RATE AMONG NURSE POPULATION	ACCESS TO TURNOVER/VACANCY INFORMATION
<p>Over the last year, what is the turnover rate you experienced among your nurse population?</p> <ul style="list-style-type: none"> 0-20%: 43% 21-40%: 40% 41-60%: 14% 61-80%: 2% 81-100%: 1% <p>57% Turnover rate greater than 20%</p>	<p>How easy is it for you to obtain information about the turnover/vacancy rate at your organization to be able to make decisions on recruitment and hiring?</p> <ul style="list-style-type: none"> Very Hard: 8% Hard: 26% Neither Easy nor Hard: 24% Easy: 21% Very Easy: 22% <p>34% Very Hard / Hard to Obtain Data</p>
<p>Taking Action: Provide data access & transparency on turnover and vacancy rates</p>	<p>Top Segments:</p> <ul style="list-style-type: none"> Very Hard / Hard: VP/Director (50%) Supervise 300+ Employees (45%) Delivery Context: Acute Care (42%)

*Top segments are based on professional demographics and excludes segments with n<20
 Segments shown tested statistical significance at 90% confidence
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Candidates

To attract the best talent, organizations need to stand out. According to [Glassdoor's 2019 Mission and Culture Survey](#), over 77% of adults across four countries (the United States, UK, France, and Germany) would consider a company's culture before applying for a job, and 79% would consider a company's mission and purpose before applying. Furthermore, over half of the 5,000 respondents said that company culture is more important than salary for job satisfaction. Including Diversity, Equity, Inclusivity and Belonging (DEIB) principles in marketing strategy, graphics and testimonials are critical. Testimonials, especially from a peer, are one of the best ways to recruit top talent. That is why some organizations create employee-referral bonus program.

Another opportunity to market your organization is through students during their clinical rotations. Organizations can track the clinical rotations in each unit and share best practices in relationship-building with nurse managers throughout the organization. It is important to make nursing students feel welcome and wanted, ensuring they have an optimal clinical experience. Clinical student rotations are a great opportunity for nurse managers to partner with staff as they engage students to begin attracting talent.

It is also important for organizations to evaluate their marketing strategy to ensure at least 12-18 touchpoints with a potential applicant as recommended by Symphony Talent in their [2020 Recruitment Marketing Benchmarks report](#). This includes referrals, websites, college career fairs, social media and career websites.

To assess an applicant's qualifications, evaluate the necessary job skills and competencies to ensure the posted positions list the appropriate requirements. Also consider what job responsibilities require the knowledge and skill of a Registered Nurse versus a Licensed Practical Nurse, Medical Assistant or Certified Nursing Assistant.

Application to Offer

In a highly competitive job market, it is critical to streamline the application process. How long does it take and how complicated is it to apply for a position at your organization? To understand this, look at the application process from the applicant's point of view and apply for an open position from your organization's website. This helps nurse leaders to identify and remove any bottlenecks or unnecessary steps. It is also helpful to establish a metric to reduce turn-around-time per candidate match to the job profile. Additionally, ensuring someone responds to all inquiries within 24 hours helps the applicant feel valued.

Once an organization receives an application that meets the position criteria, the talent acquisition professional schedules the interview with the candidate and the hiring manager. Gone are the days when the hiring manager decides who to interview. This process eliminates wait time for leaders to review resumes and "agree" to interview candidates, and unnecessary emails to select an interview time. Once the interview for a position is complete, the talent acquisition professional interviews the non-selected candidates for possible fit and placement in another unit or department within the organization without requiring a candidate to submit an additional application. This process recognizes that a candidate that is not a fit for one job may be a better fit for another. Many in the industry have adopted a "No Nurse Left Behind" position. Every suitable candidate gets interviewed for possible placement within the organization. Nurse applicants are viewed as valuable resources.

Once an organization is ready to make an offer, it is vital to include all compensation elements, benefits, and growth opportunities in the offer letter. Job seekers often receive offers from multiple organizations, so it is important to make your organization's offer stand out and take away most of the offer comparison work from the candidate. Clearly articulate "what is in it" for the applicant. Since the offer of a job as a nurse may be the first professional role for a new graduate nurse, they may need additional support evaluating benefits as they consider the offer.

Preboarding vs. Onboarding

While streamlining the application and hiring processes, it is crucial to accelerate specific steps before the applicant accepts the position. An organization can verify the applicant's license and certifications prior to making the offer; however, it is illegal to conduct background checks without the candidate's consent. Organizations should evaluate and narrow their drug-screening panel and consider point of care drug screening to reduce the turnaround time. If the services are not available locally, working with external laboratory partners to ensure a quick turnaround is essential.

Once a pending start date has been established, continuous connections or touchpoints are essential for new candidates to feel welcome and begin to create a sense of belonging. For example, encourage the nurse manager to reach out with a congratulatory email or invite the nurse to a social event with soon-to-be coworkers on the unit. It is important to make the nurse feel valued and a member of the new team. Additionally, clearly communicate to the new employee what their first day will entail, location and directions to the site. Best practice organizations remove roadblocks for an efficient new-hire start by ensuring employees are entered into the data base of the organization to log into computer-based training and orientation modules and equipment. Assuring access to parking on the first day is also a sign of welcoming the new employee.

Lessons Learned

1. Apply for a position within your organization to evaluate processes, barriers and opportunities.
2. Develop metrics for stages in the talent attraction and acquisition process to hold all within the system accountable for efficient practices.
3. Evaluate and be able to articulate "what is in it for me?" to attract candidates and prompt them to apply. Include clear communication of all compensation, benefits and professional development opportunities. Consider sharing the dollar amount of the total compensation rather than just the salary.
4. Any applicant who meets the criteria gets an interview; eliminate wait time for nurse leaders to review resumes and "agree" to interview candidates. NO NURSE LEFT BEHIND!
5. Offer a job within 24-48 hours or less and escalate all declinations to Talent Acquisition to evaluate and track rationale.
6. Create a relationship between the applicant and the nurse manager before onboarding, facilitated by the talent acquisition professional. Examples include timely communication, providing helpful resources and ensuring access to computer systems and equipment are in place prior to hiring.

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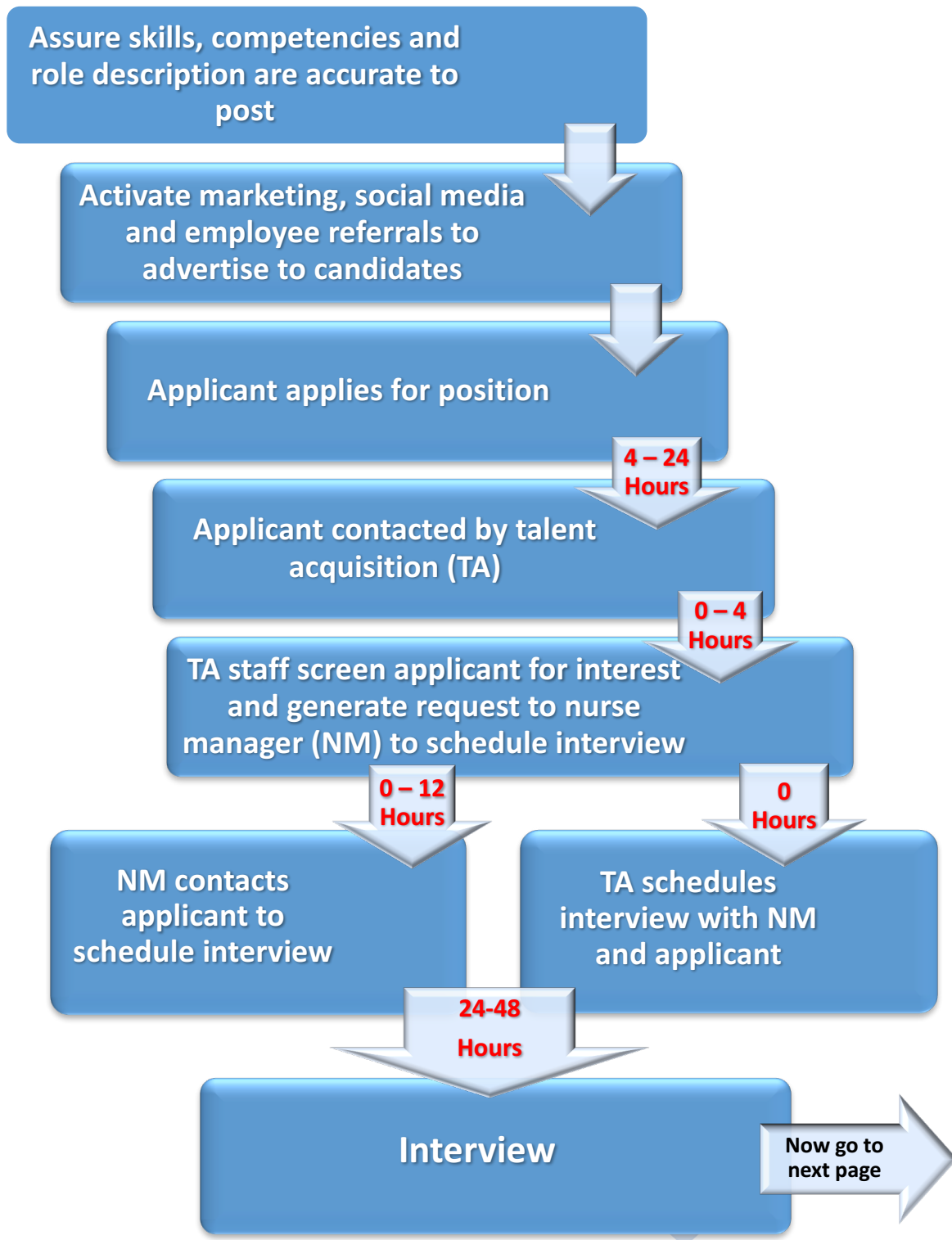
* Thank you to several other
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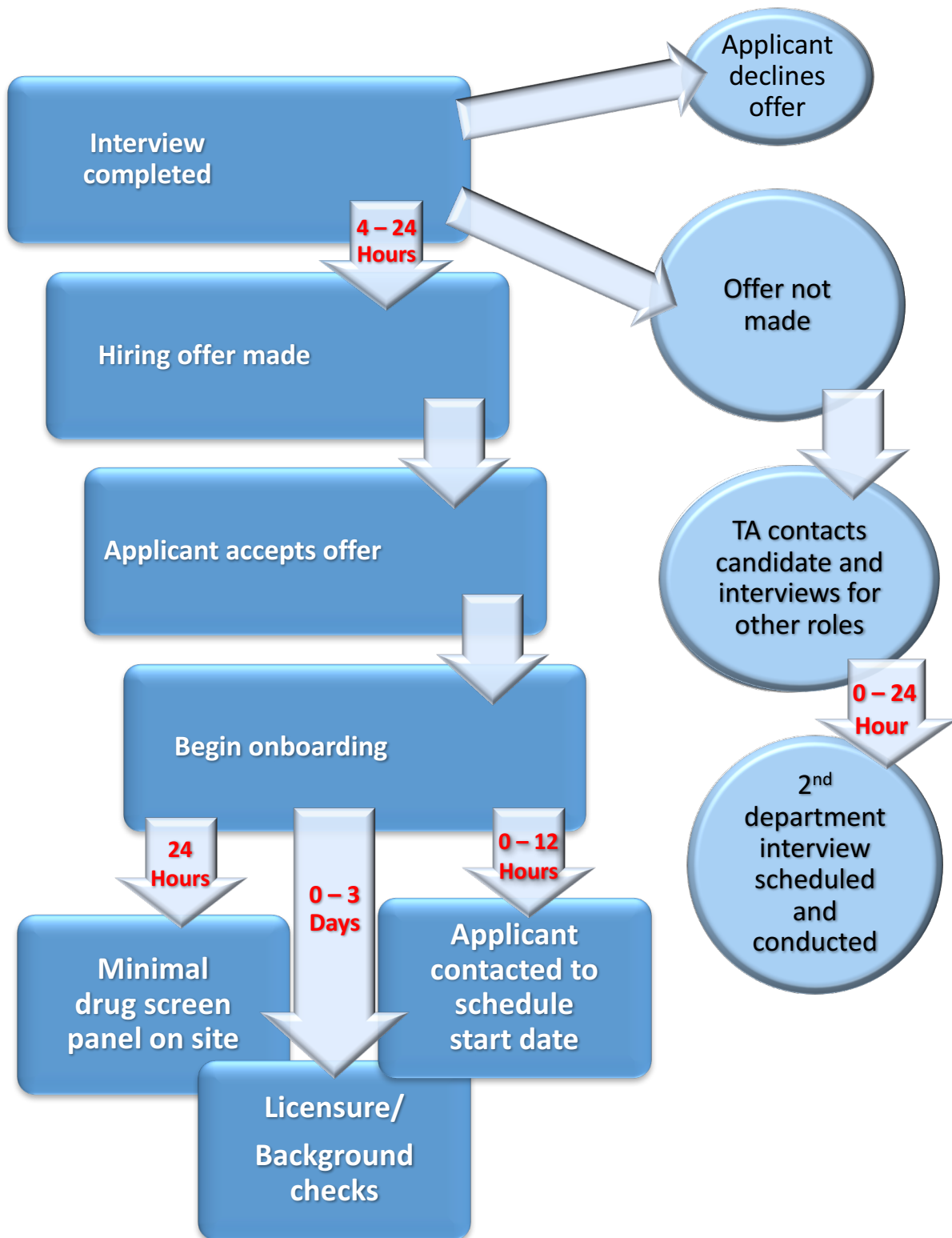
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Process Map



Process Map





CHAPTER 2

Recruitment and Retention

Executive leadership turnover in 2022 skyrocketed, with **18% more CEOs leaving their roles** than in 2020 or 2021. Burnout, exhaustion and frustration with reimbursement are reasons why executives rethink healthcare leadership roles. And while undoubtedly, these roles are taxing, the burnout and exhaustion among leaders at the front lines of care are even more significant. Like their executive suite colleagues, many front-line nursing leaders successfully navigated the challenges of 2020 and 2021 with an eye toward a more normal future. 2022 has, in some ways, proved more complex as it has become increasingly clear that challenges with staffing, patient volumes, staff wellbeing, and inadequate reimbursement will likely persist well into the future.

Nurse Managers now report the following:

- There has been an expansion in the nurse manager's span of control as budgets tighten and more staff shift to part-time.
- Managers now spend 60-80% of their time on recruitment, staffing and scheduling, as **new data** indicates that nurse turnover has risen to 27.1% nationally in health systems with a 17.1% vacancy rate.
- Leaders see a shift in staff attitudes about teamwork and a move toward transactional relationships with a focus on cash compensation.



Takeaways

- 1 Reducing the leadership span of control is challenging** in an environment where health systems are losing money and nurses are not applying for leadership vacancies.
- 2 Centralized staffing and scheduling have proved very effective** in some organizations.
- 3 Flexible schedules improve retention**, but some nurse leaders need help when proposing four-day work weeks or remote work for nurse managers.

- Leaders see a shift in staff attitudes about teamwork and a move toward transactional relationships with a focus on cash compensation.
- Patient and family complaints have skyrocketed with **increased physical assaults** on staff.
- Leaders experience a lack of work-life balance as the **tenure levels of staff have dropped**, and nurses need more coaching and reassurance 24/7.
- The health and well-being of nursing staff, **many of whom remain traumatized** from the COVID experience, is a significant leadership concern.
- Patient volumes and acuity are now higher than pre-COVID making staffing and scheduling more complicated.
- There is **increased union activity**.
- Recruitment challenges are not limited to nursing. Support staff have employment options outside of healthcare, and many choose other industries for their careers.

Literature Review

The long-anticipated retirements of the baby boomer nursing workforce began just before the COVID-19 pandemic and accelerated as a direct result of the pandemic (Warden et al, 2021). Nurse managers were among the many retiring nurses leading to critical deficits in front-line leadership. Given the crucial nature of the nurse manager role, health care organizations were left scrambling to recruit, develop and retain new nurse managers. When experienced nurse manager leadership is needed most, a strong nurse manager pipeline provides a solid foundation for organizational performance (Warshawsky & Cramer, 2019). In the absence of solid front-line leadership, organizational performance may suffer.

Millennial nurses are replacing the retiring nurse manager workforce with little to no experience or preparation for the role (Keith et al, 2021). Nurse manager roles are complex and necessitate leadership through influence. The role's scope and complexity are often burdensome to nurse managers. The evidence is clear—nurse managers experience stress and burnout directly from these burdensome scopes of responsibilities (Labrague et al, 2018; Penconek et al, 2021). To retain these front-line leaders, organizations must craft manageable roles and provide adequate support (Adriaenssens et al, 2017).

Competency and workload are among the key contributing factors driving the retention of this valuable workforce (Hewko, 2015). There is growing evidence supporting these key drivers of nurse manager retention. Specifically, researchers identified span-of-control, support positions, support functions and competency development as opportunities for redesigning models of nursing management (El-Haddad et al, 2019; Keith et al, 2021).

Sub-Group Work

Visionary nurse leaders are now pioneering new models of leadership and support strategies to retain their front-line nurse managers. This subgroup focused on the following three key areas:

Area One - Redesign the front-line leadership model of practice to reduce the manager's span of control and better support the leader's work.

Area Two – The initiation of nurse manager councils, executive coaching, or peer-support groups to support nurse managers and a communication channel to the executive team to share frontline leader concerns.

Area Three – The centralization of nursing staffing and scheduling to offload these responsibilities from front-line leaders.

Exclusion Content – Compensation and leadership development strategies were included in the scope of other workgroups in this compendium.

Methods

- Review of workforce data and related literature.
- Review of Remesh data collected by Deloitte.
- Review of AONL longitudinal nursing leadership research.
- Solicitation of expert opinions.
- Information from an AONL call for best practices.
- Interviews with nurse leaders from 24 organizations who responded to the call for best practices in nurse manager recruitment and retention.

Key Findings From AONL Research





AONL participants in the Remesh study recommended the following high priority areas to improve nurse manager productivity and retention in the role:

- The elimination of unnecessary or nonproductive meetings.
- The delegation of administrative tasks to a nonclinical assistant.
- Assessing current HR functions and reassigning tasks traditionally in the HR purview back to HR departments.
- Addition of Assistant Nurse Managers, Unit Based Educators, and Administrative Assistants to support Nurse Managers.
- The formation of Nurse Manager Councils and/or Professional Governance Councils.
- Support for flexible schedules for nurse managers.
- The adoption of centralized staffing and scheduling systems.

OVERALL RECOMMENDATIONS

To increase joy and meaningful work for Nurse Leaders, the most common improvements are all related to time, including fewer meetings and admin tasks, protected time off, and dedicated time for building relationships

What could your organization change within the next 3 months that would increase joy and meaningful work for nurse leaders?

 REDUCE ADMINISTRATIVE "NON-NURSING" TASKS	 ADDRESS "ALWAYS ON" EXPECTATIONS	 DECREASE TIME SPENT IN MEETINGS	 DEDICATE TIME TO RECOGNITION & TEAM BUILDING
Reduce time spent on "non-clinical" and "non-value add" tasks by increasing support staff	Allow nurse leaders to disconnect worry-free while they're off, remove expectation of 24/7 accessibility	Decrease meetings, as many are perceived as "meaningless" "unnecessary" and "redundant"	Create and protect time to engage with their teams, give recognition, and build connections
<p>"Remove administrative tasks that don't require a leader or nurse to complete." 71% AGREE SCORE</p> <p>"Remove non-nurse related tasks and create business partners to assist." 71% AGREE SCORE</p> <p>"Redefine what tasks really are needed and get rid of the rest." 70% AGREE SCORE</p> <p>"Hire a scheduler to do staffing so I can spend more time with staff and patients." 70% AGREE SCORE</p>	<p>"Stop making everything urgent and accurately prioritize, stop expecting leaders to be active 16 hours" 73% AGREE SCORE</p> <p>"Flexible schedules with coverage on their days off- no unofficial "on call." 72% AGREE SCORE</p> <p>"On-call support to allow managers to fully disconnect when they're off." 71% AGREE SCORE</p> <p>"Limit hours to no more than 9 hr/day. Require leaders to take days off and vacation" 70% AGREE SCORE</p>	<p>"Set expectations around after hours, don't schedule meetings after 5 pm" 76% AGREE SCORE</p> <p>"Block times in calendar for no meetings" 74% AGREE SCORE</p> <p>"Stop the unnecessary meetings, create inspirational time together, Sr Leader rounding." 73% AGREE SCORE</p> <p>"Appropriate staffing; EHR assistance; reduce meaningless meetings." 72% AGREE SCORE</p>	<p>"Protected time to work on recognition for staff." 72% AGREE SCORE</p> <p>"Allow time for team building." 71% AGREE SCORE</p> <p>"Meaningful recognition program for peer to peer." 70% AGREE SCORE</p> <p>"Dedicated recognition program specifically for nursing leaders." 69% AGREE SCORE</p>

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 1 Agree score is a modeled estimate of the share of participants that would agree with a particular response. These are calculated using collaborative filtering from participant voting after submitting their own response. Each % agree score is representative of sample in one of the two sessions conducted and is used for inferential / comparative purposes.

THE ENVIRONMENT: DRIVING CHANGE

For Nurse Managers and Front-line Nurse Leaders, the most helpful support would come in the form of assistant nurse managers and administrative staff

Which ONE of the following would be most helpful in supporting nurse managers or front-line nurse leaders?

Taking Action: Augment work with priority support roles

Top Segments

Assistant Nurse Managers	29%	11-15 years experience (47%)	Supervise 50-100 employees (41%)
Administrative Support	27%	N/A	
Unit-based Education Support	18%	Managers (27%)	Rural (27%)
A Centralized Staffing and Scheduling System	14%	C-Suite (30%)	Supervise 300+ Employees (27%)
Formation of a Nurse Manager Council	12%	Supervise 1-10 Employees (20%)	

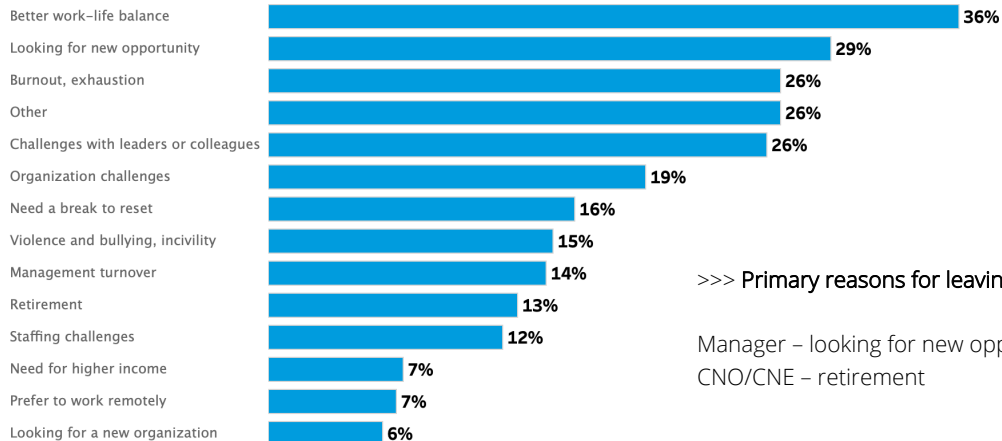
*Top segments are based on professional demographics and excludes segments with n<20
 Segments shown tested statistical significance at 90% confidence
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Below summarizes the responses to questions in the AONL Foundation Longitudinal Nursing Leadership Insight Study about challenges and intent to leave among nurse managers:

- 45% of nurse managers report they are considering leaving their roles, with burnout and lack of work-life balance being the primary drivers.
- Improved staffing, increased compensation, and support for work-life balance are the top three strategies nurse managers recommend to improve their role satisfaction.
- The top three challenges for nurse managers today are staff’s emotional health, retention, and reduction in traveler use.
- 72% of nurse managers have witnessed bullying and incivility, and 51% witnessed violence in their settings.
- Less than half (47%) of nurse managers report that they are emotionally healthy or very emotionally healthy – significantly lower than either directors or CNO/CNEs.
- Administrative work and scheduling/payroll are among the top five frustrating tasks nurse managers report each week.

SURVEY INSIGHT: THOSE WHO CHANGED POSITIONS

What was your reason for leaving? *Select all that apply.*



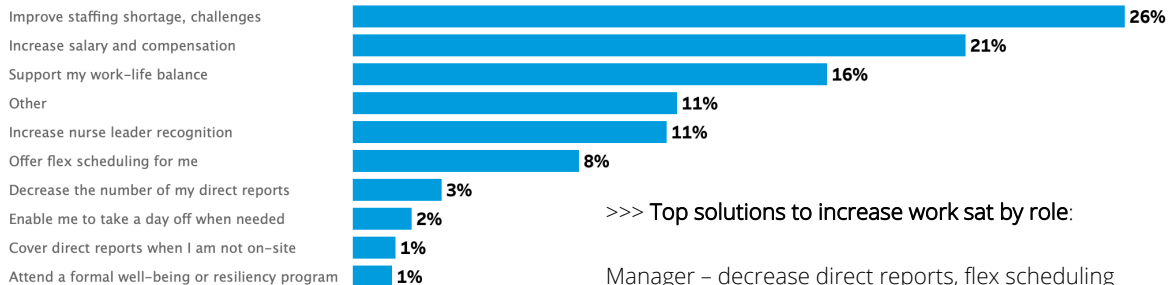
>>> Primary reasons for leaving by role:

Manager – looking for new opportunity, burnout
CNO/CNE – retirement



SURVEY INSIGHT

Which of the following solutions could your organization implement to improve your work satisfaction?



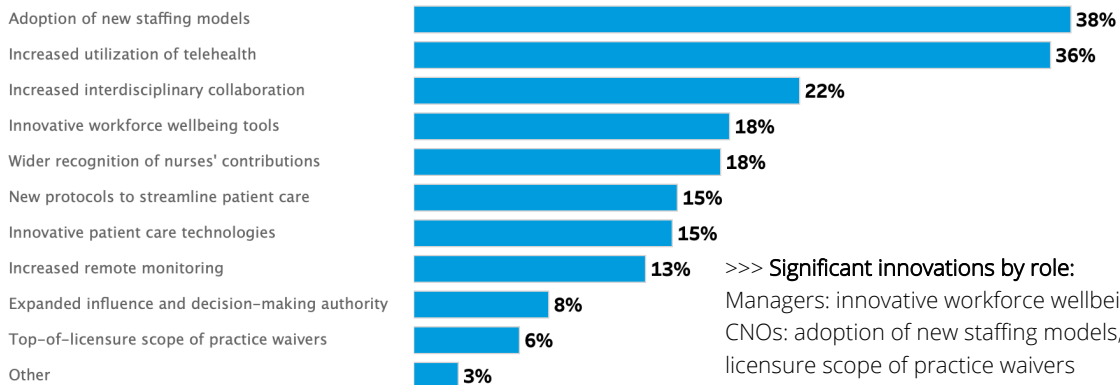
>>> Top solutions to increase work sat by role:

Manager – decrease direct reports, flex scheduling
 Director – flex scheduling
 CNO/CNE – improve shortage, take day off when needed
 Dean/prof – salary
 Specialists/coordinators – salary



SURVEY INSIGHT

Which of the following temporary advancements will your organization continue to use in the future? *Select up to two.*



>>> Significant innovations by role:

Managers: innovative workforce wellbeing tools
 CNOs: adoption of new staffing models, top-of-licensure scope of practice waivers



Lessons Learned from Interviews with Nurse Leaders

- Many organizations are piloting strategies to recruit and retain nurse managers, but most initiatives described below are in progress without the outcome data needed to cite as a best practice.
- Organizational cultures drive ideas about leadership practice. Some nurse leaders encounter challenges with other executive team members when proposing four-day work weeks or remote work for nurse managers.
- It takes a village to manage patient care in the current environment. Most units no longer have stable core teams of nurses. Health systems are looking to add ballast to unit-level leadership through more of a team approach. Adding Assistant Managers seems to be the most widely used approach along with Unit Based Educators. No best practice submissions included the use of Co-Managers.
- Recruitment and retention initiatives are not a one-size-fits-all endeavor, as geography, facility size, clinical area, and organizational culture impact success.
- Some nurse leaders have moved ahead with a “proceed until apprehended” mindset on strategy implementation and are not waiting for official organizational approval.
- Reducing the leadership span of control is challenging in an environment where health systems are losing money and nurses are not applying for leadership vacancies.
- Centralized staffing and scheduling have proved very effective in some organizations, but success depends on the structure and available resources.
- Some nurse leaders have high control issues and/or difficulty delegating and do not want their responsibilities offloaded to assistant nurse managers or scheduling offices.

Resources - Exemplars and Small Bets



UCLA HEALTHCARE

UCLA established a goal to improve support to staff by reducing the leadership span of control to 35 direct reports. Each 26-bed unit has one unit director and two clinical managers who focus on clinical support to staff on all tours. Unit directors also have administrative support for clerical responsibilities and payroll, which has led to regaining 8-12 hours per pay period that is usually spent on these activities. Contact Karen Grimley, CNE at kgrimley@mednet.ucla.edu.



NEW YORK PRESBYTERIAN HEALTH SYSTEM

During 2022, Wilhelmina Manzano, the systems CNE, has conducted formal and informal conversations with the 300 patient care directors (PCD – the title used for nurse managers) across this eleven-hospital system. These skip-level conversations aim to provide coaching and support for leaders who play a critical role in patient care delivery. The informal conversations have no set agenda and are usually restricted to 25 PCDs to allow for more intimate conversations. They are offered multiple times. The formal conversations offer CE and are topic focused with short content presentations, usually using a TedTalk or YouTube video and then follow-up conversation. Some lessons Wilhelmina has learned include: 1) We often do not do as good a job as we could in leadership communicating the why; 2) Newer PCDs need different support than experienced leaders; 3) Reflection, hope, and demonstrating vulnerability as a CNE are powerful messages for frontline leaders; and 4) Soft skills are often overlooked in leadership development today but are crucial to leader success. These conversations will continue in 2023 and have played a crucial role in the CNE staying connected to the frontline managers through intentionally scheduling events with PCDs on her calendar and providing needed support. Contact Wilhelmina Manzano at tel9023@nyp.org.



MEMORIAL REGIONAL HEALTH SYSTEM FLORIDA

As part of the organization's strategic plan, a Nurse Manager Peer Group was developed in 2018. This group has implemented evidence-based processes that have resulted in higher retention and nurse manager wellness/resilience. The nurse manager peer group – (considering renaming it to Nurse Manager Council) has two nurse manager representatives from each of the six hospitals. These representatives bring issues from the nurse managers at monthly meetings at each hospital. Three key achievements have been nurse manager onboarding, nurse manager competencies, and a plan for nurse manager flexible scheduling. As an outcome of this group's work, nurse manager flexible scheduling was introduced in July 2021. Managers were given the option of one remote workday each week or a 4-ten-hour shift. KPIs evaluated include nurse manager turnover and satisfaction, staff engagement scores, and nurse manager burnout scores – so far, in the past 12 months, all KPIs have shown improvement. Another added benefit is the support for the night tour. Nurse manager retention in the past 12 months is above 90%. Contact Shelly Delfin at SDelfin@mhs.net.



TEXAS HEALTH

Since 2020, nurse managers have had the option to work two remote days at home each month to complete their administrative work. They are also piloting Moxie the robot to reduce the time spent obtaining supplies and equipment. Contact Julie Balluck, CNO at JulieBalluck@TexasHealth.org.



WELLSPAN HEALTH PENNSYLVANIA

Wellspan Health developed a one-year system-wide nurse manager residency program built on the AONL competencies. The program is now in its third year of operation. Each hospital in the system can send one nurse to the residency program. 50% of the resident's FTE is protected time to spend on leadership development with three four-month rotations with nurse leader preceptors outside their specialty. Although the goal is that all residents complete the program and integrate into a nurse manager role, they do not expect a 100% succession rate because one of the NMR's goals is to provide an opportunity for clinical nurses to determine if a nurse leader role is a good fit for them. In the first two years of the program, 11 residents completed the program (91%), and most have moved into leadership roles. Contact Tina Martin at cmartin22@wellspan.org.



UNC- REX

The nursing leadership council (NLC) at UNC Rex began in a pre-COVID environment but has evolved the past three years as support for the nurse managers and directors. The group meets twice each month for 90 minutes. A one-day retreat was recently held to enhance nurse leadership teamwork, and the NLC built bicycles as teams for the Girls and Boys Club of Raleigh. Through their participation in the NLC, nurse managers (especially new managers) feel better supported, and turnover is down. UNC REX also provides managers with 24/7 Backup Centralized Staff Support. More than 40 staff are part of the staff support team – comprised of employees who are on internal travel assignments and nurses from travel agencies who also work on the centralized staffing team. The staff support team, who are UNC employees, are incentivized to work anywhere in the system. Nurse managers complete their schedules but use centralized staff support to fill gaps and as the first line of defense for staffing calls on weekends and nights. Contact Jennie McInnis, Director of Centralized Nursing Support at Jennifer.McInnis@unhealth.unc.edu.



UC HEALTH MEMORIAL CENTRAL

UC Health System Southern Colorado Region launched a Nurse Leader Mentor Program in 2021. A CNO leads the Nurse Director Mentoring Circle, and all 15 directors attend monthly one-hour sessions with a focused topic supplemented by bite-size leadership videos/articles/book chapters. The Nurse Manager Mentoring Circle is led by a director with five managers in each mentoring group. The initiative has improved leader retention. 12-month turnover rates for nurse leaders (manager and above) for four hospitals in Southern Colorado were reduced from 8.2% in August 2021 to 1.9% in May 2022. This turnover rate has been sustained below 3% for five consecutive months. Leaders are more connected to each other and have developed relationships across specialties. Contact Amanda Cobb at amanda.cobb@uhealth.org.



NYU LANGONE HOSPITAL – LONG ISLAND

A Nursing Leadership Bench Strength Program (NLBSP) was developed in 2019, focusing on Assistant Nurse Manager development. More than 75 ANMs have attended the program. The 10-module program has provided the ANMs with the skills to better support nurse managers and the hospital with a leadership succession plan. The 12-month comparison of nurse manager vacancy rates at the inception of the NLBSP was 31%, and at present, the vacancy is less than 5%. Key lessons learned are that ANMs need to be involved in curriculum development. Peer-to-peer learning has proved very powerful. Contact Dr. Kathryn Lang at kathryn.lang@nyulangone.org.



CHESTER COUNTY HOSPITAL UPENN

In 2018, the leadership evaluated the Nurse Manager Span of Control by developing and testing a span of control assessment instrument, which has been published and presented at the Magnet Conference®. After conducting the study, positions for nine assistant clinical managers were developed to support the 12 clinical managers. Fast forward to today, and there has been a significant change in core staffing, nurse tenure, and nurse well-being. Nurse manager spans of control and time spent on staffing and scheduling have increased. The research team is ready to launch a new multi-site mixed-method study to determine if the instrument needs revision. The following sites will participate: Ohio State University Wexner MC, UCLA, University of Chicago Medical Center, and Mercy Health. Contact Cheryl Monturo at Cheryl.monturo@pennterms.edu.



SANTA BARBARA COTTAGE HOSPITAL

Over the past three years, the emergency department leadership structure has evolved to incorporate the Clinical Nurse Coordinator role to provide more effective support for nursing managers. This busy ER now has three managers and CNCs working 12-hour tours to provide 24/7 leadership coverage with a division of functional responsibilities. CNCs get one non-productivity day per month to complete a wide range of administrative assignments, including scheduling, supply ordering, staff evaluations, and charge responsibilities when needed. Through the implementation of the CNC role, the leadership team has provided better support to the ED nurses and has a good grasp of staff members' strengths and weaknesses. They note that recruiting into the CNC role is becoming more challenging as nurses are reluctant to assume leadership roles. Contact Bridget O. Crooks at bcrooks@sbch.org.



UNIVERSITY OF KANSAS HEALTH

A two-year-long nurse manager internship program was implemented in 2017. It challenges the historical approach of moving expert clinicians into leadership without a formal professional transition program. It is designed as a transition into a leadership practice model. Interns are assigned to a service line with a nurse manager preceptor. Interns sign a two-year contract and are paid at the nurse manager level. The CNO keeps the intern on the centralized payroll until formally selected for the manager role. If a position is vacant, they may be moved into the manager role as an intern for up to a two-year test drive before taking the role. The program has a 98% retention of nurse manager interns, most within leadership roles. Contact Adam Meier ameier@kumc.edu.



UNIVERSITY OF KANSAS HEALTH

The University of Kansas Health System implemented an Assistant Director Model to support the six nurse managers working in perioperative and procedure areas. In April 2022, three assistant directors were added to the leadership structure to support the six managers to provide coaching and help with budgeting, staffing, scheduling, and recruitment. They are barrier busters for frontline leaders while providing coaching and support through a 45-minute 1:1 meeting each week with managers. The whole leadership team has a weekly foundations management meeting. Early wins include averting the loss of an experienced but overworked perioperative leader, a significant decrease in staff turnover well below the national 27%, and expedited recruitment efforts leading to lower use of agency and travel staff as well as a cut in staff vacancies. Interestingly, this service line tried but abandoned a co-manager model that had previously been piloted. Contact Angie West at adavies2@kumc.edu.



UNIVERSITY OF KENTUCKY HEALTH

UK Healthcare has worked for over a decade evaluating a leader's span of control, support and unit leadership structure. As an outcome of this work, they have bolstered the support of leaders by adding Assistant Nurse Managers, Administrative Assistants, and Unit-based Educators. Some lessons learned include recognizing that leadership structures may need to be different across specialty areas. Most but not all managers want ANMs. They also offer the option for managers to work two days remotely each month, but not all are comfortable doing this. Contact Brandy Mathews at bgmath2@uky.edu.



TAMPA GENERAL HOSPITAL

Tampa General nursing leadership initiated a span of control evaluation pre-Covid that resulted in alignments of Directors into Service Lines and the implementation of an ANM and clinician role (full-time charge 24/7 support). The clinicians do a broad range of administrative support, including staffing, scheduling, evaluations, payroll, coaching, and mentoring. The business intelligence team at Tampa General developed an electronic quality scorecard (with easy-to-evaluate graphs broken out at the unit level) that allows nurse managers to review a wide range of quality data pulled from Epic, Huron Rounding Reports, Patient Satisfaction Scores and Press-Ganey. This easily accessed data helps nurse managers to drive unit-based safety and quality initiatives from one central application. It also reduces time spent pulling reports. Contact Melisa Hayman at mhayman@tgh.org.



GOOD SAMARITAN HOSPITAL INTERMOUNTAIN HEALTHCARE

After studying the challenges with the nurse manager's span of control, a shift specialty coordinator (SSC) was added to the leadership team. The SSCs are expanded, elite permanent charge nurses. The role pays nurses 5% more than other staff. Each SSC is responsible for a POD of 12 nurses. They focus on performance metrics, safety, the patient experience and coaching new staff. SSC positions are posted when opened, and staff nurses interview prospective candidates. The SSCs have a council that meets monthly as part of an administrative day off the unit focused on leadership development, clinical practice, quality, and safety. Contact Laura Vorgic at Laura.Vorgic@imail.org.



KAISER PERMANENTE AND INSPIRE COACHING

Inspire Nurse Leaders has partnered with Kaiser Permanente in Santa Clara and Walnut Creek to provide individual and group coaching to 100 nurse managers and assistant nurse managers over the past two years. The program is strengths-based, six months long, and builds on the AONL Competencies. CNO Megan Gillespie reports that leaders who have received coaching have greater confidence and engagement. It has reduced turnover in leadership roles and improved clinical performance metrics. Contact Lori Armstrong at lori@inspirenurseleaders.com.



BAPTIST MEDICAL CENTER SOUTH ALABAMA

Baptist MC South has been using a Centralized scheduling approach for more than three years. The digital platform is SmartSquare, an Avantas product. The platform is robust, and contains metrics can be constructed to drive staffing. Staff can self-schedule using the platform, which is a satisfier. Managers decrease time spent on staffing and scheduling. They submit their schedules based on staffing needs. The system is managed by a centralized Resource Management Center (RMC), the manager's point of contact for staffing needs. Some lessons learned are that the rules used for staffing need to be clearly defined and revisited over time. Some nurse managers feel a loss of control because they are held accountable for staffing metrics (HPPD, overtime, etc.) but do not always make these operational decisions. Contact Melanie Elsky at mrelsky@baptistfirst.org.



NEW YORK HEALTH+HOSPITALS- NORTH CENTRAL BRONX

Nursing leadership in a safety net public hospital with limited resources is challenging in today's environment. The leadership team chose to look at their leadership structure through a new lens and ask tough questions such as: Is this leadership role still needed, and will it serve us in the future? Do the leaders we are selecting reflect the communities they serve? What can we offer leaders when the pay may not be competitive? How can we free up 80-95% of leadership time spent in scheduling by promoting a self-scheduling system? Some newly developed innovations include adding an administrative coordinator and a clinical specialist to every service line. Their innovation journey has just begun. Contact Nina Philip at philipn2@nychhc.org.



UNIVERSITY OF ROCHESTER MEDICAL CENTER

A centralized scheduling for the Medical-Surgical Service Line (13 Units) initiated during the pandemic is described as a game changer for managers – 95% manager retention across three years. The service line leadership team has taken an “it takes a village” approach to staffing, with all managers and directors attending two huddles each day – one at 10:45 AM and one at 3:30 PM – staffing throughout the service line is reviewed along with the patient acuity. Decisions are made about where to deploy nursing resources based on patient needs. The Staffing Coordination Office is open 5 AM – 7 PM and includes weekend coverage from 7 AM – 8 PM. It is staffed by two experienced nurse leaders who have gained the trust of their colleagues and the staff. The office oversees a Medical-Surgical Flex Team of 13 nurses (including two travel nurses) who have been cross-trained to work in multiple areas. The nurse managers still do their staffing/scheduling, but the office is the backup for any shifts they cannot fill or when they have call-ins. Managers feel very supported and spend less time trying to cover when there are call-ins. A few lessons learned include that it can never be “just about the numbers” – the goal of the service line is a 5:1 ratio, but it is a slippery slope to simply plug nurses into a staffing pattern. Patient acuity matters, as does nurse experience and competency. Personnel working in the staffing office is critical to success – this medical center chose experienced nurse leaders to coordinate staffing needs and recommend this approach. Contact Shayne Hawkins at Shayne_hawkins@urmc.rochester.edu.



DUKE UNIVERSITY HOSPITAL

To promote nurse manager well-being and work-life balance, the leadership in the heart service line at Duke over the past two years has promoted flexibility in leader scheduling, including a 4–10-hour day option, one work-from-home day per month, and flexible start times. The frequency of off-shift call coverage was reduced from every four weeks to every nine weeks by having one manager cover the service line. The nurse managers report higher well-being, better service line cohesion, and being able to unplug from staff requests eight weeks out of every nine. The only manager losses have been to retirement and promotion. Contact Laura Dickerson at laura.dickerson@duke.edu.



VALLEY CHILDREN'S HEALTHCARE

This Magnet facility implemented director-led coaching and mentoring sessions with 15 managers (85% with less than two years of experience) in June 2022. Sessions are held every two weeks and are two hours long. The focus is on the Art of Leadership and includes some content but mostly group discussions. Some early wins include the following: nurse managers behave in a more polished manner, team camaraderie, and more effective networking among colleagues to leverage the experiences of others. Contact Cauryn Updegraff at CUpdegraff@valleychildrens.org.



VA HAMPTON VIRGINIA HEALTHCARE

Transitioning into a VA nurse manager role is challenging in the current environment. The Hampton VA Medical Center is launching a six-month nurse manager mentoring program based on an evidence-based framework developed by Valarie Wright (now at the Baltimore VA) as part of her DNP project. The impetus for this work came from a Nurse Manager Council SWOT analysis. The need for a smoother transition and better support from staff nurse to nurse leader emerged as a key need. Contact Jacquelyn Claude at jacquelyn.claude@va.gov.



CLINTON MEMORIAL HOSPITAL OHIO

It can be challenging for smaller rural hospitals to implement best practices learned from larger facilities. This 124-bed hospital is piloting a Clinical Coordinator (Asst Manager) to support a new ICU manager. The position is 50% leadership and 50% bedside staffing. They also have centralized staffing and payroll support for all inpatient units. They are about 6-8 months into this trial and see both benefits and pitfalls. Nurse managers were resistant to having scheduling removed from their responsibilities. Contact Matt Gunderman at magunderman@cmhregional.com.

Recommendations for Nurse Leaders

1. Re-evaluate the span of control and scope of work for front-line nurse managers within the organization as it is significantly different today than in the pre-pandemic environment.
2. Conduct [Stay Interviews](#) with nurse managers to determine retention challenges and job embeddedness factors unique to your setting.
3. Recognize the need for the CNO to have regular conversations with frontline managers to assess the role challenges and provide support.
4. Seek ways to improve nurse manager support through strategies like nurse manager councils, peer support groups, and coaching.
5. Evaluate requirements for nurse manager attendance at meetings and look for opportunities to reduce time spent in meetings.
6. Look for opportunities to offload time-consuming leadership tasks such as staffing, scheduling and pulling performance metric data.
7. Assess the level of HR support for nurse managers in their recruitment and performance management activities.
8. Re-evaluate the front-line leadership structure and what additional roles may be needed to support nurse managers in environments that no longer have strong core teams.
9. Focus on helping nurse managers to improve their work-life balance through remote workdays, ten-hour shifts or flexible scheduling.
10. Be willing to take small bets versus waiting for evidence or research to support new initiatives in this rapidly changing environment.

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