

Beyond the Classroom to Coaching

Preparing New Nurse Managers

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Few would question that frontline nurse managers are critical to the success of any organization. They are the key interface with patients, nursing staff, medical staff, other clinical and ancillary staff, and administration. This makes the role one of the most difficult and one of the most important in any healthcare setting. Despite the importance of the role, many new managers receive little, if any, formal preparation. While hospitals are starting to send nurse managers to formal educational programs, the new manager receives little benefit if they do not have help putting it into practice. Even when there is a preceptor, chances are that new managers are still not getting what they need. Preceptors have multiple demands on their time and little, if any, formal preceptor training. One hospital that has successfully tackled this issue is Bryn Mawr Hospital, a Main Line Health System Magnet-designated hospital in suburban Philadelphia. Bryn Mawr Hospital engaged an experienced nurse executive to coach new nurse managers for 4 months on site. While participants agree face-to-face coaching is the most important component of this program, they also say having a seasoned coach gives them the confidence to ask questions they would not have felt comfortable exploring otherwise. **Key words:** *coaching, leadership development, mentoring, nurse manager, preceptor*

SKILLED FRONTLINE NURSE MANAGERS are critical to the success of any healthcare organization. They are the key interface between patients, nursing staff, medical staff, other clinical and ancillary staff, and hospital administration. They are patient and family advocates in an exceptionally complex system, and they play a primary role in ensuring patient safety and quality care. They are also responsible for managing an organization's most valuable resources, both human and capital. All of these factors make the frontline nurse manager role one of the most difficult and most important in any healthcare setting.

The frontline nurse manager is confronted with constant, evolving, and multifaceted

challenges. As soon as they step into their role, new nurse managers are expected to balance the sometimes-conflicting demands of departmental financial manager, chief retention officer, coach of a multigenerational workforce, and implementer of safe, high-quality patient and family care. Despite the difficulty and importance of the role, many nurse managers start with no leadership experience or preparation. They step directly from a clinical role into a management role and are expected to "hit the ground running."

The good news is, a growing number of hospitals are developing nurse manager education programs or are taking advantage of off-site programs. The bad news is, new managers may not benefit from formal education if they do not have help putting it into practice. Even when there is an experienced preceptor, chances are new managers are not getting what they need. Internal preceptors have many other demands on their time—most of which take priority if they are managing another nursing unit. Internal preceptors may

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also have little preparation for the preceptor role, and their management style may not work well for the new nurse manager. Preceptors may, in fact, share shortcuts and bad habits that perpetuate frontline management problems.

BEYOND THE CLASSROOM TO COACHING

One hospital that decided to take a different approach to developing new nurse managers is Bryn Mawr Hospital, a Main Line Health System Magnet-designated hospital located in suburban Philadelphia. Main Line Health System offers a nationally recognized management development program for all their managers. The program includes a peer-to-boss program, taking the lead for managers, extensive education on crucial conversations, and financial management classes. Each new manager is also assigned a seasoned preceptor who draws from the expertise of all the managers. However, several years ago, Bryn Mawr Hospital's nursing leadership decided that new nurse managers needed more.

In 2005, Bryn Mawr Hospital was hiring 2 new managers. In preparation, a small task force convened to develop a formalized nurse manager onboarding program. The task force recommended to the vice president of patient services that an outside coach be engaged to provide adjunct support. The rationale for this recommendation was based on several factors, but the most compelling was feedback from previous orientees. They believed that the intensity of the orientation process required more personal and concentrated support than could be provided by an internal preceptor.

The vice president of patient services accepted this recommendation. She too thought that new managers would benefit from a "coach" who was not their boss or peer. She wanted new managers to develop leadership skills in a nonjudgmental way with expert support. Bryn Mawr Hospital initially used a nationally recognized outplacement com-

pany for coaching, which was largely distance based.

In August 2008, Bryn Mawr Hospital was again faced with hiring a new nurse manager, and again they sought input from previous orientees. On the basis of this input, they decided to engage a more healthcare centric, nurse executive firm for nurse manager coaching. The goal was to have more "hands on" time with a coach who was an experienced and successful nurse leader. The first manager to benefit from this approach was a newly hired critical care patient care manager. This manager had held senior leadership positions in the organization for years, including nurse educator and director of nursing education. She wanted to return to frontline patient care management, but she had not been in this type of role for close to 30 years. This was compounded by the fact that this manager was stepping into a particularly complex patient care environment that had experienced several leadership changes.

THE COACH

For this round of nurse manager coaching, Bryn Mawr Hospital engaged a company that is owned and operated by experienced nurse executives. This firm places permanent and interim nurse executives in positions and provides coaching and consulting services. The president of the company was already providing Main Line Health System hospitals with consulting services in financial best practices. The firm's vice president was also very familiar with the Main Line Health System and its nursing leadership. Because the principals of this company have held frontline and top nursing executive positions themselves, they know the importance of going beyond the classroom in preparing new nurse managers.

The coach for this engagement was selected on the basis of both her clinical and management skills and her experience and expertise in developing new managers in multiple settings. The first step was to develop a formal contract between the coach and vice president of patient services so that each party

was clear on roles, expectations, deliverables, timelines, and desired outcomes.

CRITICAL CARE MANAGEMENT

All patient care areas need the best possible frontline managers, but there are several factors that make the critical care manager's role unique and particularly demanding. Critical care managers are primarily supervising and supporting highly experienced professional nurses. These nurses are typically independent thinkers with strong personalities and well-developed critical-thinking skills. They work under constant stress, trying to balance the needs of their patients, families, physicians, and multiple other caregivers.

Most critical care nurses work 12-hour shifts to relieve stress and have some work-life balance. Chances are they also rotate shifts, which limits the amount of time the manager has with each nurse. Nevertheless, the critical care manager has to evaluate all staff members and do everything possible to keep them satisfied and motivated. Turnover in critical care can be particularly costly due to the time required to recruit and orient these specialized nurses. The high cost of critical care and the higher nurse to patient ratios also make financial management in this setting particularly difficult and important. If agency nurses or overtime are used to meet peak demand, or if staffing is not reduced when census drops, a critical care unit can quickly go over budget more than can ever be recovered.

Critical care managers also have closer contact with physicians and/or intensivists under the most stressful circumstances. They might also be confronted with political struggles between attending and critical care physicians. Critical care patients generally need constant care, but their families also demand a great deal of care. Family care may fall to the critical care manager while staff nurses are caring for the patient.

Yet another issue for critical care managers is the need to manage all types of existing and new technology. The critical care nurse manager is often asked to help select new equip-

ment and then make sure all staff members use it properly. All of this means that it is particularly important that new critical care managers have coaching and support from a nursing leader who understands the issues, challenges, and needs. In many settings, there is only 1 nurse manager with critical care experience so effective precepting by internal staff is difficult, if not impossible.

COACHING VERSUS MENTORING

Many individuals interchange the terms *mentor* and *coach* as if they are the same, but they are quite different. A *mentor* is a trusted counselor or guide. Mentors and mentees typically self-select each other and establish a less-formal long-term relationship and informal learning.

Coaching involves a formal relationship, much like a partnership. Typically, a coach is not selected by the learner. A coach focuses on learning needs and fosters the development of necessary skills by exposing the learner to new ideas, resources, and sustained problem-solving strategies. A coach instructs, directs, and teaches fundamental strategies that can be applied in multiple settings. The coach focuses on developing new behaviors and attitudes for the purpose of enhancing performance and effectiveness. Coaching is often "just in time" education where immediate intervention by a coach provides the coachee with a meaningful, performance-based learning experience.^{1(p99)}

Coaching is an effective way to develop a confidential relationship with a seasoned leader who sustains performance while providing an exploratory environment.^{1(p199)} At times, an individual may request a formal coach. At other times, like at Bryn Mawr Hospital, a hospital engages a professional coach to help with professional learning or role transition. A coach might also be asked to help a manager with perceived performance issues. Or, a coach might be asked to help multiple managers improve their operational and/or management skills.

THE COACHING RELATIONSHIP

When coaching services are requested by the learner, this is the ideal platform for building a strong coaching relationship. But no matter what the circumstance, the coaching relationship must be built on mutual respect, reflective thinking, and honest, nonthreatening communication.

Understanding that a coaching relationship is not a personal friendship is critical to success. The ability to agree on a desired course, establish structured goals, and communicate effectively about progress toward goals is the foundation for effective coaching. Personal issues might come up in the relationship, but they should be kept to a minimum.

At the outset, both parties need to take time to get to know each, their respective qualifications and experience, and personal development goals of the learner. There also needs to be open discussion about the purpose of the coaching engagement. It is important up front to alleviate any concerns the coachee might have about scoring or testing. It is also paramount to solidify the nature and limitations of confidentiality.

THE PROGRAM

The first step in the coaching process is to assess the new manager's learning needs and develop a formal learning contract. In this phase, the coachee has the opportunity to self-prioritize opportunities for improvement. The tool used in this program is the Nurse Manager Skills Inventory Tool. This tool, developed collaboratively by The American Organization of Nurse Executives, the American Association of Critical-Care Nurses, and the Association of Operating Room Nurses,² is an excellent way to evaluate a nurse manager's leadership needs and characteristics.

Another key component of the assessment phase is a nursing workforce assessment conducted by the coach. This includes on-site clinical observations, staff and stakeholder interviews, a review of the unit budget, and evaluation of quality outcome indicators.

Stakeholder interviews include peers, subordinates, superiors, and medical staff. Observations are typically conducted on the clinical unit.

Prevailing themes from direct observation, data collected, and interviews are summarized by the coach. The coach then uses this workforce assessment information and the results of the Nurse Manager Skills Inventory Tool to prepare a written developmental plan, in collaboration with the new manager and the manager's supervisor. The developmental plan includes specific performance measures and incorporates regular feedback to ensure success and smooth role transition. Mutually agreed-upon expectations for both the coach and coachee are documented in the learning contract. These include specific deliverables for both parties, projected timelines for achieving established goals, how much time the coach will be on site versus distance coaching, and a commitment to achieving agreed-upon goals.

The assessment phase is conducted over the course of 16 hours and includes on-site observations and interviews. Follow-up information and clarification of data is conducted in person or via phone and the Internet. The summary meeting between the coach, manager, and the manager's supervisor is held at the conclusion of the assessment phase. This meeting is conducted over a 1½-hour session devoted to the development of the coaching plan.

At the conclusion of the assessment phase, the coaching plan is set in motion. On-site coaching sessions provide an avenue for the coach to engage in "just in time" coaching with the new manager. The coach uses committed listening, which involves listening to what is being said and what is not being said. This helps the coach identify high-priority learning needs. Personalized individual coaching sessions focus on situational awareness, reflective thinking, emotional intelligence, shared decision-making concepts, systems thinking, critical synthesis, performance management, and active listening strategies.

On-site coaching is conducted over the course of 4 months, with the coach on the nursing unit and other areas of the hospital with the new manager at agreed-upon intervals. The coach is introduced to the staff members, and together, the coach and nurse manager explain the role of coach and the objectives of the engagement. Interactions are considered confidential and are used to support the continued success of the new manager.

The coach sits in on meetings with the new manager to gain an understanding of pertinent leadership and management issues. The coach attends staff meetings, attends patient care interdisciplinary rounds, and observes a typical day on the unit. Most of the on-site sessions are conducted over a 2- to 4-hour period.

Individualized coaching sessions are supplemented by group learning sessions. The coach also leads discussions and provides educational sessions on topics selected and prioritized by the manager and staff or multiple nurse managers. Frequently selected topics include budget development, productivity management, recruitment and interviewing techniques, labor laws in relation to pending legislation, strategic and business planning concepts, continuous performance management, LEAN principles (creating more value with less work), The Joint Commission updates, personal and professional accountability, and reflective practice.

As the coaching relationship progresses, the coach is able to identify weaknesses, capitalize on strengths, and engage in constructive feedback. Many learners welcome the chance to measure progress during the course of the engagement. Course correction can be achieved quickly when the learner is able to gauge performance that affects future results.

A midcycle review is conducted between the coach, new manager, and manager's supervisor at the 2-month anniversary. A report is prepared that outlines competencies achieved to date and progress made toward goals. Throughout the coaching relationship, strategies and challenges are reviewed and various action plans and educational forums

are quickly developed to meet the immediate needs of the learner. Coaching is always geared toward future outcomes and focused on developing solutions-oriented thinking strategies.

CONCLUSION

At the conclusion of the coaching engagement, the coach seeks formal feedback from the coachee to ensure that learning needs are met and to refine future coaching engagements. The manager's supervisor receives a final formal written report that summarizes the coach's final impressions. The summary includes outcomes regarding leadership competencies, observations regarding success indicators, and further recommendations, if any, for continuing professional development.

To date, 3 Bryn Mawr Hospital nurse managers have completed this coaching program and 2 more are in process. From the perspective of the participants to date, the most important aspect of the coaching relationship is the ability to discuss critical and sometimes politically sensitive issues with a neutral party while receiving objective and unbiased feedback.

Evaluation summaries indicate a high degree of satisfaction with all aspects of the coaching experience. Learners appreciate the accessibility of a coach to discuss current issues affecting their individual needs. While face-to-face one-on-one coaching is the most important component of this program, participants agree that having a seasoned nurse leader as a coach affords them the confidence to ask pointed questions that they would not have felt comfortable exploring otherwise. Having a coach who was outside the "political arena" was also viewed as beneficial. Individual counseling was described as being very helpful in dealing with real-time issues. The coach was successful in assisting the learners with establishing goals and plans for the development of the staff. Group sessions with other nurse managers were also considered beneficial as they allowed the learners to share different perspectives on the same issue.

Although the formal coaching process has concluded for 3 Bryn Mawr Hospital nurse managers, it has now transitioned into a mentoring relationship. The managers know that they can still reach out to their former coach to discuss ideas or issues in an informal and confidential way. At the conclusion, all parties gained from the success of this

coaching relationship—the new manager, the manager’s staff, the manager’s supervisor, and most certainly the coach.

For more information on this program, feel free to contact Pamela DeCampli, MSN, RN, vice president at Kirby Bates Associates, by telephone at 610-667-1800, or via e-mail: pdecamplic@kirbybates.com.

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