



Trends and Innovations in Nurse Manager Retention

Fall 2024 Report

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Welcome

Dear Colleague:

The American Organization for Nursing Leadership (AONL) and its Workforce Committee are leading a national effort to address nurse leaders' workforce challenges. A major objective of the work is to better illuminate and elevate the challenges and opportunities of nurse managers.

As part of this effort, AONL has partnered with Laudio, a software company that was founded with a goal of elevating the role of front-line leaders in health care. Front-line leaders and executives use Laudio's software platform to create large-scale change through everyday human actions.

Laudio Insights and AONL are partnering to provide bi-annual reports (spring and fall) highlighting this most valuable work to provide adjunct decision-making support to front-line leaders and their executives. A Spring 2024 report, *Quantifying Nurse Manager Impact*, quantified the impact of nurse managers' purposeful interactions with their team members.

This Fall 2024 report, *Trends and Innovations in Nurse Manager Retention*, couples new data about the value of nurse manager retention along with the voices of nurse managers; specifically, the areas and innovations they want their leaders to prioritize. The findings are intended to support robust discussions leading to effective decision-making to optimize the investment in nurse managers in support of health system outcomes.

The role of the nurse manager continues to evolve and is critical to the success of care delivery across the continuum. We are confident that the work we are doing will provide a solid foundation for the further transformation of health care.

Sincerely,



Robyn Begley
CEO, AONL
Chief Nursing Officer and
Senior Vice President
of Workforce, American
Hospital Association



Tim Darling
Co-Founder, Laudio
President, Laudio Insights

Download Spring 2024 Report, *Quantifying Nurse Manager Impact*: <https://www.aonl.org/Quantifying-Nurse-Manager-Impact>

Executive Summary

Front-line nurse managers are vital to efficient and effective leadership of clinical and operational functions in any health care setting.

Nurse manager turnover is highest in the early years of leadership

The retention of nurse managers is vital to building a stable and high-performing health care workforce in all care settings. The data demonstrates that manager turnover remains relatively high for managers in their first four years of leadership. In the first four years in the nurse manager role, leaders are also the most likely to return to a front-line RN role. A focus on nurse manager retention is particularly critical for ensuring the success of those starting on their leadership journey. Managers are the most likely to leave the manager role or the organization in their first few years as a manager; therefore, this is a window when organizations especially need to invest in leadership support and encouragement.

Nurse manager transitions, regardless of the type, have a short-term negative impact on their teams' retention rates

Manager transitions such as a promotion, move to another department, return to bedside caregiving or an exit from the organization impacts the team. When adjusted for other variables, the annual RN team turnover increases an average of 2%-4% in the 12 months following the transition.

Nurse managers mostly want their leaders to prioritize fundamentals, led by a need for continued investment in healthy work environments

From interviews with nine exemplar¹ nurse managers about areas that they would like their executive leaders to invest more in, four priorities emerged to promote manager retention. Each of the four priorities are discussed, with details from the discussions, as well as innovations to support the priorities along with references to supporting materials.

While acknowledging complexities, this report's findings justify investments in front-line managers and the next generation of leaders to lead through the complexities and challenges of health care now and in the future. The information contained in this report is based on interviews with these managers, an external literature review and unique analysis of the Laudio data set, which is inclusive of multiple care settings and specialties.

¹ Eight of the nurse managers were chosen from Laudio Insights' data as having 50+ spans of control as well as being in the top quintile in both levels of engagement with their team and RN retention; one of the nurse managers is an AONL Fellow.



About AONL and Laudio

About the American Organization for Nursing Leadership (AONL)

As the national professional organization of over 12,000 nurse leaders, AONL is the voice of nursing leadership. Our membership encompasses nurse leaders working in hospitals, health systems, academia and other care settings across the care continuum. Since 1967, the organization has led the field of nursing leadership through professional development, advocacy and research that advances nursing leadership practice and patient care. AONL is an affiliate of the American Hospital Association. For more information, visit AONL.org.

About Laudio

Laudio's mission is to "elevate front-line leaders in health care." Laudio empowers health care leaders to drive large-scale change through everyday human actions. Our platform streamlines workflows for frontline leaders, strengthens interpersonal connections and aligns C-suite objectives with frontline efforts, enhancing leader efficiency, employee engagement and patient experience. Discover how at www.laudio.com.

About Laudio Insights

Laudio Insights is Laudio's analytics, research and publications division. Managers' use of the Laudio enables us to collect unique detailed work environment data for leaders who manage over 200,000 health system clinical and non-clinical employees in 100+ facilities in the United States. From the data, Laudio Insights creates actionable and independent analytics. Laudio Insights publishes quarterly reports, articles and other content that provide decision-making support to front-line leaders and their executives.

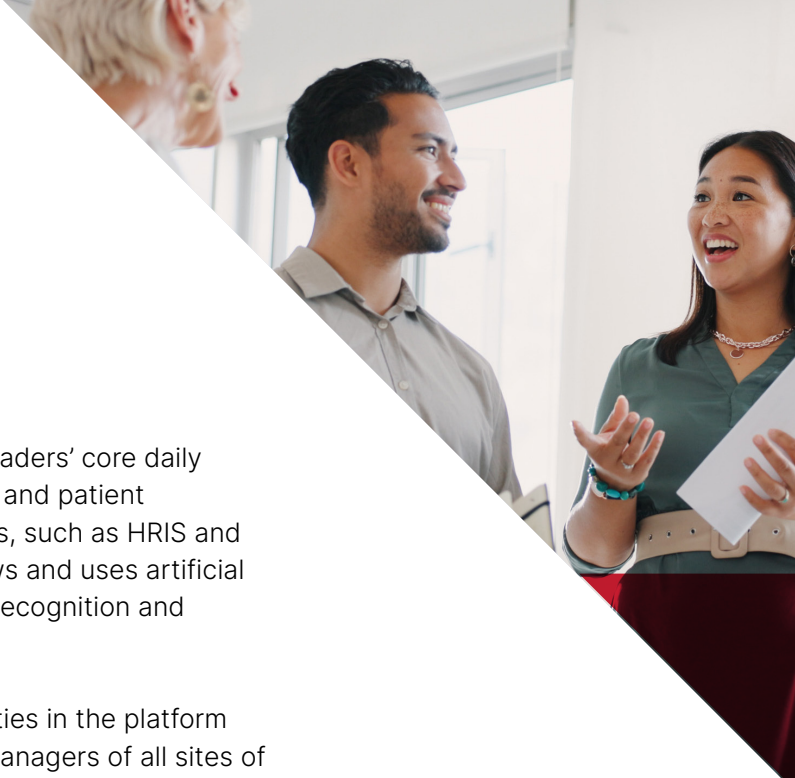
Overview of the Laudio data set

The Laudio platform serves as a centralized hub for leaders' core daily work across employee experience, quality and safety, and patient experience. It integrates data from underlying systems, such as HRIS and Time & Attendance solutions, into actionable workflows and uses artificial intelligence to prompt leader actions (e.g., employee recognition and appreciation) that drive organizational performance.

The daily data feeds and documented manager activities in the platform form the foundation of the data in this report. While managers of all sites of care, roles and specialties use Laudio, this report focuses on nurse managers and their teams. The definition of nurse manager, as used in this report, is in Appendix Section A-2; multiple typical job titles are associated with this definition.

Laudio's data set includes more than 75 acute care hospitals and hundreds of ambulatory and clinic facilities nationally. The data set covers 8,500 distinct managers and over 200,000 employees, inclusive of all care sites in health systems, though most of the employees are in an inpatient setting.

Laudio's data set has a higher representation of East/Southeast regions in the U.S. and of American Nurses Credentialing Center (ANCC) Magnet® hospitals (details in Appendix Section A-1).



Nurse managers and their teams in the Laudio data set

About two-thirds of the nurse managers in the Laudio data set work in an inpatient setting; the remainder are in emergency departments (EDs) and outpatient/ambulatory settings (Figure 1). Unless otherwise noted, the analyses in this report are inclusive of all sites of care. The data throughout the report is as of September 2024.

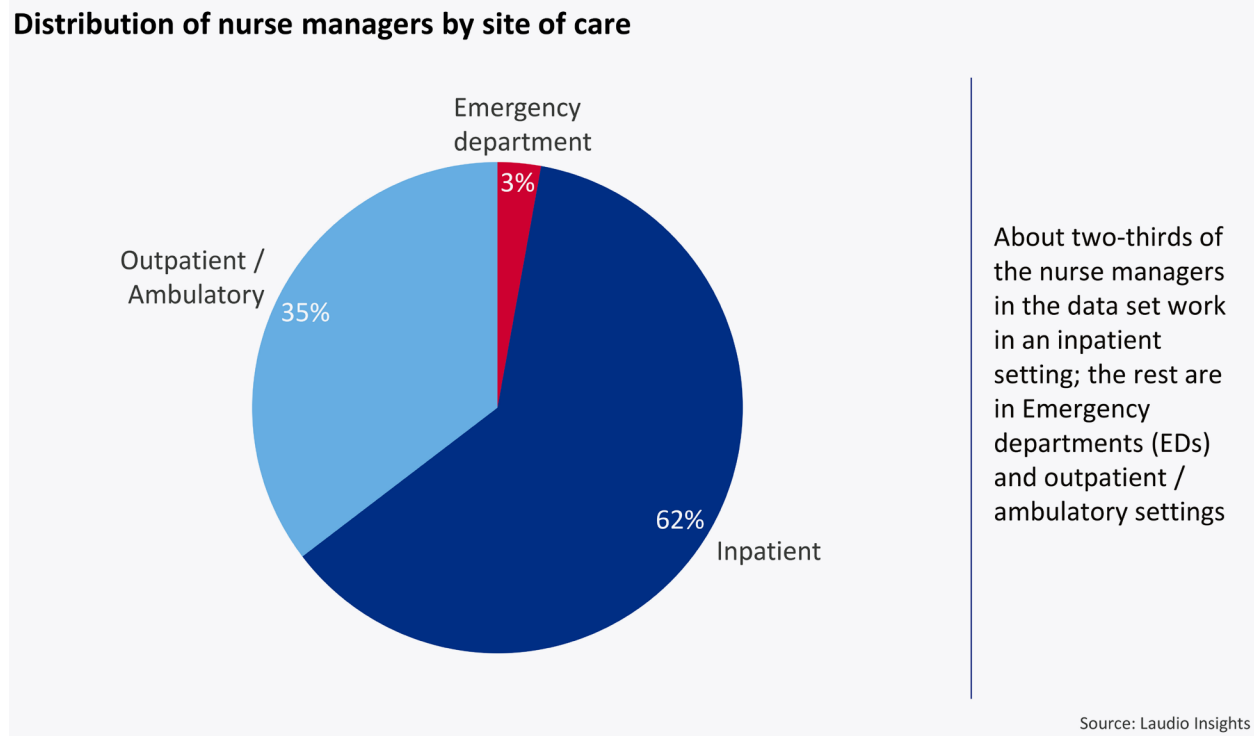


Figure 1

Additional details about the facilities, managers and team members in the Laudio data set are in Appendix Section A-1.

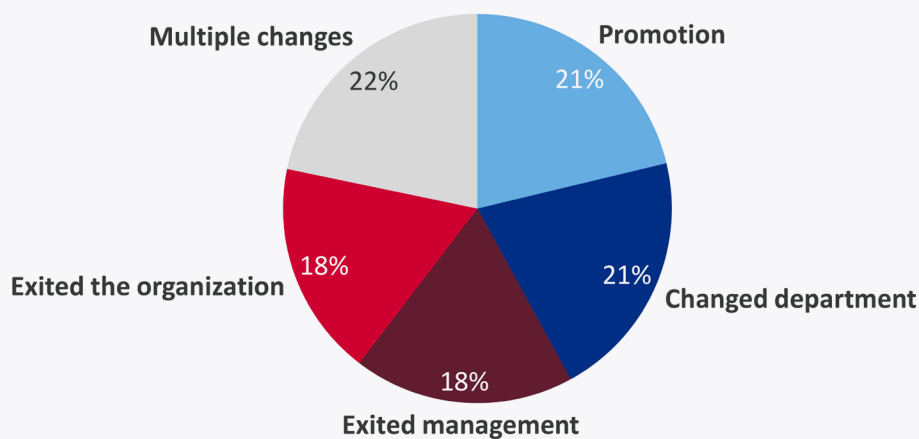
Analysis 1

Where nurse managers go when they leave the role

As shown in Figure 2, there are four main paths for nurse managers when they leave the manager role: to be promoted, move laterally to another department, return to a non-management role, or leave the organization. These four destinations are discussed in the next subsections.

The fifth option is multiple changes, e.g., a manager moves to another department and returns to a front-line team member role within a three-month window; as this category is a mix of other categories, it is not further discussed.

Distribution of where managers go after leaving a department



There's a mostly equal split between the four next steps for a manager leaving the manager role of their department.

Multiple changes includes managers who moved between multiple options over the subsequent six months.

Source: Audio Insights

Figure 2

When nurse managers... are promoted

As shown in Figure 3, when nurse managers are promoted, it most likely occurs later in their leadership tenure – with the peak between about eight and nine years.

Managers who are asked to move to higher levels of leadership in their first couple of years of management will experience a steep learning curve.

After about 10 years in the manager role, the likelihood of promotion declines year by year. This may be due to managers enjoying the nurse manager role and choosing to remain, not desiring a promotion. It may also be due to those who have additional leadership potential are most likely to be promoted prior to that point.

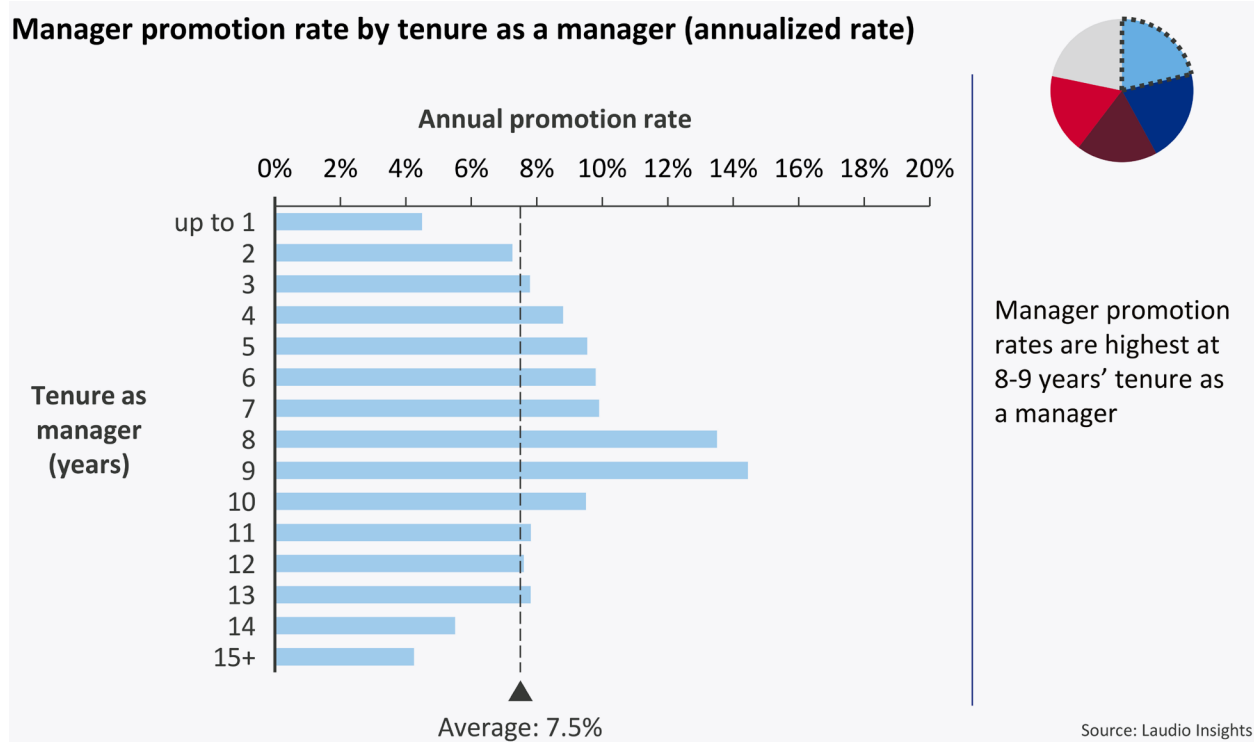


Figure 3

When nurse managers... change departments

As shown in Figure 4, nurse managers can change the departments that they lead at any point in their leadership tenure.

Changing departments for managers in their first couple of years of leadership may be especially challenging as the managers have not yet had time to learn the fundamentals of leadership and are instead being asked to learn the specific processes and relationships for multiple departments.

When they change departments, it most likely occurs at five years into their leadership tenure or later. After about 15 years of overall leadership tenure, they are least likely to change departments.

Manager department change rate by tenure as a manager (annualized rate)

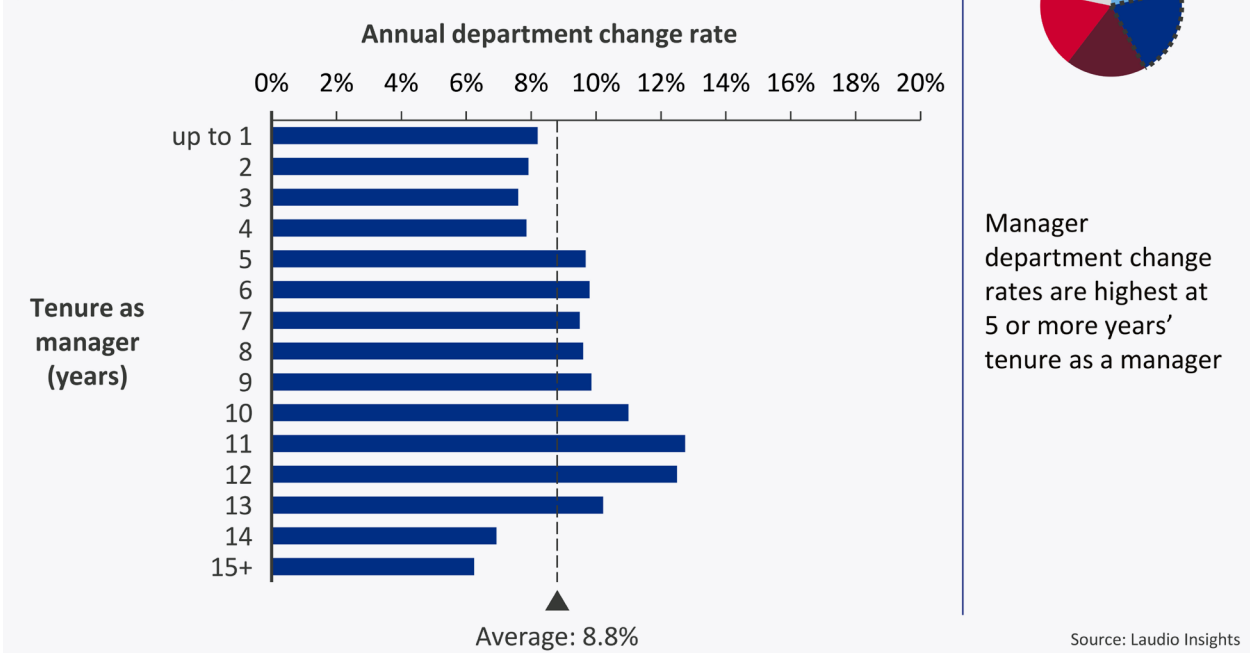


Figure 4

When nurse managers... exit management

As shown in Figure 5, when nurse managers return to a front-line team member role, it most often occurs in their first four years as a manager.

This happens for several reasons, including, but not limited to, a change in personal circumstances occurred, financial remuneration in exempt status was less than the earning capacity at an hourly rate in a front-line role, role expectations were not met, or the management position was predetermined as temporary until a long-term replacement was found.

In general, though, the 10%-12% annual rate of nurse managers returning to front-line team member roles early in their tenure is mostly likely indicative of the individual not being a fit (e.g., for personal, role-related or cultural reasons).



Figure 5

When nurse managers... leave the organization

As shown in Figure 6, while the average annual nurse manager organizational exit rate is 7.5%, it can be as high as 12% for managers with about three years of managerial experience. The percent of nurse managers with between two and four years of experience who leave is much higher than average.

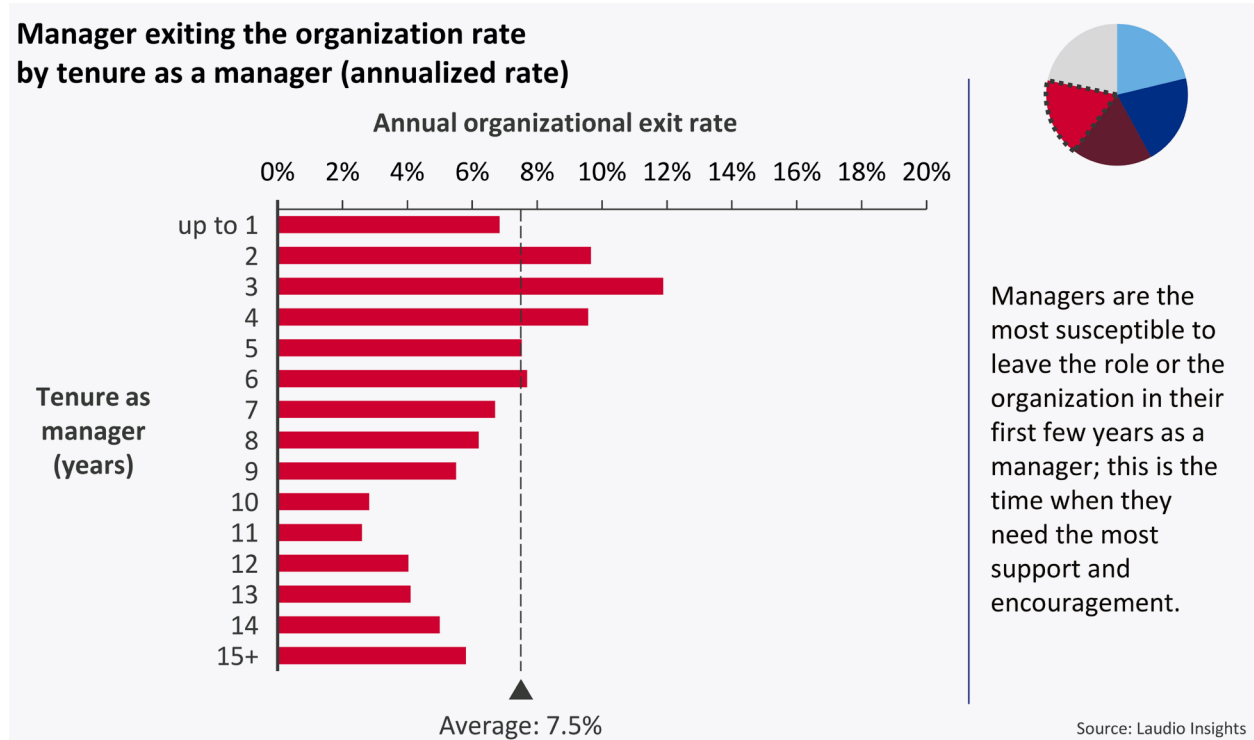


Figure 6

Managers are the most susceptible to leave the role or the organization in their first few years as a manager; this is the time when they need the most support and encouragement.

The trend of higher rates of organizational exit in early years in a new role reflects a general trend of new RN hires where the first few years have higher overall turnover rates, as shown in Figure 7. Nurse managers' average organizational exit rate of 7.5% is very similar to RNs' turnover rate at about nine years in the RN role. Overall, though, the average annual nurse manager organizational exit rate is substantially lower than the average nurse turnover rate of 17%.

RN annual turnover rate by tenure in organization



Figure 7

Analysis 2

The impact nurse manager transitions have on their teams

This marks the first publication of a new statistically significant association between nurse managers' transitions and a change in their prior team's RN retention rates.

As shown in Figure 8, for the four main types of nurse manager transitions, all are associated with a two to four percentage point decrease in the annual retention rates of the RNs on the team they left. The association with RN retention rates changes are statistically significant for all four transition types. In all cases, nurse managers are most often replaced with a more junior manager who may need time to reach a similar level of leadership proficiency.²

When a nurse manager changes departments, that has the greatest impact on the team they left. Managers may take some of their own local leadership team with them in such cases.

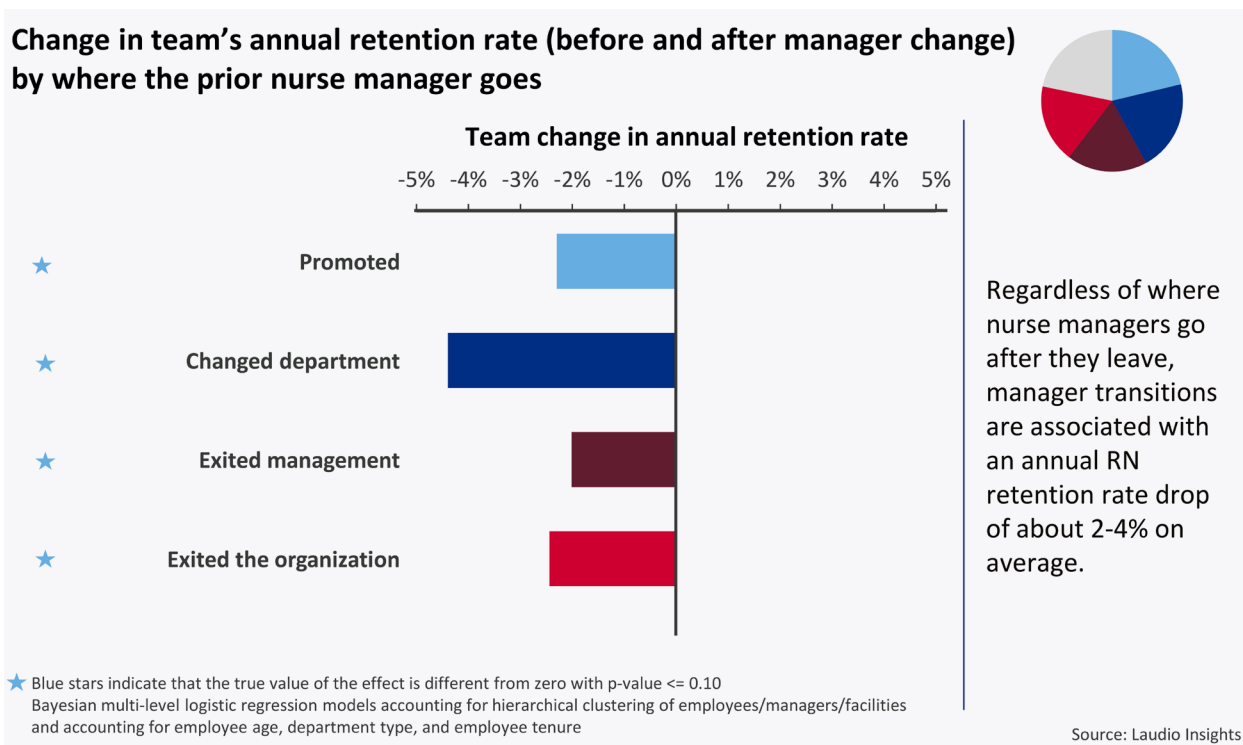


Figure 8

² We fit a Bayesian hierarchical logistic regression model with non-informative priors to estimate RN retention as a function of manager change and residual variation at the system, facility, manager, and individual level. Variation within each level was estimated using random intercept terms. Data included 569,189 employee-months across 32,513 unique RNs reporting to 3,104 distinct nurse managers. These personnel were drawn from 93 facilities within 12 organizations with multiple years' longitudinal data. The different layers of an organizations' structure contribute to the overall variation in retention outcomes. The hierarchical model accounts for commonalities within the subjects of each layer.

Overview of the nurse manager interviews

In fall 2024, AONL interviewed nine exemplar nurse managers³ to hear their views on organizational priorities to support nurse manager retention.

In these interviews, when asked about improving manager retention, all but one of the nurse managers (89%) rated a healthy work environment with a focus on physical and psychological safety the number one priority. All of the managers rated it in the top two preferred strategies. These are the four priorities, in the order the managers prioritized:

1. Ensure a healthy work environment
2. Promote leadership development
3. Identify and develop future leaders early
4. Address manager role complexity



These four priorities are intertwined: all contribute to the managers' overall work experience. Part of the challenge that Chief Nursing Officers (CNOs) and other executives face, given this information, is knowing how to prioritize their time and investments in a complex system.

The managers shared their empathy for the challenging and competing priorities of their leaders. The priorities highlighted here are intended to give clarity to executive leaders directly from the perspective of front-line leaders. Two themes from the nurse manager interviews carry across the four priorities:

Managers request investment in both innovation and foundational needs. There are many opportunities for innovation, but managers share that not all foundational needs are being met.

Foundational needs have changed over the last few years

- For example, as patient/family/caregiver violence has increased following the pandemic, managers vocalize a corresponding increase in the need for greater physical safety for themselves and their team.
- The need for a culture that promotes psychological safety is vital in managing the challenges within health care leadership today.
- Psychological safety is a foundational human need post-pandemic.
- With more early-tenure managers today, and the changing personal and professional needs of the workforce, the overall need for leadership and professional development has increased.

In the forward-looking strategy sections below, foundational needs are marked with a brick icon  and innovations are marked with a light bulb icon.  The quotes highlighted are directly from the manager interviews.

89% of nurse managers rated a healthy work environment with a focus on physical and psychological safety as their number one priority.

³ Eight of the nurse managers were chosen from Laudio Insights' data as having 50+ spans of control as well as being in the top quintile in both levels of engagement with their team and RN retention; one of the nurse managers is an AONL Fellow.

Priority 1

Ensure a healthy work environment

Strategies to promote a healthy work environment include, but are not limited to, a culture of psychological safety, physical safety and flexibility.

The value of a culture of psychological safety

Maslow's Hierarchy of Human Needs outlines the basic needs humans have to survive, contribute and flourish. The basic physiological, safety and security needs form the foundation of Maslow's hierarchy. These needs must be met to achieve the higher-level needs of belonging, esteem and self-actualization. Social scientists now believe that psychological safety is one of these basic needs, a prerequisite for people to be at their best in all aspects of life, including home, school and work.

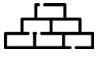
Psychological safety means feeling safe to take interpersonal risks, to speak up, to disagree openly and to surface concerns without fear of negative repercussions, along with not feeling pressure to sugarcoat bad news.

If I have psychological safety, I can cope better and manage the intense workload.

Building a culture of psychological safety is not easy. Though psychological safety is consistently one of the strongest predictors of team performance, productivity, quality, safety, creativity and innovation. It is also predictive of better overall health outcomes, as confirmed by social psychologists and neuroscientists.

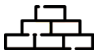
As shown in Figure 6, as nurse managers reach the five- and six-year mark in tenure, turnover dramatically decreases. Perhaps this reflects not only their development and experience in the role, but also their ability to build and sustain psychological safety in their critical relationships.

Strategies to promote a culture of psychological safety



Encourage leaders at all levels to engage in psychological safety skills review

- Be curious. Ask questions to learn without moving to blame.
- Support nurse leaders. Show authentic concern and empathy for each other. Give help when others need it, as best as possible.
- Listen to nurse leaders. Encourage an open dialogue.
- Be humble and vulnerable. Admit to making mistakes and learning from them.
- Accept nurse leaders. Allow leaders to be different and welcome different perspectives as advantages to solving tough problems.



Support nurse leaders at all levels in building social capital with fellow nurse leaders

- The networks, relationships, shared norms, and trust among nurse leaders throughout the organization is the glue that holds organizations together.
- It is important for leaders to invest in social capital as much as they invest in capital resources.
- Leaders should view their team or teams inclusively by recognizing extended “team of teams” that support them and their direct reports. This “team of teams” may include environmental services professionals, other front-line managers, and HR partners.

The value of a culture of physical safety

Violence toward nurses has reached an alarming rate, nearing, if not already, an epidemic levels. Nurse managers are often critical in the de-escalation of threats of violence and acts of violence in health care settings.

The AONL Work Compendium cited that 72% of nurse managers have witnessed bullying and incivility, and 51% witnessed violence in their care settings. Building resilience in nurse managers and front-line teams may have a place in rebounding from a threatening event.

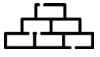
While organizations must have a “zero tolerance” policy for threats against their workforce, innovative ways to promote and realize this goal need to be identified.

Executives often give the focus in problem solving to team member well-being, but the root of the problem is the violence against caregivers. It is this violence that drives the need to promote well-being.

Manager overall well-being is supported when leaders prioritize a healthy work environment, which includes the protection of the manager and their teams.

I spend about 50% of my time managing psychosocial and safety issues of patients and staff.

Strategies to promote physical safety



Review the “Toolkit for Mitigating Violence in the Workplace,” co-published by AONL and Emergency Nurses Association (ENA)

In 2022, AONL and ENA worked together to update the guiding principles and a toolkit to provide a step-by-step approach to mitigating violence in the health care workplace. The toolkit outlines six strategies:

- Understand workplace violence
- Create a culture of nonviolence
- Assess and mitigate risk factors
- Develop a workplace violence prevention program
- Continuously train and deploy staff
- Evaluate and measure impact



Establish consistent decompression huddles

- Nurses are excellent at activation – finding meaning in their work. However, the struggle is with decompression – the ability to disconnect.
- Decompression after a safety event is especially important. Having a huddle with those involved can relieve the lingering effects of the event that make it difficult to clear one’s mind and disconnect.
- Holding decompression huddles at the end of each shift can help promote disconnection as team members prepare to leave for the day. Decompression huddles can also happen on a standing basis to facilitate decompression from daily stresses.

The value of flexibility

In the last few years, team members began to expect more flexibility and new ways of working that support their career journeys and well-being.

Employees are making more informed decisions about how and where they want to work. As a result, organizations must rethink how they accommodate new employee desires to retain and grow the talent pool. This need for personalization is reflected in new ways of working, the type of work and workplace arrangements.

I want flexibility beyond my schedule – in how I do my work.

Strategies to promote flexibility

My CNO worked with managers to collectively develop a “Manager Bill of Rights”.



Establish a “Manager Bill of Rights”

A “Manager Bill of Rights” normalizes items such as manager days off, working from home once every week or two, and covering each other. Therefore, when one manager takes time out of the office, there isn’t any sense of guilt, or jealousy among their peers.



Triple peak days

This type of flexible scheduling is based on research into employee productivity patterns. The employee shifts hours to balance home and work demands while working during times in which they are most productive. For example, a manager may work until 2:00 p.m., then leave to pick up children from school, run errands and have dinner with the family. The manager then returns to work (or works at home) from 8:00 p.m. to 10:30 p.m.



Four-day work week

The four-day work week compresses the 40-hour work week into four days. This work arrangement is becoming exceedingly popular as it seems to promote balance and productivity. In the health care field, it promotes manager presence on off shifts.



Top sharing

Traditionally, leaders were not allowed to job share positions – this was reserved for front-line positions. However, a new trend is emerging where organizations are allowing leaders to job share leadership positions, referred to as “top sharing.” This may be an effective strategy for nurse managers. For example, a manager could work one 12-hour clinical shift and three 8-hour manager shifts while their partner works two 12-hour clinical shifts and two 8-hour shifts. The combination of 8- and 12-hour shifts could be rotated to promote even greater flexibility.



Personalization

Organizations are trying to accommodate the needs of their employees and promote well-being. One way to accomplish this is to allow personalization of their work schedule. The most common form of personalization is the work from home day.

I need flexibility in decision-making too – not just work hours.

Priority 2

Promote leadership development

As shown in Figure 9, 50% of nurse managers in the Laudio Insights data set have 3.5 or fewer years of tenure as a manager in their current organization. The most common tenure is one year (21% of all nurse managers). In other words, most managers are very early in their career as leaders. It is unlikely that many of these early tenure managers have had the ability to invest in their own leadership growth. Leadership development and support is vital in the first three years in the role.

50% of nurse managers have 3.5 or fewer years of management experience

Distribution of nurse managers by tenure as a manager

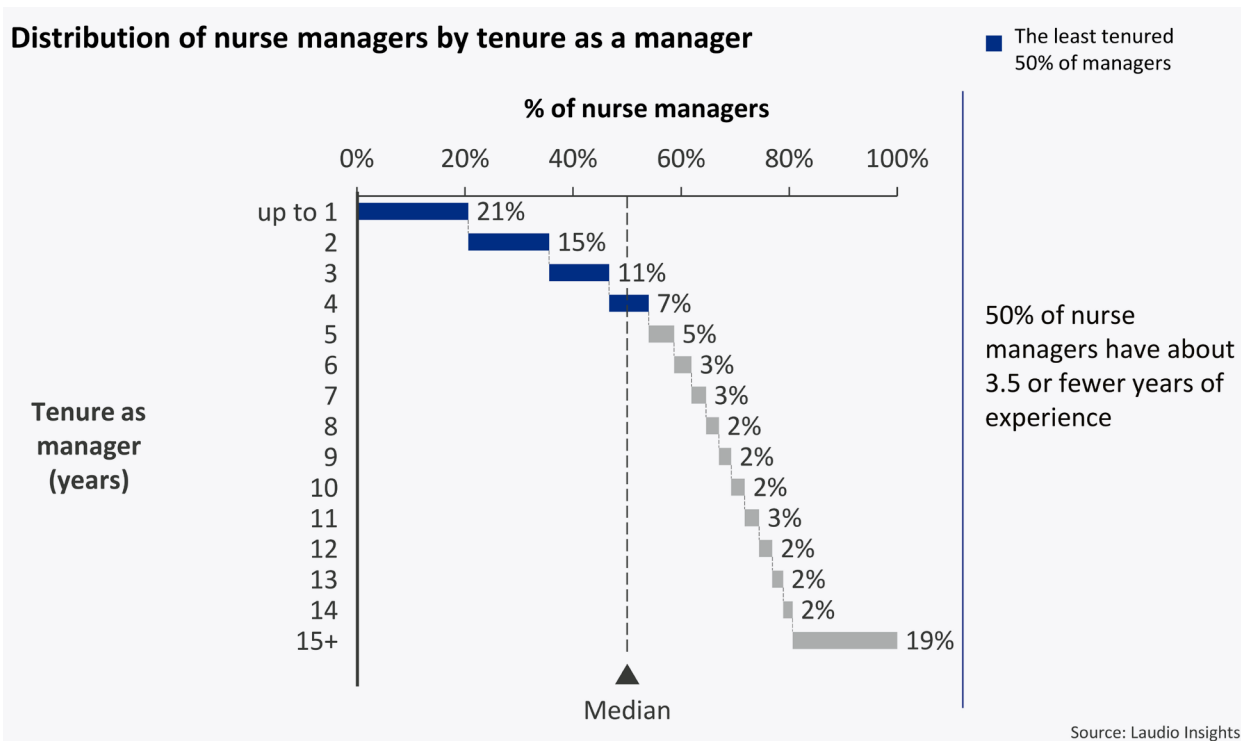


Figure 9

The value of leadership development

The nurse manager interviews reflected the importance of purposeful leader dialogues and visibility at all levels of leadership to promote their development.

It is not enough for executive leaders to stroll through a unit to say hello. Managers expressed their need for executives to engage in dialogue that educates, inspires and develops critical thinking.

I need to be listened to and not dismissed with 'toxic positivity.' Conversations don't get to real answers often enough when I have a challenge. There's not enough root cause discussion.

One manager reported that executive leaders round in the unit and, though they are supportive, they are not helping her grow as a leader. Growth is viewed as having conversations that promote critical thinking and development through coaching and mentoring.

Research articulates the importance of leader visibility at all leadership levels in an organization. Additionally, feeling heard is closely related to feeling respected. This can be challenging for senior leaders that oversee hundreds or even thousands of front-line caregivers: how can an executive make the most of the moments that are available?

Strategies for promoting leadership development



Host small group dialogues with nurse managers

Build time for stay interviews, purposeful rounds and small group dialogues into executives' calendars; treat these events as highly important engagements.

As an executive leader, consider scheduling small group dialogues in which the goal is to seek to answer one or two key questions. A director may schedule sessions for each unit they are accountable for. A CNO may attend an organization-wide shared governance meeting or invite nominated representatives from units across the organization to participate in a dialogue over coffee, ice cream or popcorn.

My leaders are supportive in their rounding – but are not helping me grow as much as I need.



Conduct purposeful leader rounding

Purposeful rounding promotes relationship building, trust and a culture of psychological safety. Additionally, it serves as another way for leaders to be visible, inspiring and engaging.

Leaders should not be too scripted with rounds. Dependency on scripts creates a perception that the leader lacks authenticity.

Mount Sinai has done extensive work in leader rounding. They define senior leader rounds as “intentional and structured interactions between senior leadership and front-line staff and managers.” The following are the Mount Sinai Rounding Essentials:⁴

Be open

Introduce yourself, tell them why you are there, connect with the staff as peers rather than as leader to staff members.

Inspire

Use patient stories, feedback received, STAR (Strive to Achieve Relationships) Recognitions and discussion of positive interactions they have experienced.

Ideate

Ask questions to help staff connect to progress and visualize steps toward resolution.

Agree

Restate what has been discussed and next steps.

Operate

Move forward and plan to follow up with a status update during the next round or touch-base.



Conduct regular manager “stay interviews”

The manager interviews clearly demonstrated the managers’ desire to connect with and learn from more senior leaders.

The managers expressed a need to feel listened to during a purposeful, engaging conversation. One method to meet this need is for leaders to conduct stay interviews.

Stay interviews promote the development of trust and building of relationships. Leaders can use the information collected to develop individualized engagement and retention plans.

To effectively conduct a stay interview, the leader should aspire to listen about 80% of the time with no distractions, use probing questions to demonstrate interest and learn more, and take notes. The Society of Human Resource Management (SHRM) conducted research to identify the five key questions to ask in a stay interview:

- What do you look forward to each day as you commute to work?
- What are you learning here and what do you want to learn?
- Why do you stay here?
- When was the last time you thought about leaving us and what prompted it?
- What can I do to make your job better for you?

⁴ The Mount Sinai Hospital. (2022). Senior Leader Rounding Builds Crucial Connections with Staff, Through Humble Inquiry. Retrieved from <https://reports.mountsinai.org/article/px2022-03-leader-rounding>.



Build and maintain an alumni network when leaders choose to leave

Leaders leave the organization for various reasons – another role, personal reasons (e.g., health, birth of a child), or retirement. The goal is to maintain a relationship with them through an alumni network. One benefit is that through the network, former leaders stay informed of organizational activities, events, news and available opportunities. If they return to the organization, they bring organizational history and a valued skill set. If they do not return, they can serve as an informed ambassador for the organization.

This network concept can also be used if a leader returns to a clinical position in the organization. Keep them on invites for leadership development opportunities and informed regarding organizational work.



Add four new competencies to leadership development programs

AONL has published core competencies, functional competencies and competency-based assessments to ensure a foundation and guide for leadership development.

A recent article cites four new competencies for managers to lead into the future:

- An understanding of informatics
- Management and use of data
- Ethical practice
- Leading through crisis⁵



Establish a “talent exchange”

A talent exchange allows organizations to exchange leaders between departments or within a health system. The purpose of the exchange may be for interim coverage, or it can be a formal rotation for exposure, upskilling or project management. A rotation to a new clinical area can facilitate broadening a leader's experience for potential promotion. Additionally, a talent exchange allows a front-line caregiver, supervisor or novice leader to step into a leadership position on an interim basis while their manager is rotated elsewhere. To be successful, the program must have clear expectations, established timelines and monitoring.



Pilot AI-based coaching

While all team members need their leaders to lead and coach them, AI tools are available to support the leaders' efforts. There are three types of AI coaching:

- AI-supported coaching uses AI-based assessments and other tools to support traditional coaching.
- AI-augmented coaching occurs when following a traditional coaching session, the leader has an AI-driven development plan with tasks to complete.
- “AI as the coach” is when there is no human involved and all interventions are AI-generated. While this is scalable and accessible, there is limited research on its effectiveness.

AI-supported and AI-augmented coaching have demonstrated effectiveness.

⁵ Morse, V., & Warshawsky, N. E. (2021). Nurse Leader Competencies: Today and Tomorrow. *Nursing Administration Quarterly*, 45(1), 65–70.

I want to learn how to help my people. I want to learn about more strategies to help my team.



Adopt the “new rules of executive presence”

Leaders should go beyond the “stroll through the department”. There is a fine line between visibility and engagement. Executives are often balancing many issues in their minds and this may lead to strolling through a department smiling and socializing, but not engaging in meaningful conversations. Seeing a senior leader is not enough according to the managers interviewed for this report. They want to learn from leaders, get answers to tough questions, and feel heard.

A Harvard Business Review study surveyed executives in 2022 to compare the rankings of 25 leadership characteristics. Traits were grouped under three primary categories: Gravitas, Communication and Appearance. Key traits emerged in each category that differentiated leadership fundamentals of today compared to 10 years ago. These key traits are considered “the new rules of executive presence”⁶:

Gravitas

- Inclusiveness: Appreciate the value that all people bring to the organization.
- Respect: This goes beyond empathy and compassion. The author calls for leaders to acquire a body of knowledge to understand the lived experiences of people different from them.

Communication

- Mastery of “Zoom”: Leaders today need to master virtual technology and effectively lead virtual meetings.
- Listen to learn: Approach conversations with curiosity and a desire to learn.

Appearance

- Authenticity: In 2012, authenticity did not show up on the survey of executives, while in 2022 it was highly ranked. Leaders need to share their roots and values.
- Online and in-person presence: Building relationships in person remains highly valued. Social media can be used to “shape your brand” – tell your story.

⁶ Hewlett, S. A. (2024, January-February). The New Rules of Executive Presence. *Harvard Business Review*. Retrieved from <https://hbr.org/2024/01/the-new-rules-of-executive-presence>.

Priority 3

The value of identifying and developing future leaders early

As shown in Figure 10, a new manager in a clinical department comes from a wide range of places.

Front-line nurses are the most common replacement for a nurse manager position (37%). These promotions are more likely to be successful when these nurses are identified early as high potential leaders and are prepared by the organization to step into a manager role.

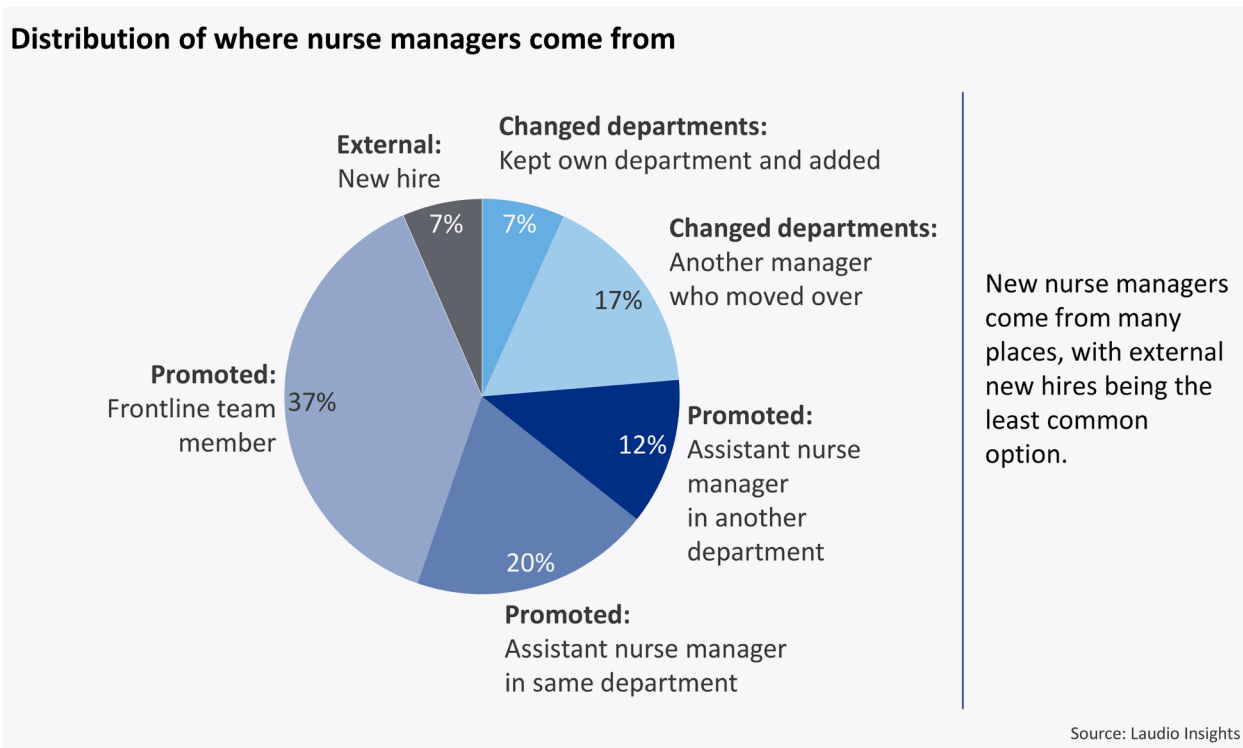
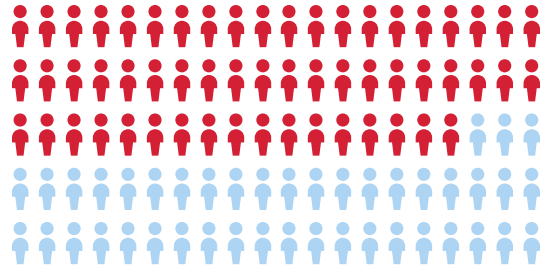


Figure 10

This data also reflects the value of assistive roles such as charge nurses, assistant managers and professional practice leaders in the leadership pipeline. With 57% of new managers coming from within their unit or department, the experience, exposure and mentoring while in assistive roles promotes their growth and preparation for the manager role.

57% of new managers come from within their unit or department.



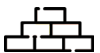
A potential increase in nurse manager retirements creates urgency for the active development of high potential leaders and sound succession planning practices. Nineteen percent of managers in the data set had more than 15 years of experience (Figure 9). The retirement of a skilled, experienced manager can leave a significant void that impacts employee engagement, unit performance and patient outcomes.

In manager interviews, many voiced the concern that no one on their team appears to want their job. The managers reported being unable to recruit and potentially develop front-line nurses for the manager role. When asked why, the responses were related to the image of the role, specifically high workload, long work hours and a lack of support not balanced by corresponding compensation.

If manager is harried and stuck in a chair for 12 hours, who on their team will want the job in the future?

The practice of succession planning is often reserved for executive level positions, when in fact, succession planning should start in the front lines. According to the Human Capital Institute (HCI), "Succession planning must reach beyond the C-Suite and be executed in conjunction with workforce planning, skills gap analyses, and the creation of development programs to increase bench strength for critical roles at all levels of the organization."

Strategies for identifying and developing future leaders early

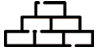


Build manager roles that are, and appear, sustainable

Organizational leaders must take responsibility for creating healthy work environments and a culture of continuous learning where managers can thrive. Enabling an environment that is civil, nurturing and intellectually stimulating empowers nurse managers' professional identity.

Leverage a consistent definition of Leader Standard Work within the organization and share timesaving and outcomes-building tactics for managers to build into their day.⁷

⁷ For examples of this, see Darling, T. (2024). Leader Inspired Work: Insights and Tools for and by Healthcare Managers. Audio Insights, Boston.



Create a succession planning framework

Research from HCI suggests succession planning begin with a basic framework that includes four areas of purpose, level, assessment and nurturing:⁸

- Purpose: Clearly define the objectives of succession planning. Solve for current challenges and align with the organization’s mission, vision, values and strategies.
- Level: Review the workforce plan including all leadership levels and positions to identify talent and build a pipeline at lower levels.
- Assessment: Ensure decisions are made objectively and with the use of data. Assessments can provide a window into leader gaps and facilitate a meaningful leadership development plan.
- Nurturing: Develop the talent identified to build internal pipelines of leaders. Nurturing leaders’ development promotes retention, engagement and cultural fit.

AONL’s whitepaper on succession planning is also a resource for nurse leaders wanting to engage in succession planning with their team. Exemplars are provided to inspire innovation in the process.⁹

⁸ Human Capital Institute. (n.d.). Orange Box Internal Talent Mobility Readiness Evaluation. <https://www.hci.org/>

⁹ AONL. (2023). Nurse Manager Succession Planning: An Essential Workforce Strategy to Retain and Attract Current and Future Leaders [PDF file]. Retrieved from https://www.aonl.org/system/files/media/file/2024/02/AONL_WF_WhitePaper3_Succession_Planning.pdf.

Priority 4

The value of addressing nurse manager role complexity

The number of direct reports and the multi-faceted challenges of the work environment significantly impact the overall role complexity of nurse managers.

The nurse manager's role, responsibilities and reporting structure can differ across organizations, with no set number of direct reports. Factors like the complexity of the health care setting, the nurse manager's experience, team workload and available resources all play a role in determining this structure.

As organizations reconfigure their reporting structures, managers are being asked to take on responsibilities that have not traditionally been part of the nurse manager role. This adds complexity and inconsistency to manager roles. It is difficult to proactively develop nurses to assume manager roles when there is such diversity and complexity even within organizations.

In manager interviews, managers reflected on the elimination of director or Assistant CNO roles which led to them assuming new responsibilities. For example, one manager became accountable for the credentialing of nurse practitioners in her department. Managers are also picking up HR functions as health care organizations move to self-service formats. The manager becomes the employee point of contact for HR issues. Finally, with the workforce shortage, some organizations are requiring more clinical time of managers which restricts their ability to perform their managerial duties.

Adding to the managers' role complexity are the five generations in today's workforce. The multigenerational workforce has its challenges and complexities as well as benefits. Leaders must be fluent in the needs and expectations of the generations of people that they manage. There are also commonalities among the generations such as the desire for respect and meaningful work as well as the availability of growth opportunities, flexibility and financial rewards.

Strategies for addressing nurse manager role complexity



Evaluate and address span of control

The AONL "Span of Control" whitepaper offers sage advice to leaders in evaluating manager workload. An assessment and Return of Investment (ROI) tool are available to aid in an evidence-based evaluation of workload and manager practice.¹⁰



Develop and promote "Leader Standard Work"

Leader Standard Work development includes components such as calendar alignment, visual management tools, and leader walkabouts.

¹⁰ AONL Workforce Committee, Span of Control Subcommittee. (2024). Span of Control. Retrieved from <https://www.aonl.org/system/files/media/file/2024/07/workforce-spanofcontrol.pdf>.

The availability of Leader Standard work facilitates focused manager onboarding and effective leader development. The end goal is for each nurse manager in an organization to share a common standard view of their work as leaders.

As our organization eliminates and consolidates leadership positions, I am being asked to do tasks that were not traditionally a manager task – like credentialing of nurse practitioners.



Help managers and team members navigate generational differences

Nurse managers need the opportunity to learn more about generational differences in the workforce. If not already part of training, this topic could be integrated into diversity, equity, inclusion and belonging training. Managers can serve a unique role as the convener of generations and build on their commonalities.

Consider the benefits of non-traditional mentoring. Mutual mentoring (two-way) and reverse mentoring (junior mentors senior) fosters powerful experiential learning that opens minds, builds appreciation and respect, and teaches both parties about different generational perspectives.¹¹

I feel prepared due to my experience, however the work and people are changing which demands constant learning on my part.



Make the manager job easier

Nurse leaders need to be strong advocates of systems integration. Systems should reduce complexity and redundancy while promoting efficiency. The incorporation of technology into workflows is desirable to prevent manual processes, but organizations should evaluate each addition of system against how well it integrates with other systems currently in use.

Executives should consider carefully evaluating the expansion of manager self-serve software to ensure they are not overwhelming managers with administrative tasks.

The biggest issue is the lack of integrated technology. For example, I have to put a nurse license into three different places.

¹¹ Hennelly, D. S., & Schurman, B. (2023, January 5). Bridging generational divides in your workplace. *Harvard Business Review*. Retrieved from <https://hbr.org/2023/01/bridging-generational-divides-in-your-workplace>.

Conclusion

Nurse manager retention is crucial for having effective health care leadership, positioning organizations to achieve their goals and serve their communities effectively. Manager turnover is costly to the team and the organization and highest in the first four years of leadership.

In interviews, nurse managers emphasized four priorities to best support manager retention:

1. Ensure a healthy work environment
2. Promote leadership development
3. Identify and develop future leaders early
4. Address manager role complexity

The four priorities for nurse managers are interconnected, shaping their overall work experience. Executives can implement strategies for each that are a mix of foundational work and new innovations.

Additional references are attached in Appendix 3.

Contributors

Lori Wightman DNP, RN, NEA-BC, PCC, FAONL
Senior Director Professional Practice, AONL

Tim Darling
President, Audio Insights

Robyn Begley DNP, RN, NEA-BC, FAAN
Chief Executive Officer, AONL
Chief Nursing Officer, SVP Workforce, AHA

Joel D. Ray Col (Ret.) USAF, NC, MSN, RN, NEA-BC
Chief Clinical Advisor, Audio

Russ Richmond M.D.
CEO, Audio

Carly Milliren MPH
Senior Biostatistician, Boston Children's Hospital

Andy Johnson PhD
Lead Statistician, Audio

Sudip Raj Koirala
Analytics Team Lead, Audio

Laxman Khati
Analytics and AI Engineer, Audio

Bishal Rijal
Analytics Engineer, Audio

Nurse managers:

Rhea Broome MSN, RN

Jennifer Jarbeau MSN, RN, NE-BC

Michelle McCarthy BSN, RN, CEN

Char-Norie Poteat BSN, RN - BC

Jordan Propst BSN, RN, CMSRN

Erin Sandfoss BSN, RN, CPN, NE-BC

Katrina Tira BSN, RN, OCN, NE-BC

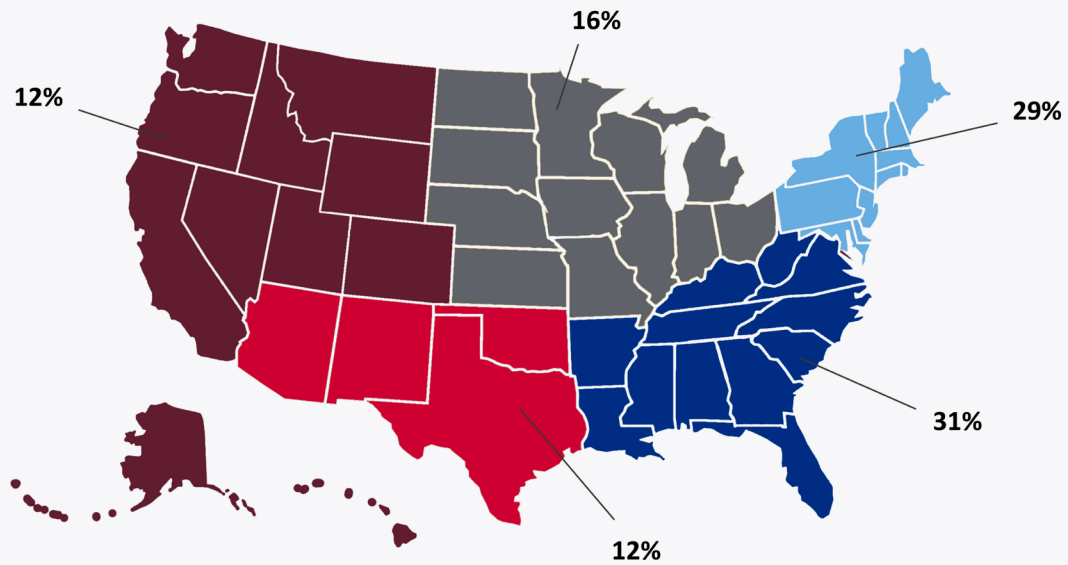
Kimberly West MSN, RN, ONC, CMSRN, NE-BC

Laura Wilcoxson MBA, BSN, RN, CNOR

Appendix 1

Distribution of nurse managers in the data set by geography, facility ANCC Magnet® status, facility bed size, and specialty

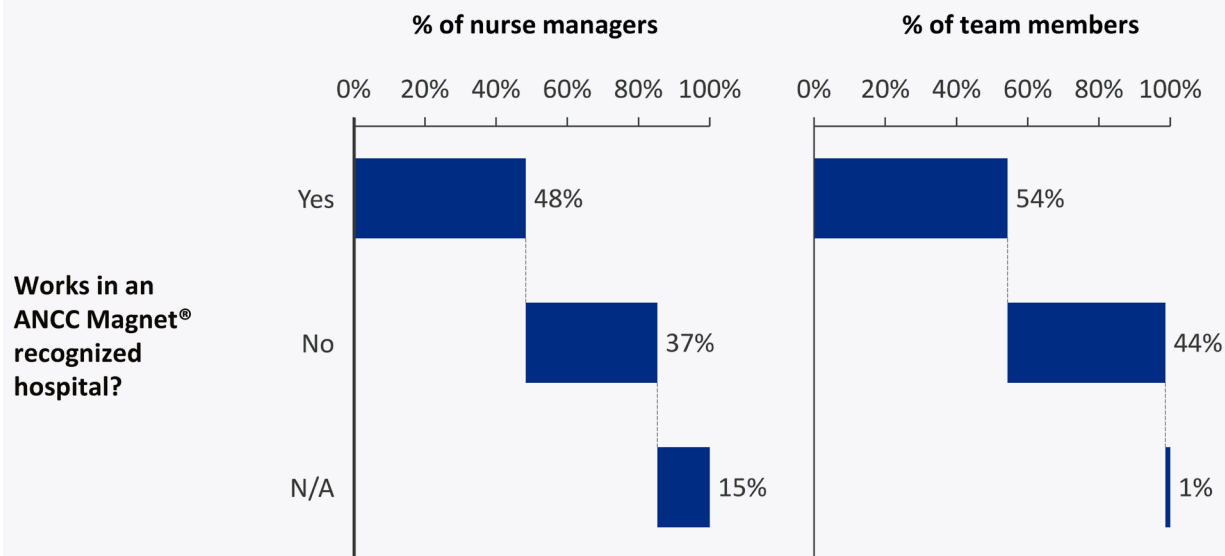
Distribution of nurse managers by geography



Source: Laudio Insights

Figure 11

Distribution of nurse managers and team members by ANCC Magnet® status of their hospital



Source: Laudio Insights

Figure 12

Appendix 2

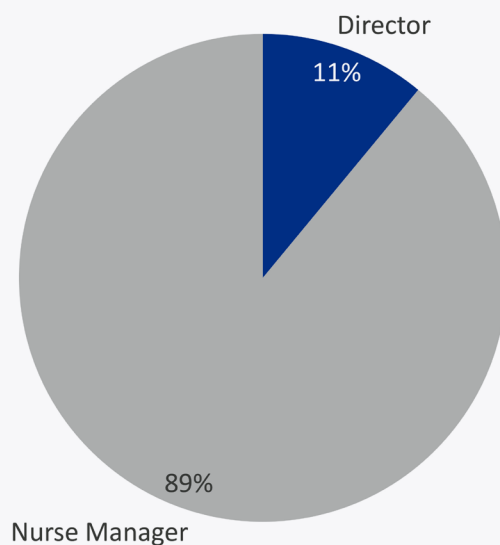
The job titles of nurse managers

This report uses the term “nurse manager” to refer to any leader of a patient-facing department. Typically, all team members report to the nurse manager directly. Some nurse managers have the specific role(s) of assistant nurse managers reporting to them. Assistant nurse managers also have direct reports but do not manage anyone with a full manager title.

Of these “nurse managers,” some organizations use “director” instead of “manager” as their title (Figure 13).

Overall, 11% of nurse managers have “director” as a job title.

Distribution of “nurse managers”, as defined in this report, by job title



In this report, the term “nurse managers” refers to anyone who is responsible for the operation of a cost center; typically, they have most of the team members reporting to them directly

By this definition, 11% of these “nurse managers” have “director” as a job title

Source: Laudio Insights

Figure 13

Appendix 3

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