

VOICE of nursing leadership

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MARCH 2025 ENGAGEMENT

Voice of the President



Deborah Zimmermann,
2025 president, AONL
Board of Directors

As we approach AONL's annual conference, it's inspiring to take stock of our progress in tackling decades-long challenges in the nursing workforce. Across the field, data reflect positive changes in key areas such as nursing satisfaction, increasing numbers of student nurses, decreasing vacancies and the emergence of innovative care models. These advancements are a testament to your collective hard work, creativity and leadership.

High retention rates remain one of the most critical markers of success in health care. When nurses choose to stay and grow within their organizations, it leads to stronger teamwork, greater trust, enhanced innovation and more effective care. Expertise is deepened, patient outcomes improve and organizations become more resilient. As leaders, we play a vital role in ensuring that our environments allow nurses to thrive and genuinely feel valued.

Central to retention efforts is recognizing and reinforcing the meaningfulness of nursing work. To that end, the role of the nurse retentionist is emerging to focus on retaining nurses by proactively addressing their concerns, fostering career development and creating a positive work environment. Noreen Bernard and Melissa Quaid highlight the roles of two nurse retentionists and

share their successes and challenges. Through career coaching and interviews, El Camino Health in Mountainview, Calif., has gained greater insight into nurses' needs and aspirations. Emory Healthcare in Atlanta has developed a career pathway to help nurses achieve their career goals. Nurse retentionists work closely with nursing leadership to ensure nurses have the support and resources they need to succeed in their current and future roles. Since the creation of these positions, both organizations have significantly reduced turnover and strengthened nurses' connections to their organization's missions.

Retention is not just about reducing turnover — it's about creating an environment where nurses can envision long-term careers.

Retention is not just about reducing turnover — it's about creating an environment where nurses can envision long-term careers. Structured leadership development programs, like those implemented in HCA Healthcare's North Florida Division, prepare nurses for advancement, instill a sense of belonging and foster loyalty. Deborah Krauser and Sasha Smith discuss highlights of the organization's innovative career development

Continued on page 22

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AONL education calendar

March 2025

AONL 2025 Annual Conference – Boston	March 30 – April 2
Certified in Executive Nursing Practice (CENP) Certification Review Course – Boston	March 30
Certified Nurse Manager and Leader (CNML) Certification Review Course – Boston	March 30
Empowering Nurse Leaders in the Digital Revolution – Boston	March 30
Finance and Business Skills for Nurse Managers – Boston	March 30
Nursing Leaders Innovation and Design Futures Workshop – Boston	March 30

April 2025

Nurse Manager Institute – Virtual	April 15, 22, 29
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May 2025

Developing the Leader Within – Virtual	May 20–21
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June 2025

Advocacy Day – Washington, D.C.	June 2–23
Certified in Executive Nursing Practice (CENP) Certification Review Course – Virtual	June 17, 24, July 1, 8, 15

August 2025

Professional Governance Conference – San Antonio	Aug. 10–12
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September 2025

Certified Nurse Manager and Leader (CNML) Certification Review Course – Virtual	Sept. 9, 16, 23, 30, Oct. 1, 7
Finance and Business Skills for Nurse Managers – Virtual	Sept. 18, 25, Oct. 2

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Building the Future: Strategies for a Strong Nurse Leader Pipeline

Deborah Krauser, DNP, APRN-BC
Sasha Smith, MSN, RN, NE-BC

Factors such as the ongoing retirement of baby boomers, coupled with the post-COVID exodus of our most experienced nurses and the increasing complexities facing acute-care facilities have resulted in multifactorial operational challenges for nursing. An estimated 75% of nursing leaders are expected to retire over the next few years (Sanborn, 2017). When nursing leaders are established and consistent, we have improved patient outcomes and higher nurse retention and engagement. Conversely, when these leaders exit the organization, there is a risk of great disruption which causes these metrics to plummet. This makes engagement and retention top priorities. However, Sherman notes staff nurses are frequently promoted to front-line nurse leader positions without proper training and development. She adds that nurse leaders who rely on their dated clinical experiences to make informed decisions cannot effectively respond to this new environment (2024). Additionally, incoming nurse leaders often lead older, more experienced nurses which adds to the complexity of the nursing leadership skills needed to engage generationally diverse teams (DeDiemar, 2023). Confident and competent nursing leadership is vital to execute positive outcomes successfully. Ineffective or absent leadership disrupts patient care and overall organizational culture.

Leaders at HCA Healthcare North Florida Division, faced with these challenges, determined our problem to solve was filling the ongoing critical need for nurse leaders. How do we, on a broad scale, develop nurse leaders from the front lines to the executive suite, with the skills, sophistication and knowledge to guide and grow our future workforce? As the health care environment continues to increase in complexity, the presence of strong and capable nursing leaders is becoming progressively more critical.

To solve this problem, we implemented four strategies. They included: (1) elevating the front-line nurse leader from a charge nurse role to a clinical nurse coordinator (CNC) by changing the job description and increasing their leadership scope; (2) formalizing structured training with leadership development courses and certification required for all front-line nursing; (3) implementing a shared governance model at each of the facilities, including a CNC Council; and (4) investing in a robust leadership education

track that provides continuous opportunities to grow and develop aspiring leaders at every level within the organization.

HCA Healthcare North Florida Division is a comprehensive network of hospitals spanning an area from the Florida Panhandle to central Florida, comprised of 15 hospitals with more than 30 freestanding emergency departments. Our health care system's overarching nursing strategy embodies leadership and advocacy to develop empowered leaders who can advocate for and support care team growth and well-being. "This approach is designed to be intentional, purposeful and meaningful. It continues to transform our nursing leaders and has proven to drive positive impact on our patient outcomes," said Dawn Beljin, MBA, RN, North Florida Division chief nurse executive. To keep track of our progress in these efforts, we measured our nursing-sensitive indicators (NSIs), employee engagement and retention, patient care experience and our physician engagement metrics. This article details our journey in creating a sustainable leadership pipeline.

Making the transition to CNC

Creating the future of nursing leadership means creating a culture that embraces leadership progress at every level. For us, our culture of career progression begins at the front line with our CNCs. The North Florida Division charge nurses were elevated to CNCs by the first quarter of 2024. CNCs are exposed to the concept of leadership growth and development early in their orientation. As leaders, CNCs assume responsibility for directing and coordinating unit functions. In collaboration with other members of the management team, CNCs are responsible for the ongoing assessment of the quality of patient care services. They make decisions regarding activities related to operational, nursing, human resource and administrative standards, as well as unit-specific standards of care. This redesigned role provides for enhanced leadership presence on the unit during all shifts and support for the nursing workforce. Many of the CNC positions have transitioned from a 0.9 FTE to a 1.0 FTE to allow for intentional administrative time and growth. The additional four hours allotted per week also offers the unit manager supplemental support. The formalized role provides for a clear, progressive development pathway for the front-line nursing staff and assists in identifying future nurse leaders.

As nursing leaders can attest, making the transition to a new role can be difficult, and the transition for our charge nurses to the new CNC role is no exception. One of the most helpful tactics is having all CNCs complete formalized leadership training through the Nursing Leadership Certification (NLC) program. The year-long, 32.5-hour NLC Program consists of nine courses designed to help CNCs develop and refine supervisory and critical thinking skills. The courses also cover leadership fundamentals, overall business acumen, coaching for excellence and other role-specific skills. Such skills include initiating crucial conversations, leading change, and improving the care experience. In 2023, more than 150 nursing leaders within the North Florida Division completed the NLC program. Based on CNC feedback, early indications show that our transition pipeline is working. “After completing the NLC, I now feel much more confident and prepared to lead, and manage difficult situations, as well as executing the nursing strategy,” said Aubrey Moresi, RN, who was recently promoted from CNC to clinical manager of women’s and children’s services at HCA Florida Capital Hospital in Tallahassee. For the past two years, the overall retention rate for front-line leaders who complete the NLC training has been greater than 90%. Because of this, making sure CNCs participate in the NLC Program has been a major focus; in 2024 alone we invested nearly 5,000 hours toward this leadership training, with more than 80% of CNCs having completed or in the process of finishing their NLC journey. The comprehensive education and development acquired through the NLC program have significantly improved the challenge of moving from peer to leader.

Finding ways to allow busy front-line leaders to take part in the NLC program was a hurdle to overcome. In early 2023, leaders in the North Florida Division and its facilities noted the NLC participation and graduation rates, while high, were lower than expected. To investigate, the North Florida Division Leadership and Advocacy Council solicited the feedback of CNCs and others. Based on the feedback, we began offering a multitude of options to accommodate schedules, as well as alternate technology options for course completion. We removed barriers to virtual training by investing in educational environments that leverage technology to create an interconnected learning experience. NLC training is self-paced and offered in a variety of flexible platforms (in person at various hospitals, virtual via the connected classroom, as well as web-based training). With the changes we implemented to mitigate barriers, we had more than 300 NLC graduates in 2024, almost double the number from 2023. The barriers to program completion were significantly diminished, allowing for substantial improvement in participation.

CNC Shared Governance Councils

One of our key strategies for elevating nurse leaders at all levels, but especially our CNCs, was leveraging a network of shared governance councils. As with many health systems, we have seen the power of shared governance for planning, decision-making and problem-solving between front-line staff, educators, leaders,

and members of our diverse interprofessional teams. CNC active participation in shared governance provides an important way for CNCs to amplify and share their suggestions and concerns. It also provides a platform to help them develop the leadership skills needed to be effective. These shared governance councils are engaged and roll up at all organizational levels from each hospital through the division to corporate CNC Advisory Councils. Our CNC Council platform provides direct communication and feedback from front-line nurses at each facility, all the way to our corporate leaders. Shared governance has collectively enhanced a culture of collaborative decision-making where nurses at all levels have a voice in shaping policies, practices and improvements within their organization.

We make a point of ensuring the CNCs are deeply connected to our governance and operational nursing councils. Protected time is allotted during the workday to participate in council meetings and activities, as well as having virtual options available for attendance. A prime example of the effectiveness of this partnership was demonstrated when CNCs forged a partnership with environmental services leadership. The CNC councils and environmental services collaborated to establish standards and clarity in task ownership. These minimal standards help reduce the workload burden on CNCs and bedside nurses. The partnerships and metric reviews occur monthly at the facility and division level via Nurse Resource Councils. The loop is closed within our shared governance structure. CNCs are empowered to leverage support from multiple channels to gain tangible resources. Examples range from having a consistent supply of pillows to completely changing a process such as eliminating the scanning of individual patient supplies. Another significant challenge addressed by the CNC Councils was the need to streamline the multitude of daily metrics and responsibilities required to execute the nursing strategy. This need was communicated through the CNC Councils and rolled up to the corporate CNC Advisory Council. In partnership with the CNCs, innovative technology was developed to make the tasks more efficient. A mobile phone-based platform was created by CNCs for CNCs, which processes and collates the multitude of daily tasks in an organized and efficient manner. With this application, the CNC is easily able to oversee the care provided for each patient by each nurse within their unit. By removing barriers to participation, our CNCs have experienced increased satisfaction and productivity within the shared governance structure.

In addition to growing and retaining exceptional leaders, nursing leadership growth strategies have resulted in improvement in collateral areas such as physician engagement, NSIs, care experience, and employee retention. The NSIs for the division have demonstrated a substantial year-over-year decrease in hospital-associated infections including CAUTI, CLABSI, MRSA, non-ventilated hospital-associated pneumonia, and C-Diff since 2021. In addition, division physician engagement scores related to nursing have progressively increased since the implementation of the CNC strategy, improving by almost 10%. Furthermore, we have seen a quarter-over-quarter improvement in care experience in the Hospital Consumer

Assessment of Healthcare Providers and Systems nurse domain, with a notable increase of 31 percentile points since Q1 2024, as well as a 5% increase in CNC employee engagement.

Ongoing leadership development

HCA offers an abundance of options for continued leadership growth and development beyond the NLC. Formalized mentorship programs are available, which can assist in transitioning these emerging leaders, pairing them with experienced nurse mentors. This fosters a supportive environment for skill development, problem-solving and confidence building. A multitude of formal leadership training is available for continuous growth and development at every level of nursing leadership. One offering is the Leadership Essentials class which equips new nurse managers to execute strategy and drive operational excellence while effectively leading others. The Director Development Program would be next in the logical sequence for those planning to continue the leadership growth track. An Executive Development Series focuses on strategy formation, mastering communication, organizational alignment, execution of initiatives and driving results. Last year, 163 internal nurse promotions occurred within the North Florida Division, demonstrating that our dedication to growing leaders has been fruitful.

Securing the future

Our investment in developing internal nursing leaders has yielded significant results. Through restructuring of the CNC role and offering formalized leader training, shared governance and ongoing leader development options, the HCA Florida North Division has demonstrated an ongoing commitment to excellence in health care. This investment has been instrumental in our resiliency after COVID by re-engaging this level of leadership. “Succession planning is the most important job we have in our company. Ensuring that our departments are in good hands during planned or unplanned leadership transitions makes for a smooth and seamless change,” said Kayla Stanton, MSN, RN, nurse director of critical care, at HCA Florida Osceola Hospital in Kissimmee. “HCA’s Leadership Development Institute is pivotal in the growth and development of new and emerging leaders. I have had the privilege of being part of multiple programs, including

the NLC program and the Director Development Program, which aided in my growth from a new graduate nurse to the director of critical care.” Investing in the growth and development of front-line leaders and ensuring that competent, well-prepared leaders are consistently developed at all levels is a powerful strategy that has led to substantial improvements in overall outcomes. ♦

This research was supported (in whole or in part) by HCA Healthcare and/or an HCA Healthcare affiliated entity. The views expressed in this publication represent those of the author(s) and do not necessarily represent the official views of HCA Healthcare or any of its affiliated entities.

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Results and Reflection: Nurse Retentionist Q & A

Nursing engagement has a known association with nurse retention (Wei et al., 2023). A recent report estimated the national average cost for replacing a clinical nurse to be \$56,300 (NSI, 2024), but some organizations estimate this cost to be much higher. Some health care systems are using a nurse retentionist role to address turnover and improve engagement. To learn about the successes and challenges of such a role, AONL members posed questions to two nurse retentionists. Millie Sattler, DNP, RvN, CCRN, corporate director of nurse retention and career development at Emory Healthcare, Atlanta, has been in her role since 2018. Amanda Waddell, MSN, RN, NE-BC, nurse retention specialist at El Camino Health in Mountain View, Calif., has served in that role since March 2024.



Millie Sattler

What were key performance indicators to support getting this role?

An organizational employee engagement survey revealed that only 37% of our nurses were fully engaged. Yet, 74% reported they felt their work was meaningful. Less than 20% of our nurses were advancing on the clinical ladder. We saw inconsistent

practices. Our structured clinical ladder not been implemented consistently across all hospitals. We did not have a method to collect scholarly works, publications and podium sessions, and our hospitals were celebrating nurses differently. We did not know how many nurses were in school, what their goals were and we lacked a career pathway to assist nurses with professional development.

Can you describe the return on investment (ROI) for our readers and share any related data?

Over the past five years, I stopped over 1,000 nurses from resigning from Emory, a return on investment of \$90,000,000. I have created a career pathway tool to help nurses achieve their dream job. When I started in this role, we had 10 student nurses in our system. We now have more than 175 working in units until they start their nurse residency programs. These students have become the pipeline for open nursing positions and we have seen a decrease in the vacancy rate post-pandemic.

We saw an increase of 47.5% advancement on the clinical ladder. Nurse engagement scores improved. Over 4,000 nurses participated in professional development days held during our nurses'

month, held in May. We now have more than 3,500 specialty certified nurses. In 2023, we received over 2,300 Nursing Excellence and Daisy nominations across the health system. The nominations were so well written and meaningful that many CNOs had nurses tied for the different awards, which were based on the Magnet model tenets. Another significant achievement is our peer mentor program, which is in its seventh cohort. The program is nine months long and I have a strong committee of nurses who develop ways to strengthen the program every year.

What are some of the ways you engage clinical nurses, and what matters to them?

Make each meeting with a nurse truly about them. When you genuinely show you care, you give the nurse hope and inspiration. Share your knowledge and resources with your nurses. Encourage them to think outside the box, reflect on the value of their practice and provide individual and group lessons. Be generous with recognition, use award points and kudos, and say thank you at least three times a day. Always be kind.

What is your most significant challenge?

Basically, not having enough time. Having a program manager would be helpful for calendaring, streaming all the work, publishing more and managing the components of the role.



Amanda Waddell

What was the business proposition and key performance indicators or measures to support getting the role?

CNO Cheryl Reinking built a compelling business case by presenting data on El Camino's RN turnover rate, reasons for turnover, vacancy rates and employee engagement results.

These metrics underscored the need for a dedicated position to tackle retention challenges and enhance nurse satisfaction. Additionally, Cheryl recognized the acute industrywide nursing shortages exacerbated by the pandemic and understood that El Camino could proactively mitigate future turnover with the creation of a nurse retention specialist role.

Can you describe the ROI?

Although this role is still relatively new, its impact has been considerable. By the end of FY24, El Camino's nurse turnover rate dropped from 8.56% in FY23 to 5.12%, significantly reducing turnover-related costs. Nurse turnover cost at El Camino is

estimated to be \$187,000 per 1.0 FTE, which is notably higher than the national average. In FY24 alone, 67 full-time and part-time nurses (equivalent to 54.73 FTEs) resigned, resulting in an estimated turnover cost of \$10 million to the organization.

I started a career development program, enabling me to assess the likelihood of leaving or “flight risk” of staff members who participated in one-on-one career development sessions. Remarkably, among those identified as moderate-to-high flight risks, 85% (36.7 FTEs) chose to remain with the organization after participating in a career development session. Although the reasons for staying or leaving an organization are multifactorial, this intervention potentially resulted in an estimated cost savings of over \$6.5 million within a nine-month period. The ROI is evident when a nurse identified as a flight risk engages in a career development session, receives targeted support and decides to remain at El Camino.

What methods did you use to achieve these results?

Within six months of starting, I established the comprehensive career development program, promoted retention initiatives across multiple platforms and connected with over 100 front-line nurses and leaders. By combining career coaching with stay interviews, I gained valuable insights into nurses’ needs, aspirations, motivations and areas requiring support.

I developed a nurse retention dashboard that integrates data from exit interviews, career development sessions and turnover metrics. This dashboard is regularly reviewed by a multidisciplinary RN Steering Committee to monitor trends and sustain positive retention outcomes.

What strategies do you use to engage clinical nurses and what matters to them?

From the outset, Cheryl recognized that the nurse retention specialist’s primary focus should be on engaging front-line clinical nurses. I was able to build relationships through various channels, including unit rounding, attending huddles and staff meetings, and participating in recognition events and shared governance activities. I also connect with new hires shortly after orientation or program completion, offering an additional layer of career guidance and support. These interactions, both formal and informal, ensure my visibility and foster strong connections with nursing staff.

In one-on-one career development sessions, I collaborate with nurses to create personalized career roadmaps, setting specific goals to guide their professional development over one-, three-, and five-year periods. During these sessions, I conduct stay interviews to assess what motivates nurses to stay at El Camino and to identify sources of dissatisfaction. If nurses are struggling with burnout or emotional distress, I also connect them to our employee assistance program and our employee support specialist.

How are you learning about best practices for this role?

One of the most significant, yet exciting, challenges in this role is its novelty, both within El Camino and across health care. Best practices are still emerging, and few established peer groups exist. However, I have connected with a small group of nurse leaders in similar roles across the U.S. and we meet

quarterly to share insights and strategies. Identifying metrics and key performance indicators, and obtaining data for this role was challenging in the first months. By partnering closely with human resources and information technology, we are now able to routinely identify and obtain metrics for analysis so we can make fully informed action plans to promote nurse retention efficiently and sustainably.

Where do you see the role evolving in the future?

Looking ahead, the nurse retentionist role will continue to evolve in response to the changing needs of both the organization and its nursing staff. While the core responsibilities will remain intact, future initiatives will be shaped by ongoing feedback, assessment findings and best practices. We anticipate an increased focus on technology integration, evidence-based solutions and innovative problem-solving strategies.

Additionally, the role is expected to expand to include succession planning for front-line leaders and the development of educational workshops that emphasize the integration of technology and retention initiatives into nursing practice. We also anticipate this role having a deeper involvement in the clinical ladder and nurse mentor programs, advancing shared governance and ensuring that bedside nurses have a voice in shaping clinical practice, wellness and engagement activities. Continued executive leadership support and collaboration will be critical to the long-term success and evolution of this unique role. ♦

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Melissa Quaid, MHL, BSN, RN, NE-BC, is a patient care manager at Stanford Medicine Children’s Health in Palo Alto, Calif.

LeaderRead



Andrew D. Harding, DNP, RN, CENP, FACHE, chief nursing officer, South Shore Health, South Weymouth, Mass.

Andrew Harding read

The Leader's Guide to Managing Risk: A Proven Method to Build Resilience and Reliability

By K. Scott Griffith

What I liked: This book serves as a practical guide for leaders. The writing style is accessible for what can be a dense topic. The focus on risk recognition provided a unique perspective to improving quality. The author then provides a contemporary method for reviewing the risks and addressing them.

What I learned: The term "collaborative just culture" is an approach melding of many of the safety principles used to improve health care since "*To Err is Human: Building a Safer Health System*" was released by the Institute for Medicine 25 years ago. An organization can use a collaborative just culture to see, understand and manage risk. It culminates in the practical "sequence of reliability" to examine identified risks and determine where to focus organization staff and resources to address the risks.

Leadership insight: Proactively collaborating with all stakeholders, including management and employees, to address the organization's culture will contribute to a more reliable set of systems. Structured collaboration, humility and diligence allow teams to foster trust to deliver on their operational imperatives. Listening to those doing the work, then adjusting the organizational policies, procedures, technologies and communications can lead to a clear understanding of expectations. The shared accountability after making these changes can lead to a meaningful partnership.

If you have recently read a book that would be a fit for LeaderRead, please send your recommendation in this format to Terese Thrall, AONL managing editor, at tthrall@aha.org.

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The online AONL Self-Assessment Tool is an effective way for nurse leaders to evaluate their own strengths and opportunities for growth. It also can help organizations strategically assess nurse leader skills as part of their professional development strategies. All nurse leaders who complete AONL's Online Self-Assessment Tool receive a personalized report. Organizations using the tool will receive a de-identified aggregate report and the opportunity to benchmark scores against the AONL national database. To gauge progress, the tool can be used before and after professional development activities. The AONL Self-Assessment Tool has the added benefit of helping nurse leaders prepare for AONL's Certification Nurse Manager and Leader (CNML) and Certified in Executive Nursing Practice (CENP) exams. For more information, visit aonl.org/resources/online-assessments.

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June 2-3 | Washington, D.C.

Registration is now open for AONL's 2025 Advocacy Day, June 2-3 in Washington, D.C. Using a mix of on-demand courses and live training sessions, AONL will explain key legislative issues and teach nurse leaders the skills to connect personal stories with AONL's congressional asks. AONL will pair nurse leaders with fellow advocates from their states and schedule their congressional meetings. For more information and registration, visit aonl.org/advocacy/advocacy-day.

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A Modified Workweek for Nurse Managers: Improving Well-being, Operational Efficiency

Kristopher LeJeune, DNP, RN, NE-BC
Amanda Eichstaedt, MBA, BSN, RN, NE-BC

As health care evolves, health care systems must identify ways to support front-line nurse managers. At Ann & Robert H. Lurie Children's Hospital of Chicago, one impactful step has been moving nurse managers to a four-day workweek. This change helps boost operational efficiency, improve work-life balance, strengthen leadership presence and raise staff morale. As other health care organizations explore similar changes, Lurie Children's has shown how rethinking schedules can make a meaningful difference for front-line leaders and their teams.

Supporting nurse manager well-being

Burnout remains a significant issue for clinicians, including for nurse managers. Managers often face demanding responsibilities, including providing extensive oversight for their departments, which can elevate stress levels. Research indicates flexible scheduling can help reduce burnout and improve job satisfaction among health care leaders (Kennedy & Eldredge, 2021). The four-day workweek model at Lurie Children's aligns with these findings, giving nurse managers an extra day each week to promote a healthier work-life balance and increase job satisfaction.

The modified schedule offered to managers is further enhanced by Lurie Children's well-being program, which offers a comprehensive range of resources for stress management and self-care. These resources include access to mental health services, resilience workshops, fitness classes and mindfulness training. This holistic approach helps foster a culture where self-care is not just encouraged but actively supported. Throughout 2024, nurse managers at Lurie Children's participated in a well-being campaign which included monthly challenges and well-being education to work toward creating a sustainable workday. Managers have shared that this combination of a modified schedule and well-being program gives them more time to recharge, allowing them to approach their roles with renewed focus and resilience.

Solution for operational gaps

Lurie Children's introduced the modified workweek model several years ago to meet specific operational demands, particularly the need for consistent leadership presence throughout the evening. The traditional Monday-to-Friday schedules often left gaps in manager visibility. To address this, the hospital restructured manager

schedules to ensure nurse managers are available at staggered times throughout the week, covering both day and evening shifts.

For example, managers now start at varying times throughout the day, ranging from 6 a.m. to 1 p.m., depending on unit leadership needs. This staggered approach has led to more leadership coverage during previously underserved hours, positively impacting team dynamics. To accommodate the new scheduling model, Lurie Children's did not need to hire additional managers. Instead, the existing team adjusted to the new shifts, with some managers taking on extended hours to ensure full coverage during critical times. Additionally, the model includes a structured approach to weekend call coverage for inpatient units. Weekend on-call responsibilities are rotated among managers, with the frequency depending on the size of the leadership team in each department. For instance, the five pediatric intensive care unit (PICU) managers are on call every fifth weekend. This system ensures consistent leadership availability while distributing the workload equitably.

The introduction of a four-day workweek within this model has proven advantageous in helping managers recover from the demands of staggered shifts. By consolidating their work into fewer days, managers are afforded more time to rest and recharge, which is especially crucial after managing both day and night shifts. This extra recovery time helps mitigate the fatigue that can arise from a traditional five-day workweek and enhances overall operational efficiency. Chief Nursing Officer Brian Stahulak, DNP, RN, notes that this model prioritizes staff well-being while ensuring the continued success of the hospital's operations.

Supporting night shift staff

One of the most significant benefits of the staggered shifts and four-day workweek has been for the night shift, where 40% of our nurses are new graduates. The four-day workweek, combined with staggered start times, enables nurse managers to cover evening and night shifts more frequently. Instead of all managers working traditional 9-to-5 hours, the schedule includes varied shifts — some managers work four ten-hour days from 6 a.m. to 4 p.m., others work mid-shifts from 10 a.m. to 8 p.m., and some work extended shifts from 12 p.m. to 1 a.m. This variety in start

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times increases the availability of leadership during evening and night hours.

Studies show that new nurses benefit significantly from consistent mentorship during their early professional years, which is directly linked to confidence and retention (Jeffery et al., 2023). In the past, new grads on the night shift often lacked direct leadership support, as fewer managers were available during off-hours. With this flexible schedule, more managers are on-site during critical evening and night shifts, allowing them to offer real-time support and help build competency and confidence in new nurses.

This structure not only benefits individual nurses but also enhances team cohesion and reduces turnover, both of which are crucial for maintaining consistency on the night shift. Additionally, this support translates to improved patient outcomes. When new nurses feel supported, they are more likely to provide confident, high-quality care. As patient acuity levels fluctuate, particularly in units like the PICU, having managers readily accessible during evening and night hours has proven invaluable. In this way, the four-day workweek and staggered shifts help create an environment where both new graduates and experienced nurses can thrive.

In addition to improving new graduate support, the four-day workweek has significantly strengthened leadership presence and operational efficiency at Lurie Children's. Research supports that consistent managerial oversight can lead to quicker decision-making, smoother transitions and reduced response times, benefiting patient care and safety. With nurse managers available on staggered shifts, decision-making becomes timelier, avoiding unnecessary handoffs, which can lead to miscommunication or care delays. This structure has allowed nurse managers to respond directly to issues during traditionally underserved hours, enhancing operational flow and supporting patient-centered care.

Impact for nurse managers

The flexibility of the four-day workweek has significantly impacted work-life balance for nurse managers. Managers with an extra day off each week report improved personal well-being, a key factor in reducing burnout and increasing long-term job satisfaction.

Lurie Children's nurse managers have expressed appreciation for the opportunity to handle personal responsibilities without impacting their professional roles. This flexibility has enabled them to recharge, pursue personal interests and attend to family matters, enhancing their overall well-being.

With reduced burnout, managers are more engaged, focused and effective in their roles. Their ability to manage personal and professional responsibilities has been instrumental in maintaining high morale and reducing turnover, contributing to a more cohesive and motivated team.

Boosting staff morale, retention

The presence of nurse managers on a four-day schedule has had cascading benefits for the entire nursing team. With more leadership support available throughout the week, front-line staff feel more supported and have stronger lines of communication with their managers. This support has directly influenced staff morale, leading to a workplace where nurses feel consistently valued and supported. Nursing staff feel adequately supported by leadership, job satisfaction increases and turnover rates decrease.

At Lurie Children's, the four-day model has contributed to a positive workplace culture where managers and staff are invested in their work. This retention is crucial, as turnover remains costly in health care. The four-day workweek provides nurse managers with the necessary tools to foster an environment where staff feel secure, ultimately contributing to improved retention and organizational stability.

The four-day workweek for nurse managers at Lurie Children's has demonstrated clear and lasting benefits. This hospital's experience shows this model to be a viable solution to prevent burnout, foster team cohesion and support staff morale, creating a sustainable foundation for future growth. With senior leadership support and a commitment to well-being, health care institutions can implement innovative scheduling models that support leaders and their teams, fostering environments where patients and health care professionals thrive. ♦

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New Care Models, Insights from the AONL-AHA Learning Community

Anne Schmidt, DNP, APRN, CENP, FAONL
Joel Moore, DNP, RN

In February 2024, AONL and the American Hospital Association (AHA) launched a dynamic learning community focused on workforce solutions. New care models are explored during our sessions, incorporating technological advancements and people-centric strategies. Convening over 100 participants, we have evolved into a pivotal platform, with each session delivering real-world solutions. Demand for workforce innovations remains high, so this community is a beacon of progress and collaboration. The goal of the learning community is to share experiences from various perspectives, including both process implementation and outcome measurements.

By staying current with new care models operating in health care organizations throughout the country and sharing this information, we can plant the seeds for participant innovation. A culture of inquiry is imperative for identifying or refining care models that align with organizational strategies, rekindle joy in the workplace and enhance nurse retention and attraction. Additionally, by incorporating patient and clinical feedback — both positive and areas of opportunity — we can ensure that our initiatives continuously evolve to meet the highest standards of care expected within our profession.

Some of the key lessons learned we have learned from our presentations:

Initiating change requires a starting point. Change begins with identifying tasks nurses currently perform that do not fully utilize their skills and professional qualifications. Understanding nursing tasks can provide focus for more critical responsibilities and help to identify where to add assistance. Encourage a curious mindset, continually asking questions and seek areas for improvement. While some innovative solutions may not be universally applicable, they may contain elements that can be adapted to fit specific organizations.

Stakeholder buy-in is essential. Involving nurses closest to the patient and other interdisciplinary staff members is critical to the success of each initiative. Their firsthand experience and insights ensure that the solutions are practical, user-friendly and likely to be embraced. Clear and consistent communication with all health care team members about goals and deliverables is also a cornerstone for success.

Frequent check-ins with care teams are vital to ensure they know the ongoing processes and progress. By doing so, timely adjustments can be made, especially when there may be a quality or safety risk. Early involvement, transparent communication and participation are essential for organizations with unions.

Use small tests of change, an important methodology from the Institute for Healthcare Improvement. As nurse leaders, we often gravitate toward expansive projects, using a “boil the ocean” approach. However, we need to shift this mindset to more incremental methods, focusing on one-person or one-day changes to try new initiatives. By starting small and testing one new idea for a limited time, we can more effectively gauge success and build upon the test of change. This method not only allows us to gradually expand and refine our solutions, but it also inspires us to keep trying new things, knowing that each small test can lead to a big change. It is a way to safeguard steady progress and to foster a culture of continuous improvement. In addition, it is also a way to stay inspired and motivated in the face of complex challenges.

Embrace an open-minded approach. The organization’s culture plays a significant role in how change is perceived and adopted. Assessing the organization’s readiness for change is crucial, as it can inform tailored strategies for change management. Effective change management can aid stakeholders to support and aid in the transition, so it is as smooth as possible. It also involves training, and continuous feedback, which is

essential for success. Do not underestimate the power of strong change management for driving and sustaining innovation.

The importance of flexibility and engagement for use of technology. There is no one-size-fits-all solution; while some organizations may prefer a staggered approach to technology implementation, others find a comprehensive rollout suitable. Organizations have varying approaches, scalability, replication standards and resources to help integrate and implement new technologies. This flexibility allows for adjustments and refinements, ensuring smoother transitions and better adoption by staff.

Measure key performance indicators (KPIs). KPIs can track meaningful progress, identify areas for improvement and demonstrate the initiative's value. Many KPIs have been interspersed through each care model example presented, and we realize that we need multiple measures based on the model variations of technology or people solutions. Some KPIs used include patient experience, staff satisfaction, quality and safety metrics, particularly nursing quality indicators, and length of stay. The presenters used various measures for pre- and post-implementation data, including non-validated, home-grown surveys, vendor surveys, and the Kalisch Missed Care survey (Kalisch & Williams, 2009). By systematically tracking KPIs, we can confirm that patient care standards are met, identify opportunities for enhancing the work environment for staff, and ultimately improve overall health care outcomes. Additionally, KPIs can demonstrate the program's success to chief financial officers, other C-suite executives, and potentially the board of directors by highlighting the initiatives' tangible benefits and positive impact.

Develop a comprehensive business plan. When preparing for new technology, important collaborators include the chief financial officer, chief nurse information officer and chief information officer. The plan should account for the cost of technology and staff necessary to support and oversee implementation. To start, conduct a needs assessment (what problem are you trying to solve) and create clear goals and metrics for success. Involve internal and external stakeholders early in the process. Plot workstreams and focus efforts on areas requiring the most attention. Design solutions that serve to enhance the workflow of RNs, prioritizing workforce safety. Plan for training to make sure there is effective technology uptake and validate using appropriate KPIs. Budgeting should also include maintenance and tech support, and should comply with state regulations, all of which can aid in long-term sustainability and adherence to standards.

Consider full-time equivalent (FTE) substitutions. Some health care systems are developing new roles to fortify nursing

practice by utilizing vacant FTEs, rather than making additional investments for people-focused solutions. The approach should optimize existing resources so staff will continue to feel adequately supported and patient care standards will be met. Additionally, state regulations and licensure requirements should be considered. Refining job descriptions and tasks to better align with current needs can help to improve adoption. Refinement may include upskilling, additional training, and critical staff growth and development components focusing on strategies to create sustainable improvements in the health care workforce.

Lessons learned from the community's presentations might be familiar. Revisiting and re-validating progress or cues for needed adjustments can assist nurse leaders in being effective at work and responsive to the ever-evolving delivery of care. Moreover, it revitalizes the workplace, keeping staff engaged and motivated.

Participation in the learning community is free for AONL members; they can join by logging into to their AONL account and visiting aha.org/aonl-aha-models-care-learning-community. ♦

Acknowledgements

We extend our gratitude to each of our learning community contributors and organizations. Their expertise and dedication have been instrumental in enriching our participants and driving our collective mission forward.

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Kimberly M. Meyers	Caitlin Poore	Sharon Santoro	Dede Utley	Rhonda Zeringue
Dawn Miller	Shara Poppe	Mario Savric	E. Kate Valcin	Alisa Zook

AONL Foundation Donations Information

Consider making nursing leadership research and education a priority in your giving as a way to help nurse leaders in 2025 and beyond. Donations to the AONL Foundation can be made at aonl.org/donate. To learn more about the foundation's research priorities and the assistance it provides to developing leaders, visit aonl.org/foundation.



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FOR NURSING LEADERSHIP
RESEARCH AND EDUCATION™

All event proceeds help the AONL Foundation work toward its mission to provide resources that create opportunities to bridge science and practice to shape the future of nursing leadership. For more information contact AONL Foundation at aonlfoundation@aha.org or (312) 422-2825.

program that supports the transition of front-line nurses to clinical nurse coordinators. The Nurse Leadership Certification Program develops critical thinking skills and builds confidence to help new nurse leaders succeed in their roles. Such programs underscore the importance of career growth and mentorship in building a satisfied, engaged workforce.

Flexibility is another critical recruitment and retention factor. Modified work schedules, such as the four-day workweek for nurse managers at Ann & Robert H. Lurie Children's Hospital of Chicago, have demonstrated how even small adjustments can make a significant impact. Kristopher Lejeune and Amanda Eichstaedt share how the modified work schedule for nurse managers helps build resilience and long-term job satisfaction by reducing burnout and fostering work-life balance. Additionally, the program has helped to build consistent leadership presence during weekend and evening shifts, enhancing job efficiency and nurse satisfaction, supporting patient-centered care.

Nursing leaders are uniquely positioned to influence change at every level of health care. Whether by driving innovations in care delivery, fostering professional growth, or advocating for systemic improvements, our leadership shapes the experiences of nurses and the outcomes for patients and families.

Last fall, AONL and Laudio Insights released the *Trends and Innovations in Nurse Manager Retention* report. The report underscores the importance of training and developing nurse leaders as highlighted in the articles featured in this month's issue. Turn-over rates for nurse managers are highest for nurses with about three years of managerial experience, stressing the critical need for greater encouragement and support during the early stages of leadership. Nurse executives must build and sustain an environment that educates and inspires nascent nurse leaders, supporting them as they continue up the career ladder.

As we look ahead, let us focus on the power of retention — not just as a strategy to reduce costs or fill vacancies but also as a pathway to build stronger, more engaged teams. When nurses feel valued and supported, they stay. When they stay, they grow. And when they grow, they elevate the profession and the quality of care delivered.

We have the tools, the insights and the collective strength to drive meaningful change. By helping nurses experience meaning in their work, investing in innovative solutions and fostering environments where nurses can thrive, we will ensure a future where nursing remains a profession rooted in compassion, connection and care. ♦

Nurse Manager Institute

April 15, 22, 29 | Virtual

Nurse managers can develop the critical management skills needed to be an effective leader with the Nurse Manager Institute. Through a blend of online content and live sessions, they will engage with expert faculty and other participants while developing leadership and management skills to increase impact in their organizations. Topics covered include budgeting, the art of negotiation and handling conflict. For more information, visit aonl.org/nmi.

Developing the Leader Within

May 20-21 | Virtual

This program is designed to provide leadership development for nurses who have roles in which they need to lead through influencing practice. This two-day interactive program combines lecture, discussion, reflective practice, experiential learning and self-assessment. Taught by experienced nurse leaders, participants will develop leadership competencies to improve their effectiveness as a leader. For more information, visit aonl.org/education.

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Have you moved, changed jobs or switched addresses? Go to aonl.org/myaccount to update your information and explore your profile.



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AONL Education Calendar

Take advantage of upcoming education programs:

2025 Education Programs

AONL 2025 Inspiring Leaders Conference

March 30 – April 2 | Boston

Certified Nurse Manager and Leader (CNML) Review Course

March 30 | Boston

Certified in Executive Nursing Practice (CENP) Review Course

March 30 | Boston

Finance & Business Skills for Nurse Managers

March 30 | Boston

Nurse Manager Institute

Starts April 15 | Virtual

Developing the Leader Within

May 20–21 | Virtual

Certified in Executive Nursing Practice (CENP) Review Course

Starts June 17 | Virtual

Professional Governance Leadership Conference

Aug. 10–12 | San Antonio

Certified Nurse Manager and Leader (CNML) Review Course

Starts Sept. 9 | Virtual

Finance & Business Skills for Nurse Managers

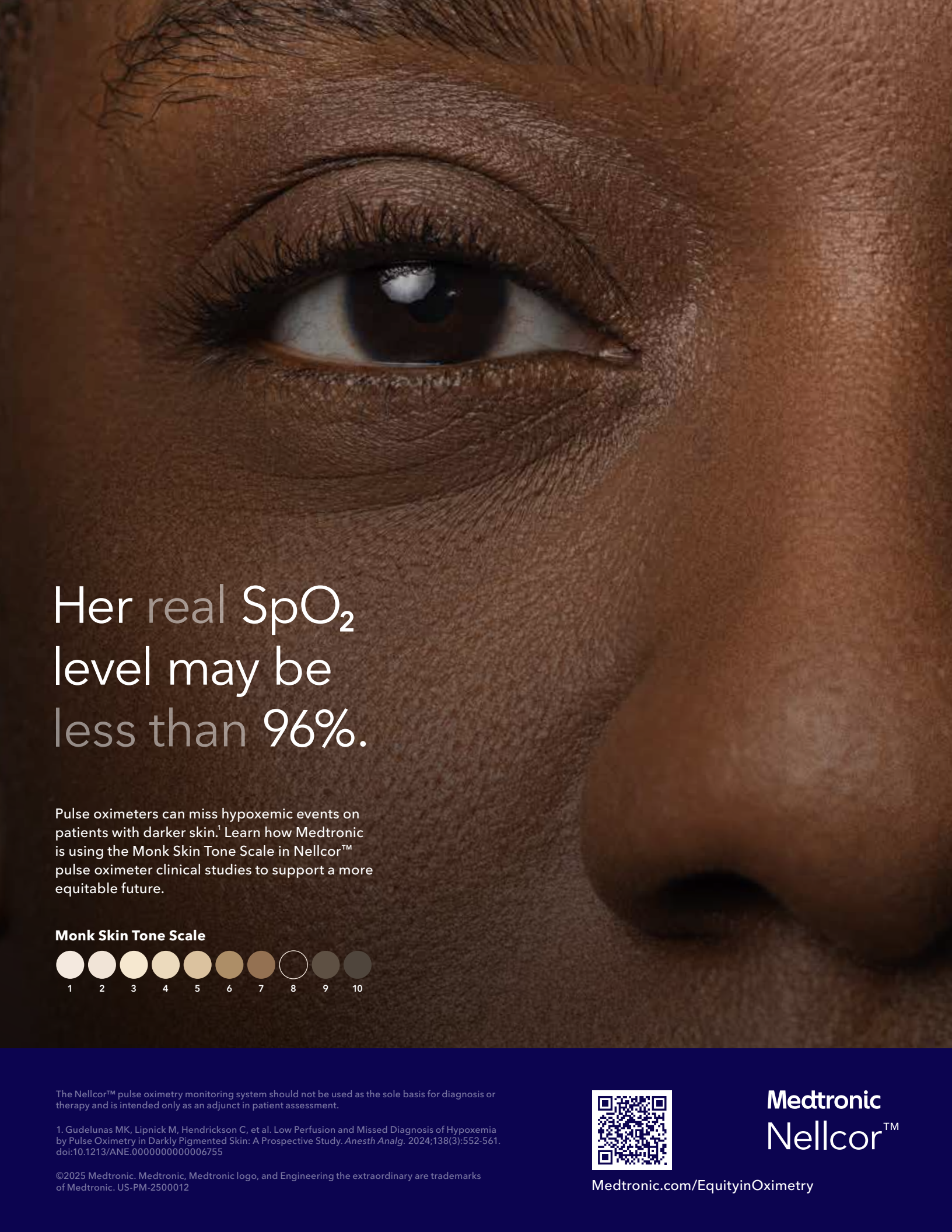
Starts Sept. 18 | Virtual

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Monk Skin Tone Scale



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1. Gudulunas MK, Lipnick M, Hendrickson C, et al. Low Perfusion and Missed Diagnosis of Hypoxemia by Pulse Oximetry in Darkly Pigmented Skin: A Prospective Study. *Anesth Analg*. 2024;138(3):552-561. doi:10.1213/ANE.00000000000006755

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