



Navigating the Future of Nursing

Connection | Leadership | Growth



5th Annual Nurses Leading the Way

A New World of **WORK**

Nurse Leader Workshop

Live In-person Activity

Friday, May 9, 2025

11:30 a.m. - 2:45 p.m.

Children's Hospital Colorado | Anschutz Medical Campus
13123 East 16th Avenue | Aurora, Colorado 80045



Dr. Mary
Krugman
PhD, RN, FAAN

The 5th Annual Nurses Leading the Way Conference is held in honor of Dr. Mary Krugman, PhD, RN, FAAN through an endowed lectureship provided to the CU College of Nursing.

Mary was a visionary nurse who embodied brilliance, compassion, and mentorship. We are privileged to continue her legacy of nursing excellence, drawing inspiration from her legendary impact. Let us strive to follow in her remarkable footsteps and make a difference in the lives of our patients and colleagues.



College of Nursing

UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

A New World of WORK

A gold-colored compass rose with eight points, featuring a white cross in the center.

The past four years have been extremely turbulent, significantly impacting healthcare delivery systems and nursing colleges. New and experienced nursing leaders and educators need help navigating the new world of work and changing expectations of students and the workforce.

This workshop will discuss national trends and workforce challenges, providing practical strategies and tools that nurse leaders and educators can apply immediately to lead and educate nurses more effectively in this new world of work.

We will explore strategies to enhance our communication effectiveness, rebuild trust, foster professional accountability, promote engagement, and cultivate a culture of well-being. By the end of the workshop, nurse leaders and educators will have acquired actionable strategies and tools to enhance their leadership skills.

This activity is being jointly provided by

In-person Gathering

Children's Hospital Colorado | Anschutz Medical Campus

Medical Conference and Education Center - 2nd Floor

Mts. Yale and Princeton Conference Rooms

13123 East 16th Avenue | Aurora, Colorado 80045

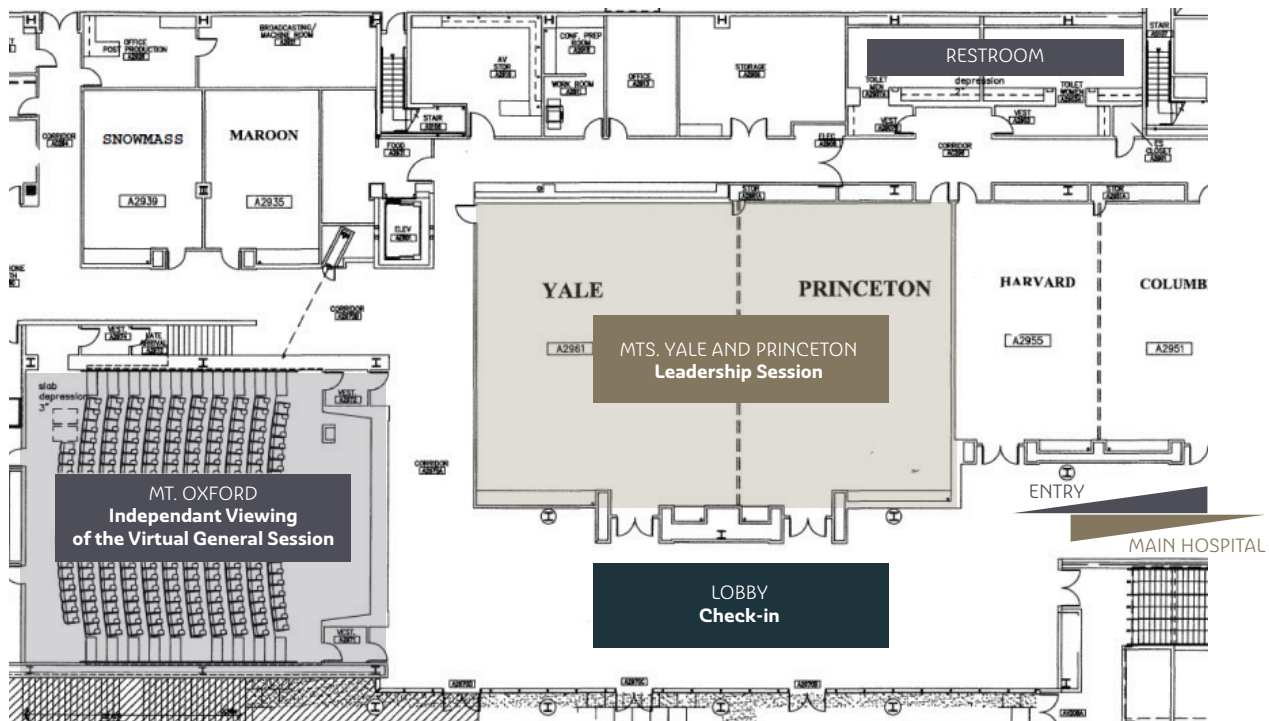
CU College of Nursing professionals, Children's Colorado and UCHHealth team members are encouraged to park in their assigned parking locations. All other guests may park in Lot 10 on Victor Street to the East of the hospital.

Attending the General Session Virtually Before the Workshop?

If you're planning to attend the general session virtually and then the in-person workshop:

- The **Mt. Oxford Auditorium** (in the same conference center) will be available starting at **9:00 a.m.**
- You may view the general session on your **personal laptop** or **mobile device** using **your own headphones**.
- *Please note:* The general session will **not** be broadcasted to this room and Mt. Yale/Princeton Conference Rooms will not be available until **11:00 a.m.**

Map



Agenda

Friday, May 9, 2025

11:15 a.m. Welcome and Greetings

11:30 **The New World of Work**

- Group Breakout and Debrief
- Current Workforce Challenges
- Workforce Expectations of Nurse Leaders and Educators
- Maintaining a Human-Centered Leadership Approach

12:45 p.m. **Communicating and Leading the Workforce**

- Pair Share on Communication
- Communicating with a Diverse Workforce
- Developing Deep Listening Skills
- Promoting Accountability and Practice Ownership

1:00 Break

1:15 **Promoting Nurse Engagement and Nurse Wellbeing**

- Rebuilding a Culture of Engagement
- Nurse Leader Wellbeing and Boundary Setting
- The Evidence on Professional Wellbeing
- Coaching Staff for Higher Levels of Wellbeing
- Leader Case Discussion
- Next Steps

2:30 Evaluation and Wrap-up

2:45 Adjourn



Continuing Education Credit

Registration, attendance, and submission of the **evaluation**, including a written response to questions related to any change in practice that you may make as a result of learning that took place at this activity, are required for successful completion and receipt of the certificate of attendance. Claim only those hours you attend.

Attendance

Learners are required to sign-in for this NCPD activity to verify participation in the program. Signing-in: Sign-in opens 30-minutes prior to the event. There are two sign-in options:

1. Text the attendance code to **720-790-4423 or**
2. Enter the attendance code at **ce.childrenscolorado.org/code**

Attendance Code
NEWWORLD

Evaluation

To obtain your NCPD certificate, the on-line evaluation must be completed by midnight, Friday, May 23, 2025. After completing the evaluation, you will be prompted to claim your NCPD credits. Any questions or concerns with access should be directed to ce@childrenscolorado.org.

Credit Hours

Children's Hospital Colorado will provide 3 nursing continuing professional development contact hours to participants who register for the conference, log attendance, and complete the post-conference evaluation.

Children's Hospital Colorado is approved with distinction as a provider of nursing continuing professional development by Colorado Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.



Guest Speaker

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



Dr. Sherman is known for helping current and future leaders develop leadership and coaching skills. Rose is an emeritus professor at the Christine E. Lynn College of Nursing at Florida Atlantic University and currently serves as a faculty member in the Marian K Shaughnessy Nursing Leadership Academy at Case Western Reserve University.

Before becoming a faculty member, she was a nurse leader with the Department of Veterans Affairs for 25 years at five medical centers. Rose edits a popular leadership blog, www.emergingrnleader.com, read by thousands of nurse leaders each week and is past editor-in-chief of Nurse Leader, the official journal of the American Organization of Nurse Leaders.

She is a Gallup certified strengths coach and author of the books *The Nurse Leader Coach: Become the Boss No One Wants to Leave* and a new book, *The Nuts and Bolts of Nursing Leadership: Your Toolkit for Success*. Her latest book, *Nursing Leadership in the New World of Work*, was recently published in 2025. She presents nationally on nursing leadership topics and conducts nurse leader coach workshops for frontline nurse leaders.

Rose is a Fellow in the American Academy of Nursing and an alumnus of the Robert Wood Johnson Executive Nurse Fellowship Program. In 2020, the American Association of Critical Care Nurses selected her for their Pioneering Spirit Award for her groundbreaking work in nurse leader development.

Executive Sponsors

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Leading and Educating Nurses in the New World of Work

Nurse Leader and Educator Workbook

May 9th, 2025

11:30 AM – 2:45 PM MST



Leading and Educating Nurses in the New World of Work
Strategies and Tools for Success
May 9th, 2024

Overview

The past four years have been extremely turbulent, significantly impacting healthcare delivery systems and nursing colleges. New and experienced nursing leaders and educators need help navigating the new world of work and changing expectations of students and the workforce. This workshop will discuss national trends and workforce challenges, providing practical strategies and tools that nurse leaders and educators can apply immediately to lead and educate nurses more effectively in this new world of work. We will explore strategies to enhance our communication effectiveness, rebuild trust, foster professional accountability, promote engagement, and cultivate a culture of well-being. By the end of the workshop, nurse leaders and educators will have acquired actionable strategies and tools to enhance their leadership skills.

Objectives

- Discuss the new world of work and student and nurse expectations.
- Examine the changes in ideas about career planning, communication, teamwork, and personal well-being
- Present coaching as a key strategy to effectively lead and educate the changing workforce.
- Describe new strategies to promote professional accountability and improve communication and acceptance of performance feedback.
- Discuss strategies to build a culture of well-being in both healthcare and education settings.
- Apply concepts learned in breakout discussions.

Session 11:30 AM – 2:45 PM MST

11:30 AM – 12:45 PM The New World of Work

- Group Breakout and Debrief
- Current Workforce Challenges
- Workforce Expectations of Nurse Leaders and Educators
- Maintaining a Human-Centered Leadership Approach

12:45 PM – 1:00 PM Communicating and Leading the Workforce

- Pair Share on Communication
- Communicating with a Diverse Workforce
- Developing Deep Listening Skills
- Promoting Accountability and Practice Ownership

1:00 PM – 1:15 PM **Break**




1:15 PM – 2:30 PM Promoting Nurse Engagement and Nurse Wellbeing

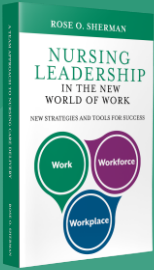
- Rebuilding a Culture of Engagement
- Nurse Leader Wellbeing and Boundary Setting
- The Evidence on Professional Wellbeing
- Coaching Staff for Higher Levels of Wellbeing
- Leader Case Discussion
- Next Steps

2:30 PM – 2:45 PM Evaluation and Wrap-up

Rose O. Sherman, EdD, RN, NEA-BC, FAAN - is known for helping current and future nurse leaders develop leadership and coaching skills. Rose is an emeritus professor at the Christine E. Lynn College of Nursing at Florida Atlantic University and currently serves as a faculty member in the Marian K Shaughnessy Nursing Leadership Academy at Case Western Reserve University. Before becoming a faculty member, she was a nurse leader with the Department of Veterans Affairs for 25 years at five medical centers. Rose edits a popular leadership blog, www.emergingnleader.com, which thousands of nurse leaders read weekly. She is a Gallup-certified strengths coach and author of *The Nurse Leader Coach*, *The Nuts and Bolts of Nursing Leadership*, and *A Team Approach to Nursing Care Delivery*. Her latest book, *Nursing Leadership in the New World of Work*, will be published in March 2025. She presents nationally on nursing leadership topics and conducts nurse leader coach workshops for frontline nurse leaders. Rose is a fellow of the American Academy of Nursing and an alumnus of the Robert Wood Johnson Executive Nurse Fellowship Program. In 2020, she was selected by the American Association of Critical Care Nurses for their *Pioneering Spirit Award* in recognition of her groundbreaking work in nurse leader development.


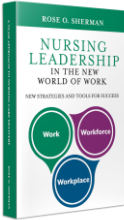
Leading and Educating
Nurses
IN THE NEW WORLD
OF WORK





1

Our Agenda for Today



The What
The So What
The Now What?


The New World
of Work

Communicating
and Leading

Nurse Wellbeing
& Engagement

3

Table Breakout Discussion – 7 Minutes



What changes are you seeing in the work you do, your workforce or students and the workplace?

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1

Gallup – A Culture Shock with No Going Back

FROM GALLUP

CULTURE SHOCK

An unstoppable force is changing how we work and live. Gallup's solution to the biggest leadership issue of our time.

Jim Clifton | Jim Harter

GALLUP

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Gallup Key Research Takeaways

- COVID – A Major Culture Shock
- Risk of a Gig or Contract Workforce
- A Focus on Mental Health and Wellbeing
- Less Employee Engagement and Trust
- Frontline Managers Key to Organizational Success


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For Colleges of Nursing




Implementing new essentials with the goal of making students more work ready.



Enormous pressure to increase the number of students graduating while trying to gain clinical placements and preceptors.



Faculty shortages.

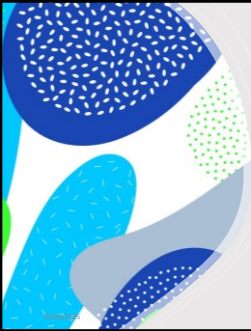


Responding to the lower baseline mental health of students.

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2





People change the way they view the world and their place in it after a difficult life event.


Nietzsche


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Where they want to live?

Whether they should stay in healthcare?

How many hours they want to work?

What is fair pay for the work?

What type of work-life balance they want moving forward?

Staff
Continue to
Rethink Their
Lives and
Careers

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The Current Environment has been Hard on Leaders

- Bigger of Spans of Control
- More Responsibility
- Loss of Expert Nurses to Precept and Serve in Charge Roles
- More Time Spent in Service Recovery
- Less Respectful Staff
- Higher Levels of Moral Distress
- Staff Negativity
- Managing in Union Environments is Complicated




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Changing Your Mindset


You may not like what you see in nursing and healthcare, but fighting the shifts we see is like fighting gravity. Future-proofing your leadership will involve the adoption of a new mindset.

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What I have learned from working with health systems across the US.....



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The Work in Healthcare has Changed



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The Context of Nursing and the Work Environment has Changed

- Persistent High Patient Volumes
- Higher Patient Acuity
- More Expectations of Nursing Staff
- Workforce Shortages
- Patient and Family Incivility and Violence
- Fewer Expert Nurses in Acute Care Settings
- Health System Financial Instability
- Higher Documentation Burden

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And the Work Could Become More Challenging Over Time New JAMA Study

- Bed Occupancy has steadily risen in the post-COVID environment from 64% to 75.3%
- There has been a 16% drop in staffed hospital beds since 2019.
- An aging US population is expected to drive the need for more inpatient hospital beds.
- By 2032 hospital bed occupancy is expected to rise to 85%.
- The US is not prepared for the aging Tsunami nor are there the staffing resources in many geographic areas to meet the current and future.

Year	Population (millions)
1990	11.7
2019	54.1
2040	82.9
2060	94.7

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[Health Care Staffing Shortages and Potential National Hospital Bed Shortage | Health Policy | JAMA Network Open | JAMA Network](#)

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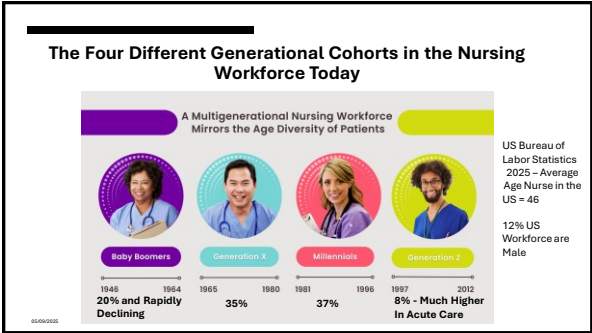
Changes in the Workforce

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We are at the beginning of a dramatic change in the US nursing workforce.

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The Way to Think About Generations as a Leader



Look at Generational Patterns as a Lens not a Label.

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23

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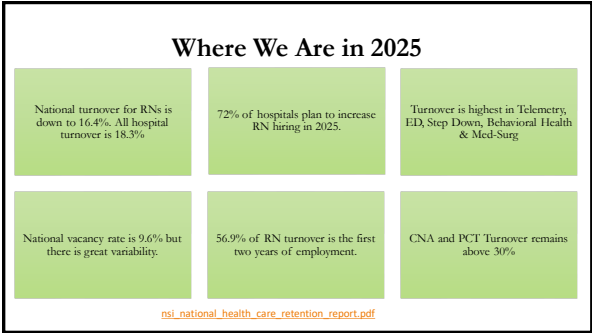
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NCSBN Data 2024 N= 800,000

- 73% of RNs today have BSNs.
- 53.3% Work in Hospitals.
- Percent of nurses under 30 has declined from 11.1% to 7.9%
- Nearly 40% of RNs said they intend to exit the field within the next five years. Of this group, about 22% planned to retire and 18% said they plan to leave for other reasons. Could = 1.6 Million.
- Major reasons for wanting to exit other than retirement: stress, burnout, understaffing, inadequate pay and violence.

[https://www.journalofnursingregulation.com/article/S2155-8256\(25\)00047-X/pdf](https://www.journalofnursingregulation.com/article/S2155-8256(25)00047-X/pdf)

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What Employers are Saying in 2025

Hallmark Health N = 1200 Senior Leaders

Question 6:
What are the top challenges you face in staffing nursing positions on a 24/7 basis? (multi select)

Challenge	Percentage
Burnout	67.3%
Unappealing shifts	65.6%
Expensive rates	62.3%
Shortage of qualified candidates	61.4%
Credential matching and management	49.4%
Float pool management	37.9%

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The New Era of Healthcare Staffing: Key Insights from 2025 Report - Hallmark Health Care Solutions

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Question 12:
What percentage of shifts are currently left unfilled due to a lack of available staff?

% of shifts are currently left unfilled due to a lack of available staff	% of answers
0%	22%
1-25%	18%
26-50%	25%
51-75%	24%
75%+	12%

30

Question 23:
Do you anticipate that gig-style work will become a significant part of your staffing strategy over the next five years?

Yes

96%



4%



No

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THE SCOPE OF NURSING RESPONSIBILITIES HAVE INCREASED

- Nurse Managers report that nursing is picking up responsibilities from other departments that are short staffed.
- Support Services such as IT and HR are not onsite to provide guidance for staff.
- Documentation requirements keep increasing.
- The newer generation of patients expect nurses to pick up Uber Eats deliveries and assist them with IT problems.






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A RAPID CYCLE TRANSITION INTO PRACTICE IS HAVING A SIGNIFICANT IMPACT ON WELL-BEING

From Novice to Expert: The Nursing Expertise Model



1. Holte H, McQueen A, Weissinger G, et al. The Impact of Transitional Shock on Newer Nurses in a Contemporary Healthcare Environment. *JN-AC The Journal of Nursing Administration*. Published online August 20, 2024.

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Generational Differences In Four Key Areas

1. Career Planning
2. Mental Health & Well-Being
3. Communication
4. Teamwork versus Individualism

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Changes in the Workplace




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10 Key Shifts We See in Healthcare Workplaces



1. Higher Leader Turnover
2. A Focus on Mental Health and Well-Being
3. Establishment of Career Pathway Programs
4. Less Employer Loyalty
5. The Rise of New Technologies
6. A Higher Rate of Unionization
7. A Movement from Strong Core Teams to Teaming
8. Less Employee Engagement
9. Less Trust in Leadership
10. Communication Overload and Challenges

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Differences in Ideas about Work and Nursing

Generational Priorities
Older generations prioritize stability in their roles, valuing job security and traditional work environments.


Younger Generations' Preferences
Younger generations seek flexibility and innovation, valuing creativity and adaptability in their work. See their careers as tours of duty.

Views of Nursing
Older generations of nurses are more likely to see nursing as a "calling or passion" which led to a believe that making sacrifices for patients and the team is an expectation. Younger staff see nursing as a career choice and want work-life balance.

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Career Planning

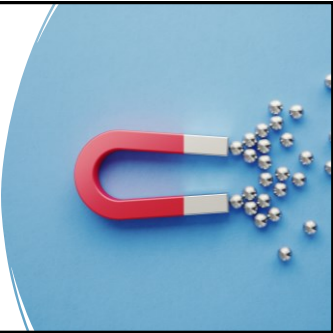
- Relentless Need to Get Ahead Quickly in One's Career.
- Will Leave Leaders Who Don't Support their Career Goals.
- Need Growing in Place Activities Linked to Career Goals.
- Want to Know They Can Grow Their Careers in Your Health System.



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The Realities of Staff Retention

- Today's younger workforce see their careers as "tours of duty" on a career path – long-term retention is probably unrealistic.
- Organizational retention efforts have now moved from retention at the unit level to retention at the organizational level.



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Key Leadership Actions to Take



- Learn the career goals of each new staff member.
- Plan a career coaching session if the staff member wants it.
- Help the staff member develop career goals.
- Assist with finding mentors.
- Link what you ask them to do to their career goals.

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Finding Your New Leadership Voice



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What Staff Want in Leaders Gallup Data

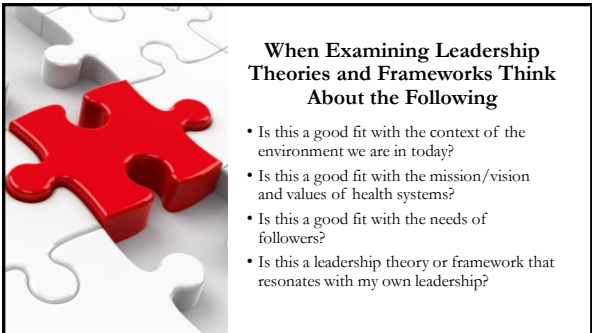
- Compassion
- Hope
- Stability
- Trust

Today Hopeful Leaders is Trending as the Number ONE Quality.

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What is
Servant
Leadership

Servant leadership, as a leadership framework, was first defined by Robert K. Greenleaf in 1970. He described servant leaders as those who achieve results for their organizations by attending to the needs of those they serve. A servant leader looks to his/her staff's needs and continually asks how they can help them solve problems and promote their personal development. The ability to provide service is their primary motivator in their day-to-day leadership.

<https://www.greenleaf.org/what-is-servant-leadership/>

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TRADITIONAL
LEADERS

Sees leadership as a rank to obtain.

Uses power & control to drive performance.

Measures success through output.

Speaks.

Believes its about them.

SERVANT
LEADERS

Sees leadership as an opportunity to serve others.

Shares power & control to drive engagement.

Measures success through growth & development.

Listens.

Understands its not about them.

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The Ten Pillars of Servant Leadership

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

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

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

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

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

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The Ten Pillars of Servant Leadership

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

7. **Foresight** – the servant leader can envision the likely outcome of a situation and is proactive in creating the best consequences.

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

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

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

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The Research on Servant Leadership

• Research findings published in JONA's October 2020 issue by authors Anselmo-Witzel, Heitner & Dimitroff provide a strong business case for servant leadership if organizations want to retain Millennial and Generation Z nurses. Significantly positive relationships were found between scores Gen Y nurses gave their managers on the servant leadership scale and their intent to stay.

• Research findings from a mix-methods study published in the Journal of Interprofessional Practice 2022 by authors Malak, Mirza, Rundio and Mirza found that CNOs who identified themselves as servant leaders outperformed their colleagues on quality and safety measures.

• Fortune Magazine researchers have looked at the relationship between the best places to work and servant leadership and found that 5 of the top ten companies to work for practice servant leadership. [Explore a Best Companies to Work For With Servant Leadership - Modern Servant Leader](#)

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WHERE DO WE GO FROM HERE

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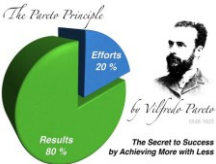
Leadership Strategies

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- 1. Communicating and Leading Nurses
- 2. Promoting Engagement
- 3. Focus on Mental Health and Well-Being



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Communication




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Stand Up Pair Share

What Challenges are You
Having with
Communication Today?

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Nursing Staff + Leaders are on Cognitive Overload

- Multiple Channels of
Communication
- Rapid Turnover of Patients
- Significant Challenges with
Documentation
Completion

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One Size Does Not Fit All

- Organizations continue to use email as their
official channel.
- Younger nurses and staff may not read email.
- Staff have different communication preferences.
- Nurse leaders have more staff to communicate
with.
- Some union contracts don't allow for a
requirement for communication during non-work
hours.



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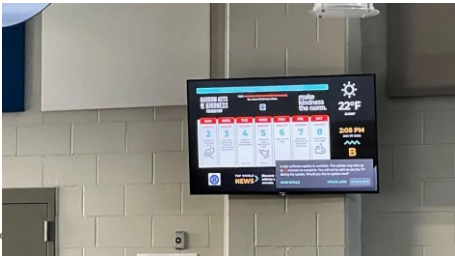
15/08/2020

Creating Effective Communication Channels

1. Use Multiple Channels to Communicate.
2. Ask Staff About their Preferred Methods of Communication.
3. Work on Brevity in Your Communication – Less is More and be Responsive and Timely.
4. Consider Re-Instituting Team STEPPS to teach communication skills across the Generations.
5. Be Curious When You Don't Understand Words that Your Staff Use or Emojis.

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Many Health Systems Are Piloting Digital Communication Boards on Units



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The Components of Communication

What words do you use?
How often do you communicate?
Is your communication clear?
How frequently do you communicate?
Are your conversations only with certain groups of staff – cliques?

What tone of voice do you use?
Do you talk softly?
Are you slow or rapid in your pace?

Verbal

Non-Verbal

Para-Verbal

Digital

Do you seem angry?
Do you look me in the eye?
Do you roll your eyes at me?
Do you ignore my questions and give me the silent treatment?

How do you write your messages?
Who do you cc on your messages?
Do you use emojis?
Do you send messages to everyone that needs to see them?


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Generational Differences in Communication – Under 35


- Younger staff have had less practice with face-to-face conversations.
- May need coaching on how to make face to face connections with patients and families.
- Less able to de-escalate angry patients and families.
- May view emojis differently.
- Less likely to read paper documents when posted on units.

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You May Have to Teach the Art of Conversation



Some Strategies

- Observe the conversations your nurses have with patients and families as you round.
- Help them develop 2-3 go-to conversation starter questions they can use if they are struggling.
- Talk through situations where they may need to de-escalated angry patients or family members.
- Simulate situations and responses to patients and families the unit is busy.
- Review HCAHPS surveys for communication areas where improvement is needed.

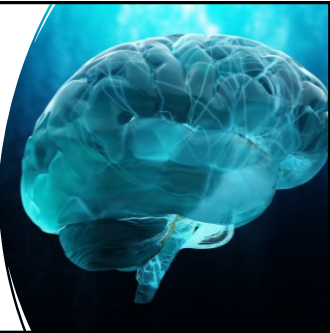
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The Brain is Rewiring to Accommodate How Information is Received

Executive functioning in two key areas is impacted:

- Ability to anticipate and plan.
- Ability to set priorities.

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The Best Leaders Ask Great Questions to Help Staff Grow and Critically Think

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Be More Yoda – Less Superman



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Questions to Promote Critical Thinking

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1. Walk me through how you made that patient care decision?
2. What safety or quality issues could have happened here?
3. What is the real challenge here with this patient's care?
4. What will you do next in this situation?
5. Is there another way that this could have been managed?
6. Who could you seek out for help if you need it?
7. How will you manage this differently the next time?
8. What would great look like right now?

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Heart – Head – Hands Messaging

Be Transparent

Close the Loop



Start with the Heart
Seek Rapport, Create Urgency and
Explain the **Why**

Move to the Head
Explain the **How**
of What You Want Done
And Give Evidence.

End with the Hands
What Actions Need to be Taken
and by When?


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Use BLUF in Communicating

Bottom
Line
Up
Front

Action Items
Key Information
Due Dates




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Use Marketing Rules When Communicating

- **The Rule of Seven** – staff needs to hear a communication on average 7X before they take action.
- **Rule of Three** – the brain has an easier time absorbing three key points in communication.




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Make Listening
Your Superpower

80% Listening
20% Talking





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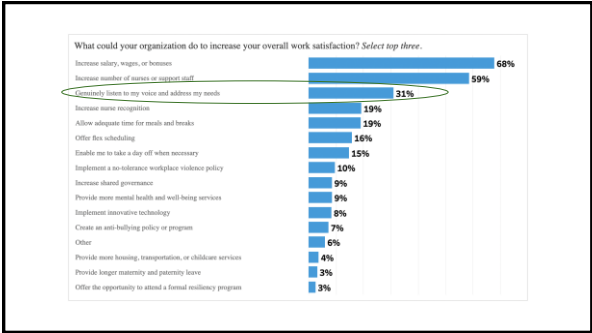
“Seek first
to understand,
then to be
understood.”

Stephen Covey

Habit 5

in *The 7 Habits
Of Highly Successful
People*

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Sometimes
Staff Just
Want You to
Listen

“Our work indicates that more often than we expect, people vent emotions to us without any intention of getting our advice. They may want to feel connected to and heard. But all too often, we jump in and try to fix or defend our position on whatever bothers them even if they would rather we did not.”


Bradley, C, Greer L, & Sanchez-Burks, J.
Harvard Business Review July-August 2024
When your employee feels angry, sad or rejected.

74


Know Your Default Response Style



ARE YOU A FIXER?



DO YOU GET DEFENSIVE
BECAUSE YOU THINK YOUR
LEADERSHIP IS IN
QUESTION?



ARE YOU OKAY WITH
BEING HONEST IF YOU
DON'T HAVE AN ANSWER?

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What would you like
to share because this
is about you right
now?



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Nurse Leader Tip


When I ask if I can talk with you about something – ask me if I just want to vent or do I need help in solving a problem?



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Building a Culture of Accountability



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Feedback Without Pushback



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A Difficult Time to Hold Staff Accountable

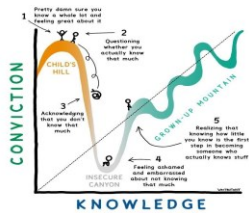
- Staff feel burned out and unappreciated.
- View any criticism as an indication of failure or a lack of appreciation.
- Don't always accept feedback in the way it is intended.
- Rumininate about feedback and whether to just leave their job.



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Dunning-Krueger Effect



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What is Professional Accountability?

“Accountability is doing what you are supposed to do because it is expected of you as a professional or it is expected of you in the role that you have taken.”

Joe Tye and Bob Dent – Building a Culture of Ownership in Healthcare 2020

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Establish A Culture of Accountability



MAKE SURE STAFF KNOW THEIR ROLES AND RESPONSIBILITIES



SET AN EXPECTATION FOR FEEDBACK.




INDIVIDUALIZE YOUR APPROACH TO GIVING FEEDBACK.

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Don't Assume Staff Understand Their Roles

- So Many New Inexperienced Nurses
- Few Expert Role Models
- Little Clinical Experience in School



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All Staff Should Be Coached to Expect Feedback

- What should the nurse **START** doing to improve their performance?
- What should the nurse **STOP** doing to improve their performance?
- What is the nurse doing well and you want them to **CONTINUE** doing it?

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Use the Evidence-Based WISE Feedback Approach

1. Communicate to nursing staff that you have high expectations.

2. Create psychological safety and assure the staff member that they can meet your expectations.

3. Specific, actionable steps and/or resources about how to meet expectations.



From David Yeager (2024). 10 to 25: The Science of Motivating Young People.

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Best Practice

Teach new graduates as part of their residency to give their preceptors feedback each week about what to:

• Start

• Stop


• Continue Doing



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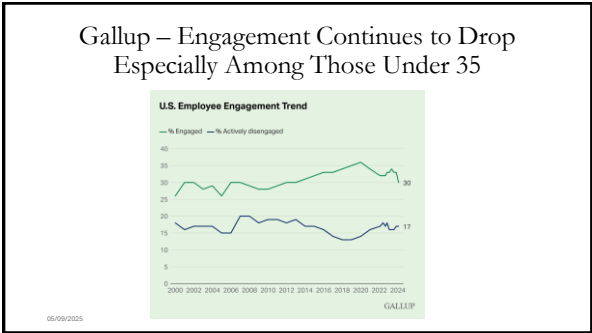
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Professional Governance – Why is it so hard to get nurses interested?



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Nurse Engagement and Professional Governance Key Themes from My Research

- It is challenging today to get staff engaged – not sure what it means or why it matters (shared meaning is not there).
- Most professional governance structures are complicated.
- Staff don't see decision loops being closed.
- Some leaders are not supportive of shared governance and inclusive decision making.
- Today's staff don't want to participate in activities on their days off.

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Nurse Engagement and Professional Governance - Key Themes Continued

NURSING SHARED GOVERNANCE

- Younger staff are more positive about professional governance but feel they don't have time to participate.
- Communication about Shared Governance activities could be improved.
- It can be challenging to gain acceptance for new ideas which is demoralizing for some staff.
- About 25% of staff are very engaged – 50% are interested but not involved – 25% are actively disengaged and negative about shared governance.

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Recent Focus Group Question

From your perspective, how can nurse leaders best engage nurses in decision-making about their professional practice environment?


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A Young Nurse Responds

"I hear the term *Professional Governance*, but I have no idea what that means. My manager asks us to come to unit practice council meetings, but I don't have the energy or interest to do that. I won't come in on my day off – I am too tired. I am not even sure what if anything I could contribute. What difference would it make anyway – I don't see much if anything happening to change things for the better when we do volunteer ideas. I think if we understood the purpose better and there were decisions being made – more nurses would volunteer."

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Case Example

Javier is the unit practice council leader in his critical care unit. He is proud of his involvement in his organization's shared governance process. As a millennial, collaboration like this is very important to Javier and he has seen the value in the practice improvements that the council has been able to achieve. He recently spoke with Amy, a new generation Z nurse in the unit about becoming involved in UPC activities. He explained it might involve Amy coming in on a day she was scheduled off to participate but she would be paid. Amy told Javier she was not interested and was in the ICU to work her 12 hours and did not plan to give up any personal time to participate in shared governance.

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1. Amy will learn the skill of negotiation.
2. She could become an expert in how to move agenda items more quickly through bureaucratic organizations.
3. She will develop confidence in expressing her viewpoints.

[illegible]

So, I changed the way I do it. My unit practice councils have now become 7- minute huddles that I do 4x during the first week of the month. I talk about what I need input on and take votes right there in huddle. At the end, I always say that what we have just done is professional governance.

[illegible]

Understand and Respond to Friction Points to Staff Involvement

- Scheduling
- Parking
- Exhaustion and Burnout
- Don't See Outcomes
- Childcare Issues
- Lack of Communication
- Not Seen as Open to All
- Not Sure What Shared Governance Even Is
- Lack of Receptivity to New Ideas


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Leaders Need to Role Model Well-Being


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How Many of You Feel that You are Working 24/7?

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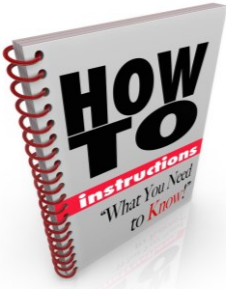
You Set the Boundaries

- Having a hard stop to your workday.
- Being very clear with staff about communication on the weekends and at night – do a handout on communicating with you.
- Using a decompression activity between the end of your workday and your personal time at home.
- Finding an accountability partner in your leadership group to help you stick with your wellbeing goals.
- Managing your expectations.

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Prepare a User's Guide to You

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Decide When to Jump In and When to Jump Out of Staffing

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A Nurse Manager Reflects

“So recently, one of my newer staff came into my office and rather curtly told me that I was needed out on the unit. It was all rather shocking to me and seemed very disrespectful. I went out to the unit and in fact, they didn’t need me according to the charge nurse. This nurse had been talking with other staff and was wondering what I did all day other than attend meetings and sit in my office. In talking with her more after I calmed down, I realized she had no idea what I did in my role.”

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Staff Don’t Always Understand What Nurse Managers Do


- So Many New Inexperienced Staff
- Few Expert Role Models
- Nurse Managers often don’t talk with staff about their role responsibilities.

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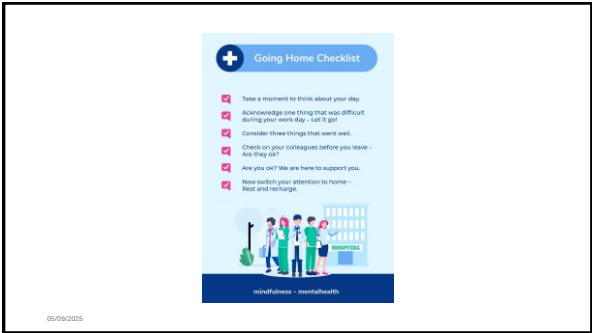
Calendar Management

- Block time off on calendar for what you say is important
- Reduce time spent in meetings
- Block time for personal and social commitments
- Set an alarm to stand up and stretch every half hour
- Set an alarm to remind you to drink water or just move around.
- Plan your vacations and ask for your team to do the same.

<https://uhr.rutgers.edu/future-of-work/managing-your-well-being-leader>



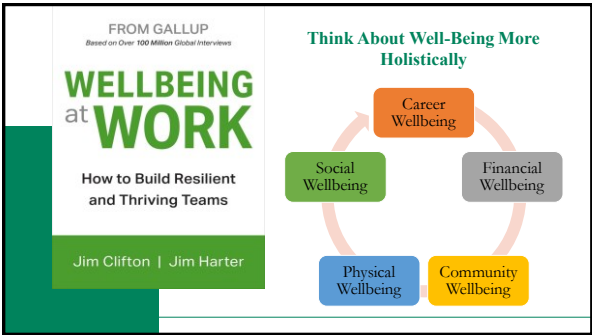
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Social Determinants of Work Health

"Much like we know that improving health is not happening solely by interactions with healthcare, rather it's better handled by addressing Social Determinant of Health; our ability to retain staff means addressing their work environment AND the Social Determinants of their Work Health. That's really challenging and different."

Justin Montgomery, Nursing Director Dartmouth Hitchcock Health

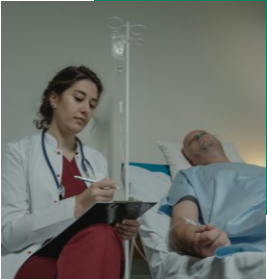
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Examples of Social Determinants of Work Health

- Level of student loan debt
- Baseline mental health
- Availability of childcare
- Household debt
- Cost of living
- Access to public transportation and parking
- The stress level in one's personal life



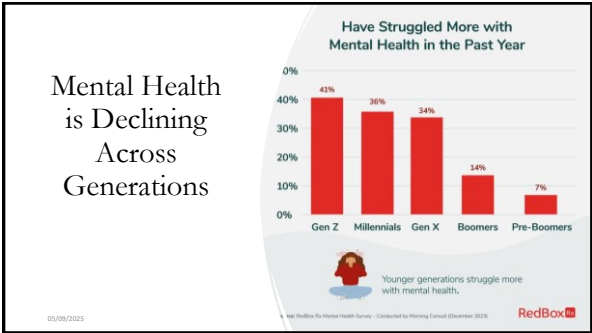
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Our Youngest Nurses Are Stressed and Anxious

Will It Always Be Like This?



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Challenges with Perfectionism

- Unrealistic expectations of self and others.
- Does not see oneself as a work in progress.
- Creates anxiety and stress when receiving constructive feedback about what to start, stop or continue doing.
- Will quit early when things get hard.

PERFECTIONISM IS...

A self-destructive and obsessive belief system that holds that human beings should be perfect in everything they do, and that anything less than perfection is a failure.

DR. J. B. H. H. H.

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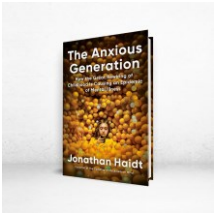
Resetting
Expectations
about Nursing

No one's
life is
as perfect
as their
instagram
feed

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A New Book with Important Research

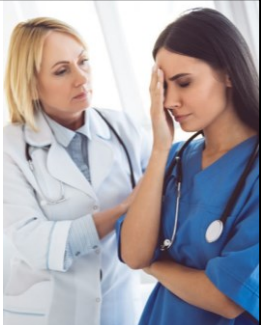
- Baseline mental health for any who spent their formative years after 2010 has declined.
- Rates of anxiety, stress and clinical depression have skyrocketed.
- The combination of a cellphone-based culture of communication, 24/7 connectivity and social media are contributing factors.



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A Nurse Manager
Reflects

“I am having some of the most intensely personal conversations with my staff that I have ever had in my career. There are days that I feel more like a therapist than a leader coach. These conversations are extremely draining and sometime very emotional. My younger staff like to share their feelings much more openly than I ever did at their age. This is a good thing but is very hard on leaders because for some of their issues – there are no easy answers.”



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Don't Cross the Line –
Encourage Supportive
Behavior and Normalize
Mental Health
Discussions but Referrals
May be Needed

Therapist

DON'T CROSS


Nurse
Leader
Coach




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How do you know if you are crossing it?




Your conversations have become too personal, and you feel uncomfortable.



The staff member is oversharing personal information.



The staff member is experiencing a loss in mental health and functioning.




The situation is not improving.

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The Impact of
Lower Baseline
Mental Health



- Much of the unplanned leave usage and use of FMLA are tied to mental health issues.
- Onboarding and orientations are being extended.
- Nurse leaders increasing face accommodation issues for mental health disabilities.
- New graduates experience more challenges decompressing after work.

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Ask Good Questions:

1. What does taking care of your well-being look like for you?

2. What would need to be true in your life and work that is not true today for you to have a higher level of well-being?

3. How can I support you as your leader to achieve a higher level of well-being?

What Well-Being Looks Like Across Generations

ONE

SIZE

DOESN'T

FIT

ALL

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Focus on Mattering

1. Leaders Notice People – Noticing means that you see your staff and pay attention to both their work and lives. They make time and space for others and pay deep attention to what staff discuss with them. Effective leaders ask good exploratory questions and stay curious in conversations.

2. Leaders Affirm People – Affirming means showing staff the impact they are having in explicit ways and acknowledging that impact. Affirming others is acknowledging their unique strengths and talents.

3. Leaders Show People That They Are Needed – Showing staff that they are needed involves linking their work to a larger purpose and highlighting their impact on bigger organizational goals.

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[illegible]

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Process

Thank everyone for what they have done.



130

[illegible]

- Take 7 minutes to talk about the new world of work challenge.
- Choose someone to take notes and report on the group discussion.
- We will debrief on all your ideas.

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[illegible]

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[illegible]

A Users Guide to Working with You, the Leader

Introduction – Provide a little background information about yourself and your leadership role and responsibilities.

How do I view success – What values underpin your view of success? Do you have a leadership philosophy or style?

How I communicate – What is your communication style? What are your preferred methods of communication (in person, email, text, phone)? How do you conduct staff meetings, and what are your expectations for participation? How quickly do you return emails or text messages? Who should staff communicate with when you are not on the unit?

Potential Misunderstandings of My Leadership Style – What are aspects of your leadership approach that your team might misinterpret (do you have a direct approach)? What quirks could unintentionally annoy a different personality type (ex. are you introverted? Do you dislike small talk? Do you like to know about your staff members' families?

What gains or loses your trust – What qualities do you value that help build trust? What triggers cause you to lose faith (ex., gossiping, failing to keep commitments, not accepting accountability for actions)?

What are your strengths – What do you love to do and help others with (ex., coach staff, teach, de-escalate crises)?

What are your growth areas – If you are working on weaknesses that staff can help you with – let them know (ex., develop more tact, be timelier with feedback, reminders about following up on unit problems).

What are your expectations of staff – What do you consider professional behavior? Do you have expectations of your team that might differ from other leaders? What is excellent customer service from your perspective?

What is your philosophy about giving and receiving feedback – How do you provide coaching and feedback (just in time or on a more scheduled basis)? How should staff provide you with feedback if there are problems with the unit? What are your expectations around teamwork and conflict resolution?

Designed using ideas from Julie Zho <https://lg.substack.com/p/the-looking-glass-a-user-guide-to>

Leader Mattering Self-Assessment

Rate your current leadership behavior on each statement below on a Likert Scale of 1-5.

1. Never 2 Rarely 3 Sometimes – 4 Frequently and 5 Always.

1. I ask and remember the details of others' lives, such as the names of family members and friends, values and interests, and personal goals and aspirations. ____
2. I remember and check in on the details of others' personal and work lives during routine conversations. ____
3. I ask others for their opinions, listen to what they have to say, share that I value their voices, and follow up to ensure they feel heard. ____
4. I notice others' moods, and when I sense that someone is struggling, I seek to understand and offer help. ____
5. I check on people's energy levels and emotions. ____
6. I name others' unique gifts, such as their strengths, purpose, perspective, and wisdom. ____
7. I show people how they and their work impact others both inside and outside the organization. ____
8. When I assign a task, I first explain the purpose and the difference it makes. ____
9. I go out of my way to provide opportunities for others to use and develop their gifts. ____
10. I express gratitude verbally to others regularly. ____
11. I tell others how I rely on them. ____
12. When people return from an absence, I tell them I missed them. ____
13. I remind people how the organization and I need them and their work. ____
14. I ask others for help. ____
15. I tell people how it's better when they are around. ____

Scoring

Questions 1-5 are your **Noticing Total**. ____/25

Questions 6-10 are your **Affirming Total**. ____/25

Questions 11-15 are your **Needing Total**. ____/25

Reference

Mecurio, Z. (May/June 2025). The Power of Mattering at Work. *Harvard Business Review*.

A New World of **WORK**





