Leadership training to improve nurse retention

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Aim This paper discusses findings from an evaluation of a training programme designed to promote collaborative, team-based approaches to improve nurse retention within health care organizations.
Background A year-long leadership training programme was designed and implemented to develop effective teams that could address retention challenges in a diverse set of organizations in Colorado ranging from public, private to non-profit.
Evaluation An evaluation, based on a combination of participant observation, group interviews, and the use of standardized tests measuring individual emotional intelligence and team dynamics was conducted to assess the effectiveness of the training programme.
Key issues What role do the emotional intelligence of individual members and organizational culture play in team effectiveness?
Conclusions Out of five teams participating in the training programme, two performed exceptionally well, one experienced moderate success and two encountered significant problems. Team dynamics were significantly affected by the emotional intelligence of key members holding supervisory positions and by the existing culture and structure of the participating organizations.
Implications for nursing management Team approaches to retention hold promise but require careful development and are most likely to work where organizations have a collaborative problem-solving environment.

Keywords: bullying, collaboration, organizational culture, retention, team dynamics

Introduction

Currently, there are just over 3 million registered nurses in the US, but only 85% are actively working. Approximately 44.7% of the total is 50 years of age or older (HRSA 2010). The aging workforce would ordinarily suggest an imminent wave of retirees, but two recessions in the past decade have had the effect of delaying the retirement of older nurses (Buerhaus *et al.* 2009) while making nursing more attractive to new entrants (Auerback *et al.* 2011).

Even before passage of the Affordable Care Act of 2010 (ACA), there was a projected shortfall of half a million registered nurses needed in the US by 2025 (Buerhaus *et al.* 2008). Implementing the ACA will provide access to health care for 32 million more Americans (Webb *et al.* 2010). In addition, the aging of baby boomers by 2020 will result in a demand for more

long-term care nurses. In spite of these increased demands, the ratio of RNs to population is expected to remain static at 1000 per 100 000.

Simply meeting the quantitative demand for nurses is only part of the challenge. Expectations of young people entering the field differ significantly from many of those who supervise them. They are less career driven and more interested in balancing work and family (Wilson *et al.* 2008). In a summary of the empirical literature, O'Brien-Pallas *et al.* (2006) found that opportunities to develop professionally, autonomy in practice, participative decision-making processes, and fair reward and remuneration for work undertaken are significant factors in attracting and retaining nurses. Leadership that values staff contributions and promotes retention, autonomy and good working relationships, and a management style that facilitates rather than directs are also consistent themes in the literature (Leveck & Jones 1996, Laschinger *et al.* 1999). These professional motivations and values do not simply reflect intergenerational differences, they are consistent with a larger shift in medicine towards patient-centred care (Lutz & Bowers 2000).

Partners investing in nursing's future

In an effort to address the nursing supply shortfall, the Robert Wood Johnson Foundation in partnership with the Northwest Health Foundation, established an initiative: Partners Investing in Nursing's Future (PIN). The goal of PIN is to encourage a range of approaches based on local and regional issues and capacities. Throughout 2011, PIN had made grants to 61 partnerships in 37 states (PIN 2010).

Colorado faces a significant nursing shortage. By 2020, the state expects to be dealing with a projected gap of 17% between the supply of nurses and demand for their services (HRSA 2010). The Regional Institute for Health and Environmental Leadership (RIHEL), in partnership with the Colorado Health Foundation, received a 2-year PIN grant.

RIHEL proposed a programme – Leadership for Resilience (LR) – in which the workforce would be strengthened, not by an improvement in clinical skills, but by improving the capacity to lead, i.e. by being better able to help people work together more effectively, and to inspire and motivate them to actualize a better future for their organizations. RIHEL's approach can be seen as an extension of the larger movement towards improving leadership in health care, particularly in public health.

Design of the LR programme

Leadership for Resilience was designed as a year-long training programme to be conducted in 2008–09. Instruction was delivered through an all-day introductory meeting followed by four multi-day residential retreats. Each retreat covered material in four content areas.

- Emotional intelligence: improving understanding of one's own emotions and those of others in order to achieve greater self-awareness and more effective social management, especially with a diverse workforce.
- Collaborative leadership: improving leadership skills, especially those involved in collaborative problem solving among people from across different parts of an organization.
- Teamwork: understanding the factors that contribute to building effective clinical care teams that generate collective energy internally and for the organization in which they operate.
- Systems change: understanding the dynamics of complex systems and sources of resistance to change in organizations.

Another way to think about the LR programme is that it was designed to achieve change on three levels: on the individual level, in the form of improved personal understanding and comprehension of leadership behaviours, including one's own; on the team level, in the form of an improved ability to work effectively in teams; and on the organizational level, in the comprehension of organizational change dynamics, specifically as applied to introducing a change that could improve nurse recruitment and retention.

The LR programme recruited organizations as participants. These organizations were drawn from the public, private and non-profit sectors. Each employed nurses in different ways (e.g. long-term care, out-patient clinical settings, in-patient care, etc.). Consequently, although there were only five organizations participating in the programme, they were quite diverse.

Each participating organization was responsible for selecting five individuals who would be programme fellows. Fellows were to be individuals performing different functions in their organization; for example, charge nurses, doctors, human services directors, etc. The objective was to have cross-functional teams on the assumption that such teams would have a more comprehensive perspective of structures and change dynamics operating within their organization. Although not a requirement, all teams had strong

multigenerational membership. If a team lacked the desired cross-functional representation (e.g. one team was originally all nurses), they were asked to modify membership before the training programme commenced.

The programme was designed to be hands-on, which meant that every team understood that it would be applying what it learned during retreats to develop and implement a project designed to improve nurse retention in their organization. There was also time at each retreat for teams to work on their projects, and to share project ideas and progress with others. Teams had access to executive coaches both during and between retreats. These coaches worked with teams and individuals to help them overcome difficulties encountered with team dynamics. Finally, each team had their project plan reviewed by an expert panel, after which they were granted $10 000 to implement their project. The elements of the LR programme are summarized in the logic model shown in Figure 1.
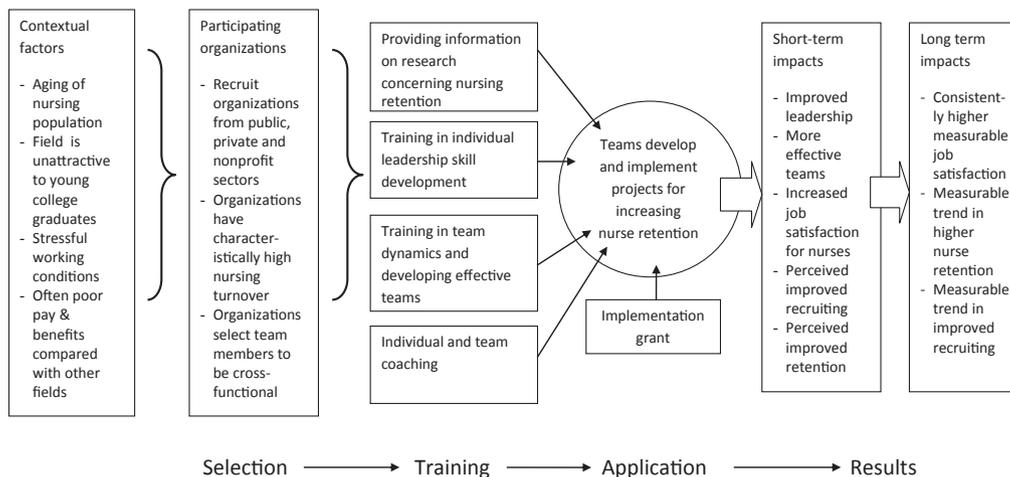
Evaluation

An evaluation component was built into the LR programme to help determine if it was effective in meeting its goals on all three levels (see Table 1). The evaluation incorporated several validated, standardized instruments to measure change on the individual level. One instrument, the Leadership Practices Inventory-360 (LPI), is a norm-scored test of leadership providing measures on five subscales each relating to a key behaviour, such as 'modelling the way' and providing a 'clear and elevating vision' (Kouzes & Posner 2007). The 360 version of the LPI that was used compares a self-evaluation with evaluations provided by the manager, co-workers and direct reports with whom the individual works.

As a complement to the LPI, a Behaviour Response Inventory (BRI) was constructed to measure aspects of emotional intelligence. The BRI is a composite of three instruments: all of the 33 items on a test of emotional intelligence, which includes subscales for personal competency and social competency (Schutte & Mellen 1999), all of the six-items on the Life Orientation Test-Revised (Scheirer et al. 1994), and the two key questions from a test of emotional resilience (Vaishanavi et al. 2007). All three tests employ the same five-point Likert scale. For the purposes of analysis, scores for all three tests were computed separately.

An assessment of team work was employed to determine change at that scale. The Team Excellence survey (LaFasto & Larson 1987) is a norms-scored measure of team performance. Pre/post measures were taken on both the BRI and the Team Excellence survey and individual or team scores were tested for statistically significant changes. Only a pretest was employed for the LPI, because the time between the beginning and end of the programme was not deemed sufficient to pick up measurable changes in individual leadership behaviour. However, an analysis of pre/post LPI tests conducted for similar RIHEL leadership programmes that involved an interim period of a few years was used to extrapolate possible changes that were occurring in the LR programme (Olson 2005).

Information on participating organizations was obtained through key informant interviews conducted at the end of the project; usually with the chief operating officer. Group interviews with team members also included questions about their organization's receptivity to innovation and change.

Figure 1
Imputed Regional Institute for Health and Environmental Leadership (RIHEL) programme change model.

Table 1
Evaluation design

Levels	Evaluation measures	What was being measured
Individual	LPI 360 (pretest) & comparison group LPI (posttest)	Leadership behavioural competencies
	BRI – Behavioural Response Inventory (pre/post)	Emotional intelligence, life orientation (optimism) and resilience
	LR programme exit survey	Personal reflections on growth
	Individual interviews (post) & participant observation (continuous)	Personal reflections on growth
Team	Team Excellence survey (pre/post)	Self-assessment of team's ability to function effectively
	Individual, team and sponsor/supervisor interviews (post) & participant observation (continuous)	Personal reflections team dynamics and effectiveness
	Program exit survey & project reports	Personal reflections on growth and success
Organization/Project	Final team project reports (post)	Self-assessment of project effectiveness and potential
	Individual, team and sponsor interviews (post)	360 assessment of project effectiveness and potential

Key Issues

The purpose of the LR was to determine if a collaborative, cross-functional, team-based effort could develop better approaches for addressing the nursing retention challenge in participating organizations. The key issue for the evaluation research was whether there were measurable and significant differences on each of three levels of analysis, individual, team and organizations, and whether these could be attributed to the LR training.

The teams

One of the five teams was from a public health department serving a mixed urban/rural county. Another was a post-surgical ward in a for-profit hospital. A third team was from a for-profit company that provides healthcare under contract with county correctional facilities. A fourth team was from a for-profit company that contracts with long-term health care facilities to provide them with nursing supervisor/managers. Finally, one of the teams was a federally qualified community health centre whose clients predominantly spoke Spanish. In order to preserve the anonymity of the participating organizations, they are referred to below by colour.

In describing change on the team level, it is necessary to first describe each of the organizations according to their nurse retention challenges and proposed solutions. Each team conducted its own analysis of what was happening in its organization, and then developed a strategic plan based on its findings.

One of the teams (referred to hereafter as the 'yellow team') experienced a nursing staff turnover rate of 31% per year. Based on their team analysis, a primary reason for turnover was nurses feeling that they were not able to spend as much time as they wanted in providing actual health services because of administrative demands. They also felt that they did not have sufficient opportunities for continued professional development, especially formal education. The team's solution was to augment their medical service teams with a Medical Assistant Team Manager. The role of this manager was to relieve nurses from some of their administrative responsibilities so that they could devote more of their time to patient care. As adding a person is costly, the feasibility of the proposal was predicated on increasing productivity by 25% in the unit as measured by the number of patients seen.

The red team had the best overall retention rate (21% annual turn-over) of all the participating organizations. The team's analysis of the retention problem suggested that nursing staff wanted support for continuing professional education and more flexible working hours. The team proposed setting up a tuition loan programme as well as instituting flexible work schedules.

The purple team was experiencing a nursing staff turnover rate in the upper 40% range for two units that it targeted for its retention project. The team's analysis of the retention problem suggested that low pay and poor benefits were major reasons for high turnover. The original plan developed by the team was to tailor benefit options to the needs of each nurse, i.e. a cafeteria plan. This idea was modified after multiple consultations with the organization's legal and human resources departments. The final system consisted of allowing nurses to accumulate points for good work and then cash them in for gift cards of progressive denominations.

The green team had recently experienced a 38% turnover rate. Turnover had been steadily increasing for several years. One problem that was generating high turnover was the perceived inequity of nursing assignments. Newer nurses often found themselves assigned to

stressful shifts with patients with complications. In order to relieve this, the team recommended establishing a patient acuity system as a basis for making equitable nursing assignments. Another problem was poor morale. Interviews conducted by team members revealed that nurses felt that their work was not appreciated. In response, the team proposed establishing a tiered reward system to show appreciation for the nursing staff.

The blue team had been experiencing turnover rates in its nursing staff of 18–24% annually, most of it within the first 2 years of employment. The team believed that retention was associated with selection and fit; that is, if the right nurses could be found, and if they were correctly oriented to their jobs, then retention would improve. The team developed a project employing three strategies: (1) recruiting and marketing, (2) refining the selection and interviewing process and (3) expanding the orientation programme for newly hired nurses.

Results at the team level

Of the five teams, two performed quite well and seemed to be achieving at least near term success; one achieved moderate success, and two were still struggling with their team dynamics and projects by the end of the grant. Starting with the two teams that were most successful (yellow and red), each seemed to be comprised of people who simply worked well together.

During observations and interviews, the yellow team showed no evidence of internal conflicts. Although the team members had no direct working relationships prior to the LR training, they expressed deep appreciation for one another. This feeling seemed to have been established early in the training process and was maintained throughout, even although one team member was lost as a result of a job change. During an interview, one team member shared that:

> 'It was great to be in a cross-functional team. We tend to function in silos a lot, but don't realize that. It was so rich to be working with people from different perspectives'.

Observing the red team during training retreats, it appeared as if they had just been lucky or skillful in bringing the right people together. But evaluation interviews and observations showed that this was not the case. The team actually struggled in the beginning with not allowing its most senior member to become the leader. They skillfully worked out an arrangement in which leadership responsibilities were shared. As a result, the most junior member of the team experienced an enormous sense of growth and enhanced self-confidence, whereas the most senior person marvelled at how it had been much better to step back and not play the 'take charge' role.

On each of the three remaining teams there was at least one team member identified as having been a source of difficulty. On the purple team, a key member (a physician who was a senior level executive in the corporation) did not fully participate in the LR process, essentially leaving responsibility for developing the project to the other team members. This turned out to present difficulties when the team's project idea was presented to the organization for implementation. They were told that their proposed project was unworkable. As a result of this criticism the team ended up modifying its proposal in a significantly weaker form. This might not have happened if the senior member had been an active participant who could have provided awareness of the organizational roadblock that they encountered. In spite of the fact that it had been watered down, the proposal was being implemented and there were expectations that it would be replicated at other sites.

The final two teams – green and blue – experienced far more difficult internal challenges. At the outset, these teams did not discover or accept that their nursing retention problems were a result of a toxic work environment that was replicated within the team itself. The green team struggled at the beginning with having two strong leaders, each not clear about who was to take the lead. Although that struggle was sorted out by the third retreat, group cohesion had been undermined. The person who emerged as leader generated, as another team member put it,

> 'a lot of negative energy….We had meetings about our energy drain. We thought we had gotten [her] on board…but then she kept stressing what **she** did *vs.* the team's effort'.

On the blue team a similar type of energy drain developed. A senior person did not collaborate with other team members, but then made it clear that no idea that emerged from the team was going to get implemented without her approval. Individually, team members were able to advance some useful ideas regarding nurse recruitment, but they were never able to function effectively as a team. While this 'work-around' strategy allowed progress to be made in the face of an opposing team member, collective energy towards goal attainment was greatly diminished.

LaFasto and Larson (2001) explain that when the energy of a team is diverted or drained by negative internal dynamics between team members, there is less

capacity left to achieve the collective goal. Levi, in a summary of the group dynamics of teams, observes that, internal

> 'competition hurts a team by creating goal confusion. Competitive team members focus on individual rather than group goals…. This leads to distrust which eventually disrupts communications on the team' (2007, p. 87).

A technique taught in the LR program for dealing with a difficult situation is to 'tag' it. Tagging consists of stopping the team's work in order to discuss behaviour that is offensive and/or that is taking the team's focus off the goal and draining its energy. The best use of tagging is to create a protocol for dealing with disruption at the time a team is forming. This allows subsequent incidents to be addressed as they arise. However, the teams that experience the most interpersonal conflict also find it most difficult to tag disruptive behaviours.

On the Team Excellence survey, those teams (yellow and red) that were observed to function most effectively had the highest scores (see Figure 2). In addition, post-scores were somewhat higher than pre-scores, consistent with expressed personal satisfaction with the teamwork experience. Statistically, differences in overall scores between teams are only suggestive ($P > 0.09$). However, an analysis of the five subscales comprising the Team Excellence survey shows statistically significant differences in pre- and post-test scores on subscales for 'competent team members' ($P > 0.05$) and for 'collaborative climate' ($P > 0.05$). The purple team that had a mixed experience had pre-scores higher than the test norm, but post-scores that were lower although still generally above the norm. The weakest teams (green and blue) had pre- and post-scores below the norm on the subscale 'unified commitment'. Individuals on these
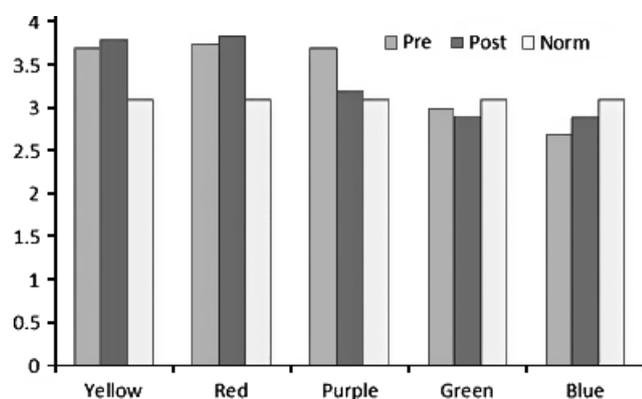
teams expressed frustration with interpersonal dynamics on the teams, particularly in relation to a single individual. Rather than pulling together, these teams were pulling apart.

Results at the individual level

Team dynamics are significantly affected by the behaviours and attitudes of key individuals. On both of the successful teams (red and yellow), individual members experienced a significant increase in their scores on the social competency subscale of the emotional intelligence test. However, there were no changes on the personal competency subscale, which was already fairly high. It appears that being a member of an effective team helps build social competency rather than simply relying on people bringing that strength with them to the team. Participants on successful teams were also the only ones to show an increase on their Life Orientation Scale which is a measure of optimism. Both of these findings suggest that successful teams experienced resonance, a state in which all members feel that they are one and that their collective strength is greater than their individual capacities (Goleman *et al.* 2004).

Interestingly, on the pre-posttests of emotional intelligence, members of the least effective teams still showed growth on the self-competency scale, but little growth and even a decline in social competency scores. This finding suggests that when teams are not working, that they not only develop internal drains, they also impede the inter-personal development of their members. Instead of feeling empowered by the team experience to do more than they might do ordinarily, some team members can end up feeling disempowered and enervated. Instead of resonance they experience dissonance (Goleman *et al.* 2004).

Poorly performing teams all suffered from a single difficult member. LaFasto and Larson observe that a typical non-collaborative individual

> 'is a person whose life experiences have lead them to the conclusion that other people are relatively easy to intimidate, made to feel defensive, kept off balance'(2001, p. 27).

Such individuals also seem less amendable to leadership training. This last point is supported in a study by Olson (2005) which employed results from LPI tests conducted with participants in other RIHEL training programmes. She found that the number of years of service – hence those more likely to be in supervisory positions – was negatively correlated with improved LPI scores.

Figure 2
Team scores on Team Excellence survey.

A difficult team member is described by Felps *et al.* as a 'bad apple', that is

> 'a negative group member…who persistently exhibits one or more of the following behaviours: withholding effort from the group, expressing negative affect or violating important interpersonal norms' (2006, p. 175).

Negative behaviours may persist day after day without recourse 'when the harmful person has seniority, political connections, staff expertise or when teammates choose ineffective response strategies' (p. 175). Felps concludes that, 'poor leadership may allow the negative person to persist in their destructive activity' (p. 208).

In the case of two teams, the difficult individual members were in supervisory positions. Interviews with team members indicated that the difficult individuals had previous histories of bullying behaviour, suggesting that the bad apple on the team may be a bully in the organization. Bartlett and Bartlett define bullying as 'repeated unwelcomed negative acts…that can involve criticism and humiliation intended to cause fear, distress, or harm to the target….' (2011, p. 71). Bullying is more likely to happen in organizations with a culture that tolerates such behaviour (Harvey *et al.* 2007). A study by Quine (2001) of bullying behaviour conducted in the National Health System of England found that nurses were more likely to have been subjected to bullying than other staff (33% for nurses *vs.*23%). The bully was most likely to be a female senior manager or line manager. In a study of emergency nurses in Washington State, Johnson and Rea (2009) found that that 27.3% of respondents had been subjected to bullying in the 6-month period prior to being surveyed.

Results at the organizational level

Apart from the effects of individual behaviours on team dynamics, organizational environment or culture appear to have been a strong factor contributing to team success. Schein describes organizational culture as:

> 'A pattern of shared basic assumptions that the group learns as it solved its problems of external adaptation and internal integration that have worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems' (1992, p. 12).

In the case of the successful teams, their sponsors described their organizations as change oriented. The core philosophy of one organization was to embrace cultural change as it relates to the services it provides to clients. Managers are actually trained in the ideas of cultural change and describe what they do in those same terms.

Successful teams were able to compensate for cultural problems within their organization, whereas dysfunctional teams were not successful at this. For example, the yellow team recognized that the organization that it came from tended to operate in vertical silos. One team member observed:

> 'Although our organization is very team-oriented, we tend not to have cross-functional teams'.

People from this team had to learn to work effectively across functional lines. As they became proficient at that, they felt that the ways they were learning to work together were spreading to their workplace. 'I am meeting with my everyday teams more now, and I am interested in their feedback', one team member said. 'Now I don't always make the decisions on my own'. In contrast, on one of the struggling teams there was fairly clear evidence from interviews of a culture in which good ideas were believed to emanate from the top while execution was to be delegated down. One team member observed:

> 'The [organization] does a poor job of sustaining change. There's a lot of top-down innovation that doesn't filter down to the line'.

The dysfunctional and uncivil behaviours observed on the blue and green teams that undermined their abilities to work effectively seemed to mirror dynamics carried over from the work environment, including a tolerance for bullying behaviour. Consistent with these findings, a study of factors affecting recruiting and retention by Heather *et al.* (2009) found that workplace incivility by supervisors and coworkers resulted in increased burnout and low job satisfaction, leading in turn to lower retention rates among nurses.

Conclusions

The LR programme focused on developing the capacity of cross-functional, problem-solving teams as a means for addressing challenges associated with the retention of nurses in a variety of health care organizations. Evaluation of the programme suggests that project success maybe more directly related to the careful selection of individuals for a team and to organizational commitment than to the intrinsic merits of the ideas proposed for improving retention. An effective team develops internal resonance necessary to develop an idea that bridges
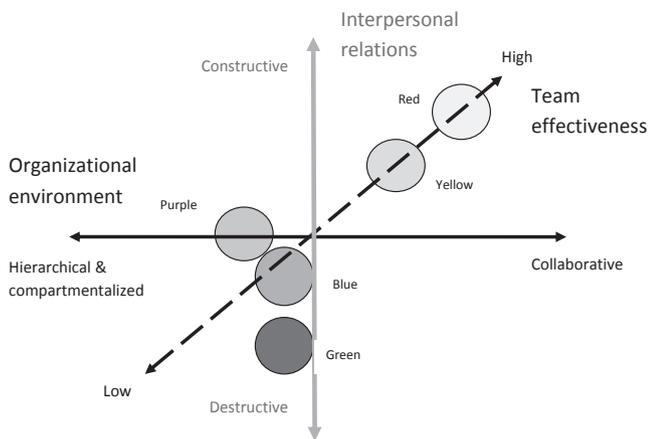
Figure 3
Team performance on interpersonal and organizational dimensions.

functional silos and organizational alignment necessary to win the approval of the idea within the organization.

As the preceding analysis suggests, success at the team level is affected by success at the individual and organizational levels. Beyond personal learning, the individual level consists of the quality of interpersonal relationships which includes openness and supportiveness. At one end of this continuum, relationships are constructive and produce resonance among team members. At the other end of the continuum they are destructive resulting in interpersonal dissonance. The second continuum describes the culture or environment of the organization from which the team is drawn. On one end, that environment can be conducive to collaboration, whereas at the other end of the continuum the environment is compartmentalized and decisions are made in a hierarchical fashion.

Hypothetically, teams will be most effective when they have a constructive internal environment coupled with a supportive external environment (LaFasto & Larson 2001). This hypothesis appears to be supported by the performance of the five LR teams which are shown in Figure 3 along the two described continua.

Implications for nursing management

Nurses are vital to the functioning of our healthcare organizations and to the health of our nation. Excessive and unnecessary nurse turnover is costly and potentially dangerous. If turnover could be successfully addressed by the nursing community alone, the dilemma would already be solved. Turnover, however, is a systemic problem, which is why cross-functional teams show promise in being able to discover innovative solutions. Add to that an organizational champion with positional

authority, who is committed to supporting the innovations proposed by a cross-functional team, reaching the goal of improved nurse retention may be best realized.

Training programmes, such as Leadership for Resilience, can help improve the performance of such cross-functional teams, but they may not be sufficient to overcome significant internal impediments. A major impediment to establishing effective teams is the presence of a 'bad apple' who drains the group's energy. Bad apples may be people with a history of bullying in the organization. Providing training in emotional intelligence and the use of tagging seem to improve a team's awareness of the problem, but even with the assistance of coaches it may not be possible to overcome this disruptive effect. Consequently, it is important to pretest potential team members and to screen out those who might undermine the team effort. However, this strategy may not be viable if the person who is screened out is also a gatekeeper to organizational change, and if that individual refuses to admit changes that he or she had not had a part in formulating.

The presence of a bully may distort the process of problem analysis. Rather than being able to objectively focus on the causes of poor retention rates, teams may intentionally or unintentionally engage in a work-around that avoid causes while addressing symptoms in an apparent effort not to provoke the bully. Effective coaching, both with individuals and the team as a whole, provides a useful perspective of the dynamic at play, but a coach cannot resolve what team members are unwilling to confront. Therefore, it is useful to have a senior member of management that the team will report to, who makes it clear that their work is important and who protects participants from any fallout resulting from their honest efforts to come up with an effective solution; that is, someone who protects the process from internal and external threats.

In the end, a collaborative problem solving, team-based approach to retention may not be suitable for all organizations. Organizations with a culture of teamwork and collaboration are likely to be able to employ cross-functional teams effectively and with great benefit; but even in those cases, training is necessary to overcome structural problems such as being organized into functional silos and status differences among team members. The most successful of the LR teams were able to overcome these impediments, and achieve solutions that were promising and of great satisfaction to those involved. In contrast, in organizations with strong top-down decision making, team training may be insufficient to overcome barriers to the adoption of new ideas. Organizations need to honestly assess where they are in terms of being able to

engage in this type of collaborative process, and consultants also need to be honest in appraising their readiness.

Source of funding

Ethical approval

The evaluation protocol was reviewed and approved by an authorized Institutional Review Board. All participants and members of their organization who completed key informant interviews signed an informed consent agreement to participate in the evaluation (University of Denver IRB, protocol number 2008-0915).

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