Empowering Nursing Staff to Improve Nurse Satisfaction by Owning Their Own Employee Engagement

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Objective

❖ Describe an innovative strategy to empower nursing staff in the critical care department to shape the processes developed to improve employee engagement and nurse satisfaction in the workplace.

Background

❖ NDNQI 2008 RN survey results indicated areas in need of improvement from adult intensive care units. An innovative approach to drilling down to the causes of nurse dissatisfaction was developed, engaging staff in the processes of improving nurse satisfaction through issue identification and resolution.

Significance

❖ Nurse satisfaction has been associated with a positive work environment that promotes nurse retention and optimal patient outcomes. [a]
❖ Nurse dissatisfaction provides leadership opportunity to empower staff to own the processes that enhance employee engagement; which, in turn, fosters improved satisfaction.

Participating Units

❖ Five units within the Critical Care Division of a large, Midwestern academic medical center.

Identifying Unit-Specific Work Environment Concerns

❖ 2 units held multiple focus groups inviting all nursing staff and leadership to participate and discuss findings from the RN Survey (included unlicensed assistive personnel and RNs -those eligible and those ineligible to take RN survey).
❖ 3 units held unit based council (UBC)/staff meetings wherein 2008 RN Survey results were discussed with leadership.
❖ Participants explained their interpretation of Practice Environment Scale questions.
❖ Meetings/focus groups led to development of list of priority workplace issues that influenced staff satisfaction.
❖ Priority areas included topics within and outside of nursing staff control: communication, process consistency, and resource allocation/utilization.
❖ Staff on all units were provided opportunity to vote on priority areas and identify top 2 – 3 issues most significant to their unit that were within nursing staff control.

❖ Department meetings provided the forum for staff to determine whether UBC or WorkOut™ [b] teams would develop and implement action plans.
❖ For those units using team approach, volunteers from all nursing staff were sought to participate in the WorkOuts™ [b].

Formative Evaluation

❖ To gain nurses' and managers' perspectives of the process utilized to improve satisfaction and the progress to date of unit-based action plans.
❖ Survey distributed by non-nursing leader 6 months following unit-based issue identification and launching of action plans.
❖ Results revealed varying levels of ownership and engagement in the processes, providing opportunity for refining the processes to better suit the nursing staff on each unit (see Table 1).

Evaluation Item Scale: Not at all = 1 Somewhat = 2 Very = 3 Extremely = 4	Unit A Nurses (N=8)	Unit A Manager	Unit B Nurses (N=3)	Unit B Manager	Unit C Nurses (N=6)	Unit C Manager	Unit D Nurses (N=15)	Unit D Manager	Unit E Nurses (N=10)	Unit E Manager
Effectiveness of meetings/focus groups in discussing survey results	3.14	4.00	3.33	2.00	2.50	3.00	2.46	3.00	2.10	4.00
Effectiveness of meetings/focus groups in identifying areas to improve satisfaction	3.50	4.00	3.33	2.00	3.00	3.00	2.67	3.00	2.30	3.00
Nurse level of engagement in meetings/focus groups*	2.50	4.00	3.67	4.00	3.17	4.00	2.20	2.00	2.90	2.00
Nurse level of satisfaction with opportunities to contribute to focus groups*	3.00	3.00	3.33	4.00	2.67	3.00	2.53	3.00	3.10	4.00
Effectiveness of process to identify top themes to work on	3.00	3.00	2.33	3.00	2.50	3.00	2.36	3.00	2.70	3.00
Nurse level of engagement in identifying themes to work on*	2.88	3.00	2.67	3.00	2.33	3.00	2.43	3.00	2.90	3.00
Nurse level of satisfaction with opportunities to contribute to process of identifying themes*	2.88	3.00	3.00	3.00	2.33	3.00	2.46	2.00	**	**
Nurse perception of the action plan's effectiveness in meeting unit goals*	**	**	**	**	**	**	**	**	2.10	2.00
Effectiveness of "work out plans" to meet unit needs	2.38	4.00	3.00	3.00	1.83	4.00	2.33	2.00	**	**
Your perception of progress toward goals in meeting unit needs	2.13	2.00	3.00	4.00	2.00	3.00	2.13	3.00	**	**
How well has the work on these areas improved the work environment?	2.25	2.00	2.33	3.00	1.83	2.00	2.21	3.00	2.10	3.00
Nurse level of satisfaction with the workplace*	2.75	3.00	3.33	3.00	2.50	2.00	2.27	3.00	3.10	2.00
How effective was this process in identifying issues that affect nursing staff engagement?	2.63	3.00	3.00	3.00	2.33	3.00	**	**	**	**
Nurse level of engagement with the process used this year to improve satisfaction*	**	**	**	**	**	**	2.33	3.00	2.30	2.00
How effective was this process in providing nurses opportunity to be involved?	**	**	**	**	**	**	**	**	2.20	4.00

Table 1 Comparison of managers' and average of staff nurses' responses to formative evaluation survey
*Nurses were asked "Your level of…" Managers were asked "Nurse staff level of…"
**This unit survey did not contain this question

Lessons Learned

❖ Make explicit to nurses that the purpose of focus groups/meetings is to solicit nurses' opinions and not what they think leadership wants to hear.
❖ Communicate outcomes (themes) of meetings/ focus groups to ensure nursing staff are aware the themes came from their peers if they did not attend the sessions.
❖ Consider displaying in a variety of modes the top issues being addressed and achievement milestones, especially for new hires that were not on unit when process began.
❖ Realize this first attempt is a work in progress that will be refined each year.

Limitations

❖ Point prevalence formative evaluation surveys did not gather data from all nursing staff involved.
❖ Evaluative survey items could have been worded to more explicitly relate to unit action items within nurses' control.
❖ Outcomes of these efforts will not be formally measured until commencement of the 2009 NDNQI RN survey.
❖ Time from NDNQI RN survey results/action planning/implementation to next NDNQI RN survey administration influences effectiveness of process and progress.

Next Steps

❖ Compare 2008 and 2009 RN Survey results to determine if process made a difference.
❖ Repeat this process if 2009 RN Survey results indicate areas in need of improvement.
❖ Continue to engage nurses and leadership in dialogue and innovative thinking to continuously monitor and improve engagement in the workplace.

References

a. Aiken, L., Clarke, S., Sloane, D., Sochalski, J., & Silber, J. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *Journal of the American Medical Association, 288* (16), 1987-93.

b. Ulrich, D., Kerr, S., & Ashkenas, R. (2002). *GE Work-Out: How to implement GE's revolutionary method for busting bureaucracy and attaching organizational problems –fast!* New York: McGraw-Hill.