



Season 3 Episode 5 - Understanding Nursing Leadership

Understanding Nursing Leadership

Welcome to Season 3 of the FreshRN Podcast. Ever wonder about how the bedside nurses work with nursing leadership? We interview Megan Brunson, a current practicing nursing supervisor and discuss how the bedside nurse can leverage leadership in various patient situations.

Please note, in this episode we talk about the AACN a lot - this stands for the American Association of Critical Care Nurses.

Introduction to Megan Brunson

- On the board of directors of AACN
- Treasurer of the AACN
- Night Shift Supervisor in the Cardiovascular ICU at Medical City Dallas Hospital - a position she has held since 2007.

- Has 15 years of nursing experience in the ICU environment
- Started out in PCU step down for 3 years
- Transferred to cardiovascular ICU dealing with open heart surgeries and valves in Atlanta.
- Married a Texan and moved to Texas.
- Took on a position as a supervisor in 2007.
- She was hired for her clinical experience, the supervisor role was new to her.

The Role of A Supervisor

This can be different at different facilities. This is generally what this role means:

- Some hospitals call them assistant managers
- Many facilities have an assistant manager for the day shift and another for the night shift
- Then there is a manager over the entire unit
- A supervisor or assistant manager helps manage the nurses by:
 - Scheduling
 - Helping with clinical needs
- Primary responsibilities:
 - Offer clinical support by answering questions
 - Offer support to help pull up or reposition a patient
 - Offer support listening to nurses that need someone to talk to about job-related questions and problems
- In the night shift, leadership presence isn't always there for nurses.
- Works a 12-hour shift
- Paid hourly, not salary
- Having a supervisor that understands both the clinical side and management side is critical to providing excellent support to both the nurses and the upper management.
- The hardest job in health care is a nurse manager.
- Best way to be a nursing supervisor is to remember details about the nurses in your care
 - Create an intimate rapport with them
 - This increases their trust in you as a leader
 - It helps the leader build the team so they know how to use their talents best

Chain of Command

Next we discuss exactly what chain of command means to a new nurse, and how to enact it in the most politically correct way possible.

- There is a reality in hospitals that you have to follow the process of the chain of command.
- Chain of command essentially means that you're hitting a roadblock with someone and you need to escalate the concern

- For example, you have a concern about a patient and the resident does not agree. Escalating that would mean speaking directly with the chief resident or the attending.
- Another example is that you have a conflict with your colleague and attempt to discuss it with them and they are non-responsive, then you go to your supervisor, then your manager, etc.
- Following the chain of command process protects you as a nurse and it protects the managers and administration
- On the night shift, the night shift supervisor or charge nurse is a nurse's first step
 - Communication is key. Sometimes the person a nurse is having a conflict with doesn't even know.
 - It is important and part of a nurse's role to give them a shot and be honest about the things that bother or upset them.
 - If they are not receptive or they lash out, then they are accountable for their behavior and you can go to the next level.
- The direct method for handling conflict is always the best way.
 - It leaves you vulnerable and it is scary.
 - It avoids a triangular situation where you don't know if the person was told about your conflict or if it was ever resolved.
- Another option is to pull someone in and go together to resolve the conflict.
 - Other experienced nurses have experience with these crucial conversations and can be a huge support system.
- Sometimes a nurse has to go around the chain of command because the direct supervisor is physically not there.
- It is a good idea to pause, write down what bothered you, and think it through before going up to the next supervisor.
 - This helps you sort through your thoughts and put them together professionally.
 - Do not have an emotionally-driven conversation
- When looking for support, be selective with whom you let into your circle of trust
 - Don't foster drama or encourage gossip
 - It can create a very unhealthy environment within which to work

Advice for New Nurses

Advice from a night shift supervisor to new nurses that might be facing issues with their manager or direct supervisor.

How to navigate issues with direct supervisors or managers:

- AACN has valuable resources such as Healthy Work Environment Standards which covers:
 - Staffing
 - Communication
 - Creating a healthy culture within the unit

- New nurses should read these standards
- If you have a problem with a new nurse manager or a preceptor, try this:
 - Set the expectation correctly -
 - Take a moment to say to the preceptor, “This is where I am coming from. This is the kind of patient care I’m looking for. This is the experience that I need. I’m concerned because I’m really having trouble with _____.”
 - Set expectations with how you like to learn, too.
 - “I’m a very visual person.”
 - If you set the expectations clearly, there won’t be any surprises when you have a dialog later on.
 - It helps foster trust at the start of your shift.
 - It’s ok to say “we are not clicking.” It doesn’t necessarily offend the preceptor.
 - It does take courage to come forward and ask to change preceptors.

Advice for Nurse who Has Conflict with Physicians about Patient Care

If you have a new nurse that has a concern about a patient, calls the physician and doesn’t receive an appropriate response for the issue, this is what they should do:

- Always go with your gut, but don’t do it in a silo.
- The senior staff knows the physicians really well - walk through the situation with them
- As a new nurse, you have a responsibility to build trust with that physician too.
- Bring in your charge nurse or an experienced nurse.
- Before you call the physician, write down on a piece of paper what you want to say.
- Sometimes with a physician, it isn’t **what** you said it is *how* you said it.
- Unless it is something like a completely inappropriate medication, do what the doctor says, but then call them right back.
- There is a chain of command with physicians.
 - It doesn’t happen very often where you have to go to that physician's chain of command.
 - In that instance, you would pull in the overall house supervisor.
- Be assertive and clearly communicate details when you discuss patient care with physicians.
- If you need to call back, as the charge nurse to listen on the other line.
 - It wakes up the situation
 - Charge nurse can help clear up miscommunications

Encouragement for Nurses With Barriers to Leadership Support

Helpful tips for new nurses that have actual or perceived barriers to leadership support.

- As a nurse, recognize that you are a leader.
 - Even as a day-1 nurse, you are a leader in that unit because you are setting the tone for that unit.

- When you say you have perceived barriers with leadership some of it might just be not knowing that person.
 - You might not have any personal connection to them.
 - You might not know their clinical background experience
- Don't be so task-oriented that you overlook getting to know your team.
- Come in 10 minutes early and stay 10 minutes late. When you are getting your assignment, have a discussion with the buddy you will be working with all night, such as:
 - Learn basic personal details ("what did you do this weekend?")
 - Build rapport
- When you are in critical situations with patients, you have the rapport and established relationship that will help you navigate it easier.
 - It makes escalated conversations more comfortable.

Night Shift Supervisor Soapbox

A few last words from Megan Brunson to brand new nurses.

- For night shift nurses - don't mess around with your sleep.
 - Map it out
 - When new nurses come to the night shift, they don't take into account their sleep and they make appointments during the day when they should be sleeping.
 - How much sleep you get affects the health of the patients and your entire mindset at work.
- From a leadership perspective, build trust with the people around you.
 - This includes day shift too.
 - They will have your back as well as you have theirs.
- Get to know the leadership in your unit.
 - Whether that is the charge nurse or the experienced nurse
 - Find out who has the listening ear. You will get frustrated. These are normal feelings and you need someone with whom you can talk about it.
- Never use night shift as an excuse to not get involved.
 - I ask people to speak up for the shift
 - A meeting in the afternoon won't work, but I want to be involved in that committee, can we meet at 4:30 p.m. or 7 a.m.?
 - Your professional development ultimately feeds back into the patient care you are giving.