

Chief Nursing Officers

Program Teaches New Skills to New Leaders

BY GAY LANDSTROM, M.S., RN, NEA-BC and PATRICIA A. BARLOW, M.C.C.

Trinity Health recognizes that an investment in nursing leadership can optimally influence every patient outcome. That, alone, makes such investments critical to us. But, in 2009, when turnover in Trinity Health's nursing executive leadership reached an alarmingly high rate — approaching 30 percent — “critical” took on a new urgency. As a result, the system's Nursing Leadership Development Program was born.

The consequences of a chief nursing officer (CNO) leaving a hospital can be significant, particularly when that departure is involuntary. Often, the results include a negative public perception, a loss of momentum in organizational improvements and a loss of nursing focus on strategic priorities. Additionally, other nurses frequently follow the departing leader, and those who remain can become disengaged with shifting visions. To complicate matters further, the chief nursing officer carries the voices of patients and nurses. When the CNO leaves, the hospital's executive decision-making process loses that input.

Trinity Health is a 48-hospital organization headquartered in Novi, Mich., and present in 10 states. When the system's CNO turnover rate raised a red flag, Trinity Health asked me to give immediate attention to stabilizing the situation.

I had just become Trinity Health's chief nursing officer at the system

level. I had to fix what was broken in the nursing leadership conundrum so that we could focus on doing what we do best: high-value care.

WHAT COMES FIRST?

When nurses with clear leadership skills become chief nursing officers, they exchange time spent with patients for time spent with executives. That changes everything in everyday hospital relationships.

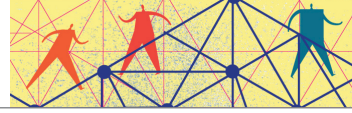
As I discovered when I became a chief nursing officer, we not only interact with more executives, but we also interact differently with our colleagues and direct reports. This new world, with its faster pace and more complex relationships, gives us responsibility for financials, operations and planning strategy, and it requires different skills in communicating and listening than those we needed at the patient's bedside. Without support in gaining those skills, a new chief nursing officer easily could become disenchanted

with the demanding job, considered so integral and critical to the success of an organization.

The need for nurses to expand their leadership capabilities when coming up from the clinical ranks was clear to me. And it applied to me, and to every other nurse or chief nursing officer I knew.

When I was appointed the system's CNO, Trinity Health included me in its Transformational Coaching Program. That experience gave me the opportunity to observe my own behavior, as well as that of others, so that I could seek — and find — the insights I needed to improve. The coaching program immediately helped me experience greater effectiveness in my position. I could clearly see the value these new skills would have for our developing nurse leaders, so I was determined to create similarly powerful and effective training for them.

The Blue Mesa Group consulting firm, based in Fort Collins, Colo., assisted me in initially putting together what we viewed as a nursing leadership mentoring program. It turned into leadership development programs, for as our first groups of nurse leaders completed their cohorts and delivered feedback, our strategy evolved and the training broadened.



FROM NURSE TO NURSE EXECUTIVE

Our Nursing Leadership Development Program nurtures, coaches and trains. It includes both mentoring and personal skill acquisition elements, as well as a two-day intensive workshop in which chief nursing officers identify their own needs — the personal behaviors that may help or hinder them in influencing the decisions of the organization. Blue Mesa developed this core part of our program in a process informed by both Trinity Health's needs and the consultancy's previous work with two Fortune 50 companies.

During the workshop, participants receive feedback from 360-degree interviews conducted previously with their key stakeholders. They learn new tools for communicating more effectively and have the opportunity to practice those skills in role-playing exercises. Each chief nursing officer gets a personal learning plan, followed by ongoing coaching to help them stay on track.

This new world, with its faster pace and more complex relationships, gives us responsibility for financials, operations and planning strategy, and it requires different skills in communicating and listening than those we needed at the patient's bedside.

The program's mentoring portion pairs a trained mentor with each developing CNO. Matched according to the mentor's strength and any perceived weaknesses of the person being mentored, the pair works together for a year, meeting monthly to review needs and progress to date.

Throughout the programs, participants focus on learning, practicing and repeating new skill sets until they are habitual. For instance, when a chief nursing officer is new, he or she often starts out by taking the nursing view of a situation exclusively. However, a CNO needs to learn how to see the system view of organizational challenges. The program therefore puts nurse leaders into simulations where they take on other C-suite roles. Acting as a chief operating officer or a chief financial

officer helps them learn to carry multiple perspectives at one time and gives them insight into how to be a better collaborative partner. It also ensures they learn techniques like skillful inquiry, advocacy and reflective listening.

To be sure, the training rarely "takes" the first time a participant goes through the simulations, but everyone shows marked improvement with practice.

Our Nursing Leader Development program has aimed to help CNOs in all of our Ministry Organizations:

- Develop a stronger executive presence
- Increase their capacity to influence
- Participate as a more robust member of their own executive team

I am thrilled with our success. Together with driven nurse leaders, a strong consulting partner and our insatiable desire to improve organizationally, we created a program that blends theory, skill practice, demonstration and encouragement. In doing so, we helped close important gaps in key skills that executives must possess to be effective.

We improved chief nursing officers' job satisfaction and improved the CNO reputation with other members of executive leadership teams. CNOs are now viewed as having greater influence on executive-level decision-making than in the past. We also reduced CNO turnover to less than 10 percent.

I look forward to extending the program with a pilot to start in 2012. With that program, we turn our attention to developing similar collaboration and communication skills in nursing directors and managers — Trinity Health's future CNOs.

The investment, time and effort are all well justified. If a health system wants to deliver effective patient care that is defect-free and have strong clinical leaders guide future strategy, they have to recognize and honor the importance of chief nursing officers in helping get them there.

GAY L. LANDSTROM is senior vice president, patient care services, and chief nursing officer, Trinity Health, Novi, Mich.

PATRICIA A. BARLOW is president and co-founder, leadership coaching and consulting, Blue Mesa Group, Fort Collins, Colo.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

www.chausa.org

HEALTH PROGRESS®

Reprinted from *Health Progress*, May-June 2012

Copyright © 2012 by The Catholic Health Association of the United States
