

Energising the Nursing Workforce

Global Centre for Nursing Executives

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Introducing the Virtual Tool Suite: *Helping Organisations Turn Insight into Action*

advisory.com/international/gcne/energisingtoolsuite



- Understand Global Proven Practice: Multimedia resources to help you understand what works and why
- Pinpoint Improvement Opportunities: Sample diagnostic questions to assess practice applicability for your hospital
- Enfranchise and Equip Key Stakeholders: Premade presentations, workshop guides, etc., to help prepare for change
- Accelerate Implementation: Customisable templates, documents, and other tools derived from case study examples
- Evaluate and Revise Action Plans: Recommended metrics to track performance and suggested additional resources

Executive Summary

Nurse Engagement Critical to Success in Today's Transformative Times

Health care leaders today face a once-in-a-career period of upheaval. Organisations must meet higher expectations, provide care with more transparency, and assume greater accountability for both outcomes and costs—increasingly across the continuum of care. While leaders are rightfully focused on managing to these targets, many are underestimating one critical success factor: the engagement of frontline nurses and staff. Staff engagement is perhaps the best predictor of organisational performance on quality, operational, and financial metrics. Additionally, organisations need engaged nurses to help manage the required innovation for today's shifting health care landscape.

Current Approaches Do Not Foster the Emotional Connection Necessary for True Engagement

Staff must feel a strong emotional connection with an organisation to be engaged; this bond inspires staff to do their best work and expend discretionary effort to help the organisation succeed. Unfortunately, many organisations have not maximised efforts to foster this connection. Most engagement strategies focus on short-term, quick fixes that address low-performing indicators identified through staff surveys. This mechanical approach not only prevents organisations from achieving optimal long-term engagement, but also risks staff perceiving leaders' efforts as disingenuous. Engagement surveys are an effective measurement tool, but do not represent an engagement strategy on their own.

A More Powerful Approach to Developing a Mutually Beneficial Partnership

Achieving true frontline engagement requires a more holistic, strategic approach. Nurses must feel connected to the organisation and vested in its success. For many organisations, frontline nurses are currently dissatisfied or even burnt out, and thus unable to feel a positive connection to their organisation. Therefore, leaders must first demonstrate support for their nurses to help them create the capacity for an emotional connection. Breakthrough engagement, however, requires staff to not only feel valued and appreciated by the organisation, but also feel actively involved in its success. Without a focus on involving the front line, organisations will only satisfy, rather than truly engage, staff.

Energising the Nursing Workforce

The following study equips nurse leaders with a two-step strategy to reach optimal engagement by first demonstrating support to build nurses' emotional capacity and then involving them in strategy to foster the emotional bond that inspires breakthrough engagement.

Demonstrate Support for the Frontline Workforce

Ensure nurses feel appreciated and valued by the organisation by providing structured opportunities to demonstrate meaningful support

- Foster an empathetic, collaborative environment
- Create a culture of recognition
- Enable personal, ongoing professional development

Involve the Front Line in Organisational Strategy

Build on employees' goodwill by cultivating frontline ownership of organisational success and involving them in organisational strategy

- Connect front line to organisation's mission
- Build trust through transparent communication
- Cultivate frontline ownership of decisions

Adapt and Implement Proven Practices with the Help of Tool Suites

This study contains case studies of organisations from around the world that have applied successful tactics to improve staff engagement.

In addition to this publication, the Global Centre for Nursing Executives is pleased to announce additional tools designed to help leaders adapt and implement these ideas within their organisations.

These additional tools are aligned with the concepts and best practices included in this study. Tool suites will help leaders assess the applicability of practices for their organisation; support efforts to enfranchise and equip team members to take action on selected changes; provide tips, tricks, and customisable templates from case study organisations; and give guidance on assessing impact.

Access the *Energising the Nursing Workforce* Virtual Tool Suites at: advisory.com/international/gcne/energisingtoolsuite



Introducing Our *Energising the Nursing Workforce* Virtual Tool Suites

centre-for-nursing-executives/tools/2014/energising-the-nursing-workforce/tools-for-

Home / Research / Global Centre for Nursing Executives / Tools for implementing peer review

MORE FROM GLOBAL CENTRE FOR NURSING EXECUTIVES

November Canadian Nurse Executive Roundtable Meeting Resources >

Tools for implementing peer review >

Peer review: The untapped professional development resource >


Tools for implementing peer review

Facilitate meaningful professional feedback at your institution

Toolkit | October 31, 2014

We know that performance appraisals are a critical mechanism for giving nurses feedback that fosters personal and professional development. Yet, staff surveys and anecdotal evidence suggest that these conversations aren't always meaningful, actionable, or effective.


Our advice: don't overlook the power of peer review, an incredibly valuable way to offer constructive practice feedback and support nurses' development. Sound daunting? It doesn't need to be. Here are five simple steps—and corresponding tools—to help your organisation get started.




You can download the **complete tool suite**, or view the individual tools below.

1. See how other institutions have perfected peer review

Start by learning from the experience of **St Vincent's Health Care** in Australia, where leaders engaged staff by incorporating peer feedback into appraisals.


 [Read the expert insight →](#)

Then, watch a **Q&A** with St Vincent's and Sir Charles Gairdner Hospital to hear implementation tips and lessons directly from leaders involved in executing peer review.

 [Register for the member-led webconference →](#)

2. Pinpoint your improvement opportunities

Take our **questionnaire** to assess your readiness for peer review and determine if peer review is right for your organisation.

 [Complete the questionnaire →](#)

Learn how hospital leaders around the world have solved engagement challenges by accessing case studies, webconferences and Q&As

Diagnose whether practices are right for your organisation through questionnaires and red flag audits

Equip your team to understand changes and develop necessary skills through customisable presentations, workshops and exercises

Facilitate practice implementation through ready-to-use templates derived from case study organisations

Assess the effectiveness of your intervention through recommended metrics and consult further Advisory Board resources on related topics

Beyond the Global Centre for Nursing Executives

The Advisory Board Company has studied employee and doctor engagement for more than 10 years. In addition to the resources available through the Global Centre for Nursing Executives membership, Advisory Board International members who want to learn more about engaging hospital staff may also be interested in research published by the Clinical Operations Board and the Global Forum for Health Care Innovators programmes.

Additional Engagement Resources from Advisory Board International

Clinical Operations Board



Engaging the Medical Staff

Partnering with Doctors to Achieve Mutual Goals

- Establishing trust by building a strong relationship between the executive team and medical staff
- Identifying and cultivating a group of reliable allies among medical staff who will influence peers to support organisational goals and initiatives
- Developing a true partnership with medical staff to foster shared ownership for the organisation's success

Global Forum for Health Care Innovators



Achieving Breakthrough Engagement

Lessons from High-Performing Organisations

- Elevating employee engagement through tactical or strategic approaches
- Diagnosing organisational engagement needs and implementing a targeted improvement plan
- Examining common factors among organisations with high sustained levels of employee engagement



Contact Us to Learn More

For more information on how to access these resources, please email gcne@advisory.com

Advisors to Our Work

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Introduction

Developing a Mutually Beneficial Partnership

Nurses Leading Efforts to Transform the Health Care System

Health care will be transformed by once-in-a-career demographic, societal, and technological shifts. Nursing leaders must meet higher expectations, provide care with more transparency, and assume greater accountability for both outcomes and costs—across the continuum of care.

While the pressure to “do more with less” will challenge executive and frontline nurses alike, the transformation required presents a real opportunity for the nursing and patient care services organisation. Given their expertise, patient focus, and ubiquity across the health care landscape, nurses are in the best position to lead innovations that deliver on the promise of more effective and efficient care.

Disruptive Forces in Health Care

1



The Greying Patient (and Provider)
More patients, fewer nurses

2



The Lifestyle Epidemic
Increasing patient complexity

3



The Information Revolution
A new era of documentation

4



The Blessing and Curse of Technology
No budget to waste

5



The New Health Care Consumer
Higher patient expectations

Example Nursing Innovations

Australia: Chief Nurse designs three-year care model redesign project; adapts nursing skill mix and redesigns care team to care for more complex patients with impending nursing shortage.

New Zealand: Nurses lead progressive integrated care efforts to help patients better manage their diseases in the community and avoid costly hospital admissions.

United States: Hospital hires Chief Nurse Informatics Officer; charged with leading efforts to ensure IT systems are designed and deployed to seamlessly integrate into nurses' workflow.

United Kingdom: Nurse leads clinical procurement group to bridge gap between materials management and clinicians, ensuring cost reduction efforts maintain focus on quality.

Canada: Given changing patient expectations and increasing scrutiny on patient satisfaction scores, nursing leaders organise patient advisory council to more effectively solicit input.



As Go Nurses, So Goes the Health System

“As go nurses, so goes the health system. There is an urgent need to address the ongoing...work-life issues for nurses in order to improve the outcomes and experiences of patients and their families.”

*L. Berry and P. Curry
Nursing Workload and Patient Care*

Source: Berry L, Curry P, “Nursing Workload and Patient Care: Understanding the Value of Nurses, the Effects of Excessive Workload, and How Nurse-Patient Ratios and Dynamic Staffing Models Can Help,” Canadian Federation of Nurses Unions (2012); Advisory Board interviews and analysis.

Way Forward Requires Frontline Participation

Nurses at all levels have the opportunity to lead transformation efforts, but success hinges on their motivation and energy to partner with the organisation during this time of unprecedented change.

Unfortunately, nursing leaders around the world report a gap between the state of their current workforce and their ideal workforce. Many nurses seem to focus on just getting through the day, rather than on partnering to transform care.

To succeed in today's health care environment, however, frontline nurses need to be inspired to take initiative, help implement strategic changes, and drive the necessary innovation.

Energising the Nursing Workforce characterises this ideal state and requires leaders to help staff move from a problem-focused to solution-focused orientation.

Majority of Workforce Not Yet Willing Partners

Nurse Executive Descriptions of Frontline Workforce

Current State¹



- Discouraged
- Untrusting of organisation
- Fatigued
- Hesitant to change



Ideal State²



- Motivated
- Committed
- Energetic
- Innovative



Current Challenge: Hard to Maintain Enthusiasm

“With all the negative media that we’ve been encountering as a workforce in the UK, I think it’s sometimes hard to maintain that enthusiasm to continue to come in, do the day job and find ways of doing it better. You can be energised if you believe that the work that you’re doing is valued.”

*Assistant Director of Nursing
Northern Ireland NHS Trust*



Future Vision: An Energised Nursing Workforce

“An energised workforce is one that can rise above those challenges [workforce, growing/ageing population, increasingly complex care, budget constraints] and be much more solution focused rather than problem-focused—what can we do to make sure we still deliver the best care? If you have that high level of motivation you can keep that going, rather than feeling demoralised.”

*Chief Nurse
Scotland NHS Health Board*

1) Paraphrased observations from nurse executives' responses to Global Centre's 2014 Pre-Roundtable Survey question: "How does the front line behave currently?"
2) Paraphrased observations from nurse executives responses to Global Centre's 2014 Pre-Roundtable Survey question: "How would you describe an 'energised' workforce?"

Source: Global Centre for Nursing Executives 2014 Pre-Roundtable Meeting Survey; Berry L, Curry P, "Nursing Workload and Patient Care: Understanding the Value of Nurses, the Effects of Excessive Workload, and How Nurse-Patient Ratios and Dynamic Staffing Models Can Help," Canadian Federation of Nurses Unions (2012); Advisory Board interviews and analysis.

Engagement the Missing Link

How do some leaders achieve greater commitment from employees while simultaneously asking them to work smarter and harder? A growing body of research suggests that these organisations focus on cultivating *employee engagement*.

Engaged employees are inspired to do their best work. They feel personally responsible for the organisation's success and are willing to put in extra effort to help the organisation achieve its goals.

The Advisory Board uses a strict definition for engagement, requiring staff to at least agree with the four statements in its Engagement Index. In addition, the employee must rank two of them as 'strongly agree', the highest mark in a six-point Likert scale.

Using this approach and results from the Advisory Board's Engagement surveys, only about 20% to 30% of nurses surveyed are considered engaged in most organisations around the world.

Well-Defined Concept Clearly Distinct from Mere Job Satisfaction

Key Attributes of Engaged Employees



Inspired to do best work



Personally motivated to help organisation succeed



Willing to exceed expected level of effort

The Advisory Board Company's Engagement Index¹

- This organisation inspires me to perform my best
- I am willing to put in a great deal of effort in order to help this organisation succeed
- I would recommend this organisation to my friends as a great place to work
- I am likely to be working for this organisation three years from now



For a complete version of the Advisory Board Engagement Survey questionnaire and advice on deploying your own survey, see the *Energising the Nursing Workforce* tool suite at advisory.com/international/gcne/energisingtoolsuite

¹) To be considered engaged, a respondent must answer 'Strongly Agree' to at least two items, and no less than 'Agree' to any item.

Source: "Employee Engagement Higher at Double-Digit Growth Companies," *Hewitt Research Brief*, 2004; "Working Today: Understanding What Drives Employee Engagement," *Towers Perrin Talent Report*, 2003; Wellins RS, et al., "Employee Engagement: The Key to Realizing Competitive Advantage," *DDI*, 2003; Harter JK, et al., "Business-Unit-Level Relationship Between Employee Satisfaction, Employee Engagement, and Business Outcomes: A Meta-Analysis," *Journal of Applied Psychology*, 87, no. 2 (2002): 268-279; Harter JK, et al., "Well-Being in the Workplace and its Relationship to Business Outcomes: A Review of Gallup Studies," *American Psychological Association Press*, 2003; "Driving Performance and Retention Through Employee Engagement," Corporate Executive Leadership Council, 2004; Laschinger HK, et al., "Organizational Trust and Empowerment in Restructured Healthcare Settings: Effects on Staff Nurse Commitment," *Journal of Nursing Administration*, 30, no. 9 (2000): 413-425; Kahn WA, "Psychological Conditions of Personal Engagement and Disengagement at Work," *The Academy of Management Journal*, 33, no. 4 (1990): 692-724; May EL, "Are People Your Priority?," *The Great Place to Work Institute*, Healthcare Executive, 2004; Advisory Board interviews and analysis.

The Linchpin of Performance

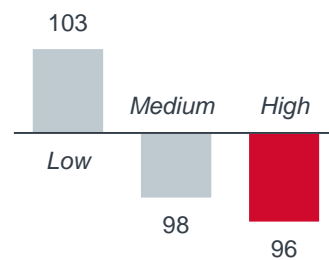
Mounting evidence suggests employee engagement can simultaneously drive employee retention and organisational performance. Studies show “highly engaged” staff are significantly more likely to remain in their current position and deliver superior performance on key business outcomes.

For example, data from England’s National Health Service (NHS) demonstrates the impact of engagement on an array of hospital performance outcomes. Using regression analysis, the NHS found organisations with *highly engaged* employees had lower mortality rates and higher patient satisfaction. They also outperformed on financial and operational metrics.

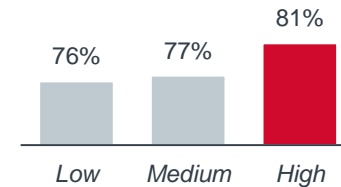
Strong Correlation Between Engagement and an Array of Positive Outcomes

Impact of Staff Engagement on Key NHS England Performance Indicators¹

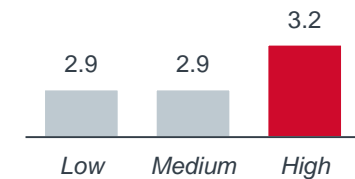
Hospital Standardised Mortality Rate²
(100 is expected rate)



Percentage of Patient Satisfaction



Quality of Financial Management³
(1: Poor to 4: Excellent)



The Best Predictor of Outcomes?

“No combination of key scores or single scale is as effective in predicting trust performance on a range of outcomes measures as is the scale measure of employee engagement.”

*Michael West
The King’s Fund⁴*

1) Analysis performed by England’s National Health Service (NHS) Employers using performance and staff engagement data from all UK NHS Trusts.
2) Standardised mortality is a quantity, expressed as either a ratio or percentage, quantifying the increase or decrease in mortality of a study cohort with respect to the general population.
3) As defined by the NHS Care Quality Commission.
4) An independent charity working to improve health and health care in England through research, NHS leadership development, and hosting conferences for health leaders.

Source: “Staff Care: How to Engage Staff in the NHS and Why It Matters,” The Point of Care Foundation, January 2014, <http://www.pointofcarefoundation.org.uk/Downloads/Staff-Report-2014.pdf>; “The Staff Engagement Toolkit,” NHS Employers, 2014, <http://www.nhsemployers.org/-/media/Employers/Documents/SiteCollectionDocuments/staff-engagement-toolkit.pdf>; Advisory Board interviews and analysis.

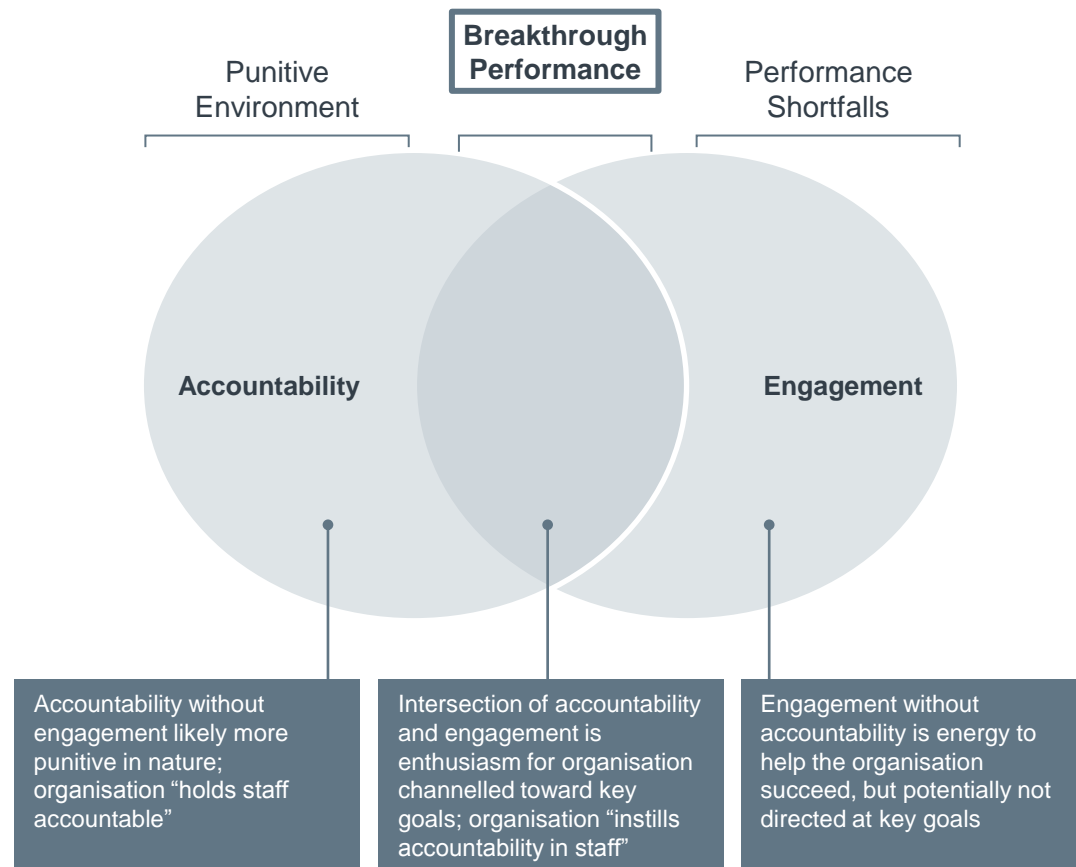
Channelling Energy Towards Key Goals

The best hospitals channel the energy characterised by staff engagement towards the key goals of the organisation. Staff feel inspired to help the organisation succeed and understand exactly how their own individual efforts impact overall health system performance.

The Advisory Board defines *accountability* as this individual feeling of responsibility and investment in patient care outcomes and organisational goals. Rather than holding their employees accountable, which can be seen by staff as punitive, successful organisations instill a culture of accountability by first focusing on staff engagement, and then enfranchising staff in key priorities. Successful leaders recognise that the organisation must first go above and beyond to support their staff before staff will be willing to go above and beyond to support the organisation.

Success Requires a Culture of Both Accountability and Engagement

Relationship Between Accountability and Engagement



Source: HR Investment Center interviews and analysis.

Engagement Requires Emotional Connection to Organisation

To have this vested interest in not only their own success, but also that of the organisation, nurses must feel an emotional connection to both their work and their organisation. When staff feel that connection, they look forward to coming to work and have an abundance of energy to face the challenges that may come their way.

Unfortunately, today's stressful environment pushes staff towards the opposite of engagement: burnout.

While engaged employees demonstrate efficacy, involvement and energy, burnt out employees are ineffective, cynical, and emotionally exhausted. They can begin to shut down their emotions in order to cope.

But Today's Stressful Environment Emotionally Exhausting Staff

Spectrum of Possible Staff Emotional States

Burnout

- Inefficacy
- Cynicism
- Emotional Exhaustion

Supportive environment leads towards engagement



Unresolved stress pushes towards burnout

Engagement

- Efficacy
- Involvement
- Energy and Emotion



Burnout: Shutting Down Emotions

“Emotional exhaustion has been referred to as the core element of burnout, resulting in cynicism towards one's work and colleagues, and low efficacy levels.”

Paula Greco, RN, MScN



Engagement: Inspired and Energised

“Engagement is the positive antipode of burnout...and results from a match between the person and [his/her] work life.”

Paula Greco, RN, MScN

Nurses Currently Lack Capacity for Connection

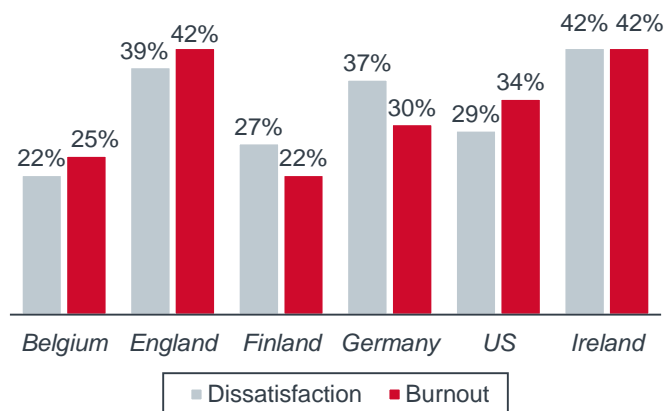
Today's exhausting pace of change, downward margin pressure, and future uncertainty make engaging staff and forming this emotional connection even more difficult. According to the pivotal RN4Cast study, nurses report high levels of dissatisfaction and burnout, and many intend to leave their hospital within the year.

The study, coordinated by researchers in Belgium and the United States, is the largest consortium of its kind. It includes data from more than 30 thousand nurses from 12 countries. According to these data and other country-specific analyses, nurses are struggling around the world. Many are not only considering leaving their hospital, but also perhaps leaving the profession altogether.

With these high levels of dissatisfaction and burnout, staff lack the capacity to even begin forming the emotional connection necessary to be truly engaged.

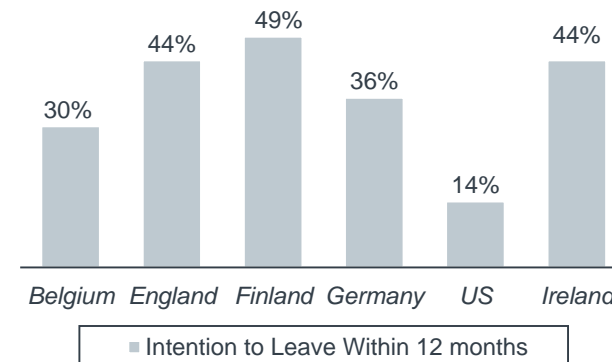
Levels of RN Dissatisfaction and Burnout

Percentage of All Nurses Surveyed, RN4Cast Data



RNs Reporting Intention to Leave Hospital

Percentage of All Nurses Surveyed, RN4Cast Data



Market Forces Exacerbating the Nurse Engagement Challenge



Exhausting Pace of Change

Rapidly changing protocols and procedures leaving nurses feeling tired, stressed, or burnt out



Downward Margin Pressure

Health care leaders forced to make difficult budget trade-offs, which impact nursing workflow



Future Uncertainty

Nurses concerned that future changes may impact their role or job security

Source: Rafferty AM, "RN4CAST Study Purpose and Overview of Design," May 2011, http://www.m4cast.eu/attachments/RN4CAST_ICN%20MALTA%202011%20-%20s210.pdf; Aiken LH, "RN4Cast: Evidence for Improving Nurse Retention and Patient Outcomes," http://www.m4cast.eu/attachments/M3_AIKEN_Linda.pdf; Advisory Board interviews and analysis.

Not Feeling Emotional Bond with Organisation

It should come as no surprise then that globally, only one in eight nurses report feeling a strong connection with their organisation. Yet, even in these difficult times, many nurses still report a strong emotional connection to their profession.

Most nurses are still passionate about caring for others and improving health—the passion that embodies the nursing profession. Unfortunately, today's stressful environment threatens this connection.

In order to meaningfully improve engagement, leaders must reconnect and tap into nurses' passion for their profession and find a way to connect that same pride in nursing to pride in the organisation.

More Connected to the Profession Than the Organisation

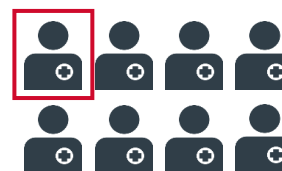
Nurses' Connection to Profession



54%

Frontline nurses responding '**Strongly Agree**' to the statement "**I'm proud to be a nurse**" on global nurse engagement survey¹

Nurses' Connection to Organisation



12%

Frontline nurses responding '**Strongly Agree**' to the **six drivers** indicating involvement and connection to organisation global nurse engagement survey²



A Noticeable Difference

"Nurses are proud to be nurses. But there is a distinction between that and being proud to work in their organisation."

*Chief Nursing Executive
Canadian hospital*

1) Frontline nurses responding 'strongly agree' to statement "I'm proud to be a nurse" on Advisory Board's international nurse engagement survey. Possible responses included 'strongly agree', 'agree', 'somewhat agree', 'somewhat disagree', 'disagree', 'strongly disagree'.
2) Frontline nurses responding 'strongly agree' to six engagement drivers that represent connection to their organisation on Advisory Board's international nurse engagement survey. Possible responses included 'strongly agree', 'agree', 'somewhat agree', 'somewhat disagree', 'disagree', 'strongly disagree'.

Source: Advisory Board International Nurse Engagement Survey database; Advisory Board interviews and analysis.

Not Seeing the Forest Through the Trees

In truth, engagement is not a new concept, and many organisations have deployed surveys and tactics to improve engagement levels amongst their staff. Yet research suggests that current efforts to improve engagement fall short because they reflect the time in which they were created, when the operating environment was far more straightforward. In today's environment, these evergreen tactics fail to address the emerging market forces that are currently exacerbating the nurse engagement challenge.

To make meaningful progress in today's environment, engagement must be first prioritised and approached strategically. Organisations must understand the wants and needs of their staff, and design engagement strategies with both today's environment and a long-term vision in mind.

Root Causes of Suboptimal Staff Engagement Efforts



Lack of Prioritisation

Leaders don't invest enough time or resources to create a comprehensive, long-term plan



Reactive, Mechanical Approach

Engagement strategies rely on survey results, rather than a deeper understanding of staff needs and motivations



Top-Down, One-Size-Fits-All Mentality

Executives spearhead engagement initiatives focused on quick wins, rather than long-term cultural changes



Survey a Measurement Tool, Not a Strategy

"You can do as many staff engagement surveys as you like, but unless you're really listening and really willing to act on what you hear, then it's almost better not to do them. Because if you ask staff if they are engaged and then you do nothing about it, then it's quite detrimental."

*Jill Maben, PhD, MSc, BA
Chair in Nursing Research
King's College London*

Design Approach to Fulfil Underlying Staff Needs

A comprehensive engagement strategy requires understanding the underlying drivers of human motivation. Research suggests that human behaviour is predictable; due to evolutionary tendencies, people seek to fulfil four key emotional needs.

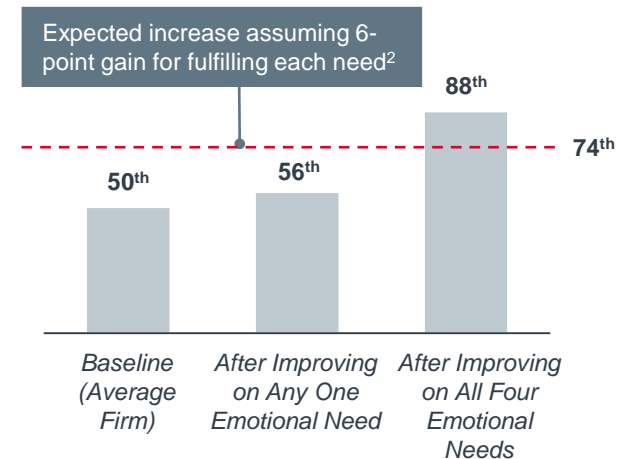
Authors of the study shown here found that an organisation's ability to fulfil these emotional needs explained the majority of variance in employee engagement scores. These data suggest a comprehensive approach is crucial to success.

As the authors note, "You can't just pay your employees a lot and hope they'll feel enthusiastic about their work in an organisation where bonding isn't fostered, or work seems meaningless, or people feel defenseless... To fully motivate employees, you must address all their emotional needs."

Four Emotional Needs Driving Human Motivation and Behaviour

Emotional Need	Definition
Acquire	"Obtain scarce goods, including intangibles such as social status"
Bond	"Form connections with individuals and groups"
Comprehend	"Satisfy our curiosity and master the world around us"
Defend	"Protect against external threats and promote justice"

Firms' Motivation¹ Level Ranked by Ability to Satisfy Staff Emotional Needs Percentile



Study in Brief: Employee Motivation: A Powerful New Model

- Surveyed employees from 300 Fortune 500® Companies
- Defined four emotional needs that drive motivation:
 - Acquire, Bond, Comprehend, Defend
- Model explained 60% of variance in employee motivation
- To define motivation, used four indicators:
 - Engagement: "energy, effort, and initiative employees bring to work"
 - Satisfaction: extent to which employee feel organisation meets their expectations
 - Commitment: extent to which employees engage in citizenship
 - Loyalty: examines intention to quit

1) Study defined motivation by measuring four indicators: Engagement = level of energy, effort, and initiative employees bring to work, Satisfaction = extent to which employees feel organisation meets their expectations, Commitment = extent to which employees 'engage in citizenship', Loyalty = examines intention to quit.
 2) For a firm that, relative to other firms, ranks in the 50th percentile on employee motivation, an improvement on an individual driver results in shift to the 56th percentile, whereas an improvement on all four drivers results in a shift to the 88th percentile.

Source: Nohria N, et al., "Employee Motivation: A Powerful New Model," *Harvard Business Review*, 2008; Advisory Board interviews and analysis.

Must Prevent Burnout, Inspire Engagement

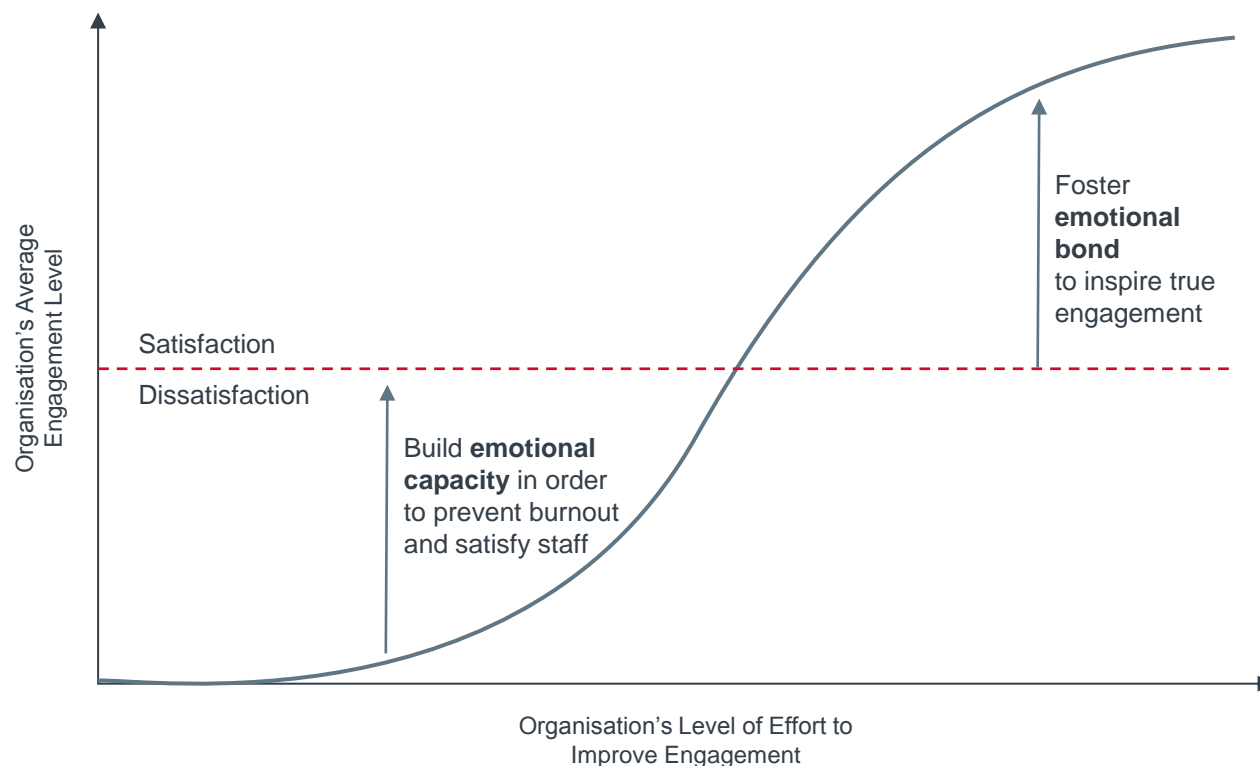
When organisations meet all these basic emotional needs, staff members form the emotional connection that inspires engagement. Yet comprehensive strategies will take time and effort, so where should organisations start?

Organisations must overcome two specific hurdles to create the emotional connection that inspires engagement.

First, organisations must prevent burnout and dissatisfaction. To do this, they must build staff's capacity for emotion. Nurses must believe that the organisation truly cares about their well-being and values their contributions. When nurses feel that support, it frees them up to experience emotion and build connections.

But this only helps staff reach 'satisfaction'. Once staff have that capacity for connection, leaders then must actively foster an emotional bond between the front line and the organisation. People must truly care about the organisation to be willing to invest extra effort to help it succeed—to truly be engaged.

The Engagement Continuum Within a Health Care Organisation



Source: Advisory Board interviews and analysis.

Demonstrating Support Builds Emotional Capacity

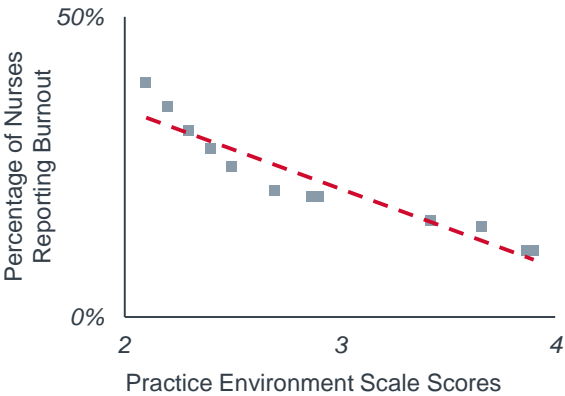
Leaders build their staff's capacity for connection by demonstrating that the organisation supports its nurses, as individuals and as professionals.

According to the RN4Cast study, organisations that provide a supportive work environment report less burnout among nurses. While nurses face challenges in today's working environment, there are things that organisations can do to help nurses cope with the stress.


While a supportive work environment does include 'baseline satisfiers' such as safe staffing levels, manageable workloads, and appropriate technology investments, these factors alone do not ensure staff feel supported. Leaders must actively cultivate an environment where staff not only have the tools they need to succeed, but also feel valued and appreciated by the organisation.


Signalling the Organisation's Positive Intentions


Inverse Relationship Between Nurses' Burnout and Supportive Workplace¹





**Practice Environment Scale (PES)
Components Demonstrating Support**


 Recognition


 Career Development

 Collaboration

 Mentoring

 Administration Listens and Responds

 Advancement Opportunities

 Chief Nursing Officer Visibility

“

Not Merely a Means to an End

“If you are doing engagement work as a means to an end, as opposed to valuing the workforce, it speaks to the culture in the organisation. You need to value the workforce.”

*Chief Nursing Executive
Canadian hospital*

1) Nurse Work Environment scores ranged from 2 to 4, with higher scores indicating more supportive workplace.

Source: Aiken L, et al., "Patient Safety, Satisfaction, and Quality of Hospital Care: Cross Sectional Surveys of Nurses and Patients in 12 Countries in Europe and the United States," *BMJ*, 344 (2012); Advisory Board interviews and analysis.

Optimal Engagement Impossible Without Involvement

Demonstrating support is a crucial first step, but to inspire true engagement leaders must involve staff in organisational strategy.

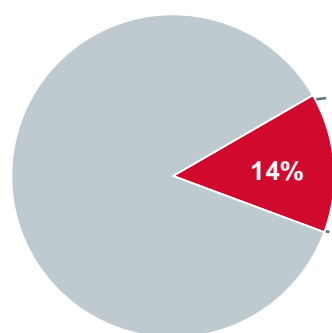
Based on regression analyses of the Advisory Board's International Nurse Engagement Survey, six questions account for nearly half the variance in engagement scores. These six questions measure staff's connection to the organisation: do they believe in its mission and feel their involvement directly contributes to its success?

These drivers represent the emotional bond that is crucial for engagement. Staff need to feel a part of something bigger and feel involved in the organisation's strategy and success.

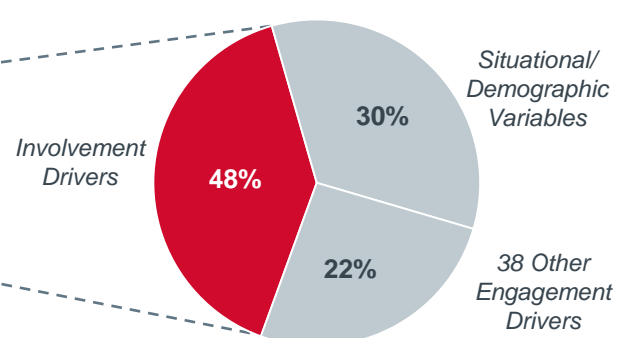
These six drivers differentiate 'satisfied' from 'engaged' staff.

Data Suggest Staff Must Feel Involved to Feel Fully Engaged

Percentage of All Engagement Drivers¹



Variance in Engagement Performance²



Select Engagement Drivers Measuring Involvement

1. "I believe in my organisation's mission"
2. "I understand how my daily activities contribute to the organisation's vision"
3. "The organisational management team acts in accordance with stated vision and values"
4. "I am kept informed of the organisation's future plans and direction"
5. "Organisational management follows through on nurse suggestions for improvement"
6. "Nurses on my unit take an active role in contributing to decisions"

¹) Six of 44 drivers=14%.

²) Based on Advisory Board International Nurse Engagement Survey results, explained through multivariate regression analysis. Cronbach alpha for internal consistency = 0.85.

Source: Advisory Board International Nurse Engagement Survey; Advisory Board interviews and analysis.

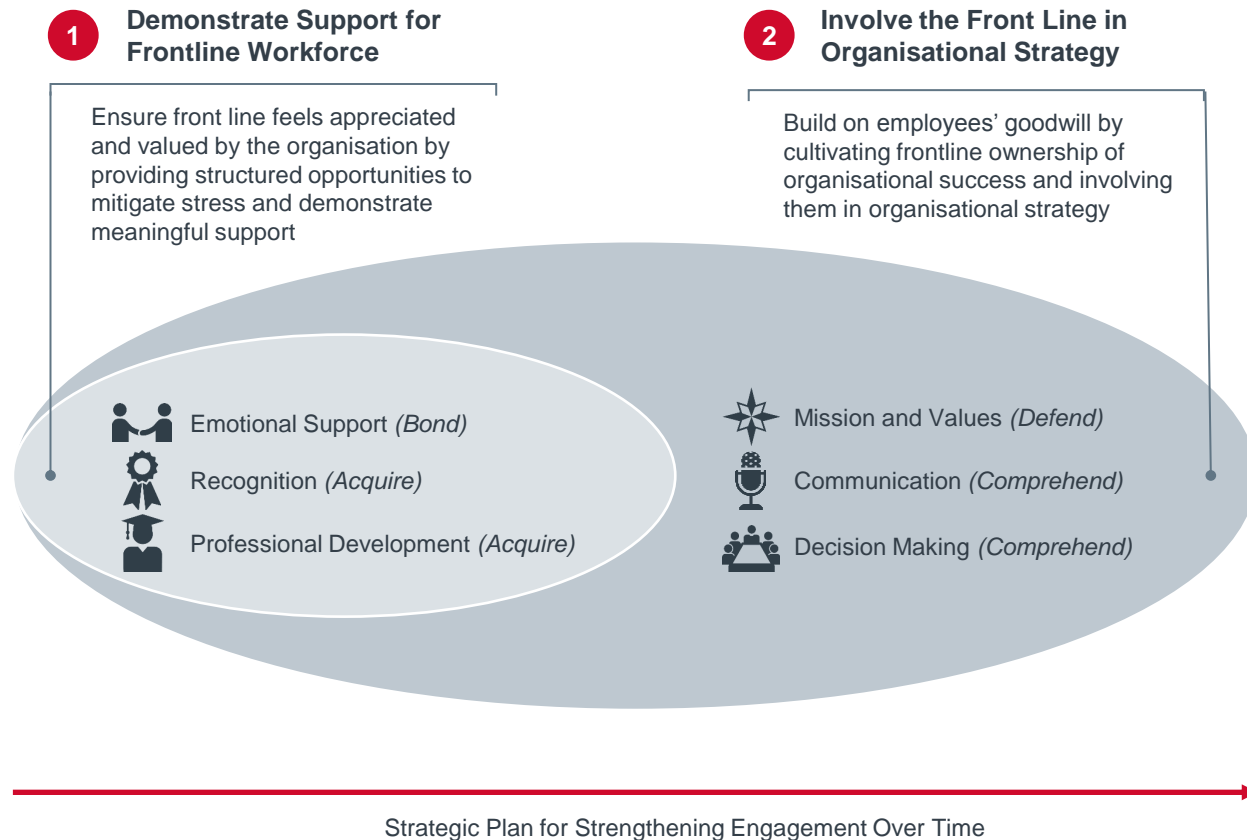
Creating a Mutually Beneficial Partnership

These two steps represent the suggested path to create a mutually beneficial partnership that inspires true engagement.

First, the organisation must demonstrate support for the frontline workforce to ensure that staff believe their organisation values them and their contributions. By providing emotional support, consistent recognition, and personally meaningful professional development, leaders can build a staff with the emotional capacity necessary to feel a connection with the organisation.

Then, the organisation must involve the front line in organisational strategy. This creates an emotional bond that inspires nurses to do their best work. Staff need to believe in their organisation's mission and values, trust their executives' strategies and actions, and feel ownership of the organisation's success by having input into decisions.

The Two Overarching Goals of an Effective Engagement Strategy



Source: Advisory Board interviews and analysis.

Energising the Nursing Workforce

This study proposes six objectives for building this mutually beneficial partnership with staff. While designed to address the specific needs and motivations of nurses, most tactics apply broadly across for all employees within the organisation.

Leaders must begin by understanding the two overarching goals of a proactive engagement strategy: supporting and involving staff.

This study then outlines three objectives to achieve each goal. Each objective targets an engagement driver proven to advance the overarching goal.

Six Objectives to Enhance Staff Engagement

Demonstrate Support for Frontline Workforce

Involve Front Line in Organisational Strategy

1

Foster an Empathetic, Collaborative Environment (p. 31)



2

Create a Culture of Recognition (p. 46)



3

Enable Personal, Ongoing Professional Development (p. 56)



4

Connect Front Line to Organisation's Mission (p. 77)



5

Build Trust Through Transparent Communication (p. 89)



6

Cultivate Frontline Ownership of Decisions (p. 107)



مستشفى الملك فيصل التخصصي ومركز الأبحاث
King Faisal Specialist Hospital & Research Centre
مؤسسة عامة Gen. Org.



Energising the Nursing Workforce: Part 1

Demonstrate Support for Frontline Workforce

- Objective 1: Foster an Empathetic, Collaborative Environment
- Objective 2: Create a Culture of Recognition
- Objective 3: Enable Personal, Ongoing Professional Development

Supportive Work Environment as Important as Staffing Levels

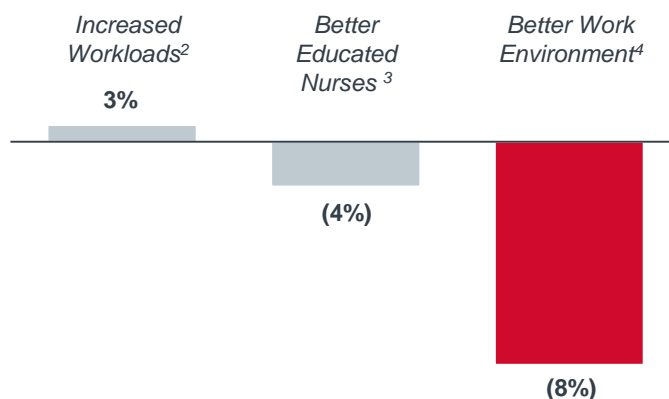
Demonstrating support for the front line is the crucial first step to effectively energise the nursing workforce. This support not only has an impact of staff themselves, but also on clinical outcomes.

Here, data from RN4Cast show the impact of different factors on patient mortality. The first two bars show a well-known fact: mortality rates rise when nurses have increased workloads and decrease when the nurses have more education. But controlling for all other variables, a better work environment significantly reduces patient mortality, more than the effect of workloads or education.

Some may argue creating a better work environment is impossible without better staffing. However, this study shows that simply adding more staff will not improve outcomes unless leaders actively cultivate a positive work environment.

Adding Staff Has Limited Impact on Outcomes in Poor Work Environments

Impact of Nursing Factors on Mortality¹



“

Staffing Not the Only Solution

“The most important new finding in this study is that the impact of nurse staffing is contingent upon the quality of the nurse work environment, and vice versa.

Absent a good work environment, reducing nurse workloads by adding additional nurses, a costly proposition, may have little consequence.”⁵

Linda Aiken, RN4Cast

“

Supporting Nurses to Do Their Best Work

“It is about how we create a work environment so that nurses can do their best work. If nurses are supported and feel they can do their best work, they will.”

Chief Nursing Officer
Canadian hospital

1) In fully adjusted main effects model controlling for all other covariates and interactions.
2) Measured by a unit change in the number of patients per nurse.
3) Measured to reflect the effect of a 10% increase in Bachelor's prepared nurses.
4) Measured by the Practice Environment Scale of the Nursing Work Index-Revised.
5) Decrease in workload of one patient per nurse using RN4Cast data for European hospitals. In hospitals with worse than average work environments, higher patient-to-nurse ratios has 'virtually no' impact on mortality.

Source: Aiken LH, et al., "The Effects of Nurse Staffing and Nurse Education on Patient Deaths in Hospitals with Different Nurse Work Environments," *Medical Care*, 49, no. 12 (2011): 1047-1053; Advisory Board interviews and analysis.

Unsupported Nurses Can Become Active Detractors

When leaders do not show support for their workforce, it can have devastating effects. Staff become discouraged, cynical, and apathetic. Absenteeism and turnover increase. Workloads become even harder and more people become discouraged and burnt out.

Reversing the cycle is tantamount. Staff must feel their leaders are willing to put forward efforts to recognise and support them, especially when times are tough. Unfortunately, many nurses perceive a lack of support by their organisations, even when executives actually value their work and want to support them.






To correct this misperception, efforts to improve organisational support should be visible and meaningful for staff. These efforts must be relevant to their professional and personal challenges; visible and frequent; and most importantly, genuine.

Need to Show Organisation Values Nurses' Contributions

Consequences of Demonstrating Limited Support

- ❗ Feel disconnected with organisation's mission, evidenced by poor performance
- ❗ Become discouraged, willingness to persevere through difficulties diminishes
- ❗ Develop negative feelings towards colleagues, supervisors
- ❗ Lose interest in work; attendance may become inconsistent
- ❗ Consider leaving the organisation

Key Characteristics of Strong Support

-  Individual, personal
-  Regular, frequent
-  Easily understood
-  Meaningful specifically for nurses
-  Genuine, authentic

Source: White PE, "Unhappy? Low Morale? Try the Five Languages of Appreciation in the Workplace," *Journal of Christian Nursing*, 29, no. 3 (2012): 144-49; Advisory Board interviews and analysis.

Three Objectives for Demonstrating Support

The following section outlines three objectives to demonstrate meaningful, visible support for the front line.

First, how to provide emotional support by fostering an empathetic, supportive environment.

Next, how to create a culture of recognition by embedding recognition into day-to-day operations.

And finally, how to enable personal, ongoing professional development by both facilitating meaningful feedback on past performance and promoting individual, ongoing career planning.

Each section will describe how the driver (emotional support, recognition, professional development) impacts engagement, why current efforts fall short in the eyes of staff, and what successful organisations have done to meaningfully demonstrate support.

1



Foster an Empathetic, Collaborative Environment

- Assess Emotional Capacity of Staff
- Reconnect Nurses with Caregiving Purpose
- Offer Structured Opportunities to Share

2



Create a Culture of Recognition

- Facilitate Opportunities to Routinely Show Appreciation

3



Enable Personal, Ongoing Professional Development

- Establish Formal, Timely Professional Appraisals
- Share Meaningful Performance Feedback
- Promote Individual, Ongoing Development Planning

Source: Advisory Board interviews and analysis.

Often Neglecting the Emotional Needs of Staff

In an effort to ensure high-quality care, nursing leaders often focus on supporting the technical side of caregiving. But this technical emphasis may overshadow the importance of supporting the emotional side of being a care provider.

Unfortunately, both nurses and patients suffer if staff are not supported in their emotional caregiving responsibilities. Emotionally exhausted nurses cannot deliver effective patient-centred care.

The highs and lows that come with providing direct patient care are a natural part of nursing. However, organisations must demonstrate the same care and attention to their nurses that they expect nurses to demonstrate towards the patients.

Need to Support Both Clinical and Emotional Aspects of Caregiving



Nursing Staff Feeling Emotionally Unsupported

"I think the hardest part is that there is very little time for reflection built into the schedule."

"I learnt to hide my emotions as it was the culture to do so...I don't feel the mechanisms were there for [our support]."

"Everyone else seemed to be handling things okay, which made me feel even worse—like a real failure and a weakling who wasn't cut out for this kind of work."

Frontline Staff

Source: Maslach C, "Burnout: The Cost of Caring," Cambridge, MA: Malor Books, 2003, 219; Penson RT, et al., "Burnout: Caring for the Caregivers," *The Oncologist*, 5, no. 5 (2000): 425-434; "Compassion Fatigue: Impact on Health Care Providers of Caring for the Terminally Ill," www.physorg.com/news157808604.html; Chelsea and Westminster Hospital NHS Foundation Trust, London, England; Advisory Board interviews and analysis.

Adopting a More Proactive Approach

While many organisations have services in place should nurses need emotional support, most take either a passive or reactive approach.

Passive approaches rely on nurses themselves to seek help through open-door policies or fail to acknowledge and support the emotional toll caregiving can have on nurses.

Reactive approaches often respond to immediate crises and provide support in the moment, but do not address the gradual build-up of emotional stress over time.

The following section outlines three suggested steps to take a more proactive approach:

- First, assess the emotional capacity of staff in a safe environment.
- Next, reconnect nurses with their caregiving purpose.
- And last, facilitate opportunities to share through regular staff forums where colleagues can empathise with and thus support one another.

Identifying Structured Opportunities to Build Staff's Emotional Capacity

Passive Approach



Open-Door Policy



Sole Focus on the Positive

Reactive Approach



Critical Incident Stress Debriefing



Responding to Immediate Crises



Proactive Approach

1

Assess Emotional Capacity of Staff



2

Reconnect Nurses with Caregiving Purpose



3

Facilitate Structured Opportunities to Share



Source: Advisory Board interviews and analysis.

Most Nurses Don't Ask for Help (Until It's Too Late)

The selfless nature of the profession means nurses often prioritise caring for others versus caring for themselves. Many nurses do not adequately recognise when they may need additional support and may be hesitant to ask for help even when they do recognise a need.

Leaders must proactively assess the emotional capacity of their staff, because staff themselves may unfortunately wait until it is too late—when a crisis occurs or when staff are already emotionally exhausted.

Nurses Not Prioritising Self-Monitoring or Self-Care



Failing to Care for Self

“...although nursing environments support the healing of patients, oftentimes workplaces are not conducive to the healing of nurses. Although they continue as a profession fulfilling their obligations to quality client care, **they grapple with a key ethical dilemma**, that of ‘**caring for self versus caring for others**’.”

*N. Glass , J. Rose
Enhancing Emotional Well-Being
Through Self-Care*



Waiting Until a Crisis

“A central irony in nursing is that the majority of nurses perceive themselves as giving, caring people but find it hard to nurture themselves...Nurses often wait until a crisis ensues to address their needs.”

*D. Boyle
Countering Compassion Fatigue:
A Requisite Nursing Agenda*

Source: Glass N, Rose J, “Enhancing Emotional Well-Being Through Self-Care,” *Holistic Nursing Practice*, 22, no. 6 (2008), 336-337; Boyle D, “Countering Compassion Fatigue: A Requisite Nursing Agenda,” *OJIN: The Online Journal of Issues in Nursing*, 16, no. 1 (2011); Advisory Board interviews and analysis.

Proactively Assessing Compassion Fatigue Risk

Leaders can be more proactive by helping nurses assess their risk of compassion fatigue. According to Lombardo and Eyre, compassion fatigue is the “combination of physical, emotional, and spiritual depletion associated with caring for patients in significant emotional pain and physical distress.”

The following tool helps staff recognise the visible and invisible signs of compassion fatigue. It helps staff investigate the root causes of compassion fatigue and seek additional help, if necessary.

By giving nurses a tool to evaluate their own emotional state, leaders can help their nurses be more proactive about assessing their risk. This tool still relies on the willingness of an individual nurse to complete the assessment and followup by seeking help. It should not be deployed unless there is a support system in place to help staff move forward if they show signs of compassion fatigue.

Compassion Fatigue Assessment Form

Visible and invisible signs of fatigue identified

Visible Signs of Compassion Fatigue

	Yes	No
1. Marked decline in work efficiency?	<input type="checkbox"/>	<input type="checkbox"/>
2. Intent on clinical tasks to the detriment of patient interactions?	<input type="checkbox"/>	<input type="checkbox"/>
3. More callous toward patients than in the past?	<input type="checkbox"/>	<input type="checkbox"/>
4. Signs of mental or physical breakdown during crisis periods?	<input type="checkbox"/>	<input type="checkbox"/>
5. Outbursts of anger or irritability with little provocation?	<input type="checkbox"/>	<input type="checkbox"/>
6. Declining opinion of caregiver role?	<input type="checkbox"/>	<input type="checkbox"/>
7. Treats patients like impersonal “objects?”	<input type="checkbox"/>	<input type="checkbox"/>
8. Developed a pressing desire to explore an entirely different profession?	<input type="checkbox"/>	<input type="checkbox"/>
9. Repeatedly fails to fulfill clinical responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>

Total “Yes” Answers:
Assessing Yourself? Continue to Question 10

Interpreting the Score

0–1: No cause for immediate concern
2–3: Investigate root causes of “Yes” answers
4–9: Suggest additional professional counsel

Suggested next steps based on scoring

Invisible Signs of Compassion Fatigue

	Yes	No
10. Reduced sense of accomplishment?	<input type="checkbox"/>	<input type="checkbox"/>
11. Harbor a secret happiness when a procedure is cancelled?	<input type="checkbox"/>	<input type="checkbox"/>
12. Avoid interactions with patients and colleagues when possible?	<input type="checkbox"/>	<input type="checkbox"/>
13. Often leave work feeling ineffective in job?	<input type="checkbox"/>	<input type="checkbox"/>
14. Mood swings with every patient interaction?	<input type="checkbox"/>	<input type="checkbox"/>
15. Resentment about role as caregiver?	<input type="checkbox"/>	<input type="checkbox"/>
16. Unhealthy attachment to patients?	<input type="checkbox"/>	<input type="checkbox"/>
17. Poor patient outcomes adversely affect continued performance?	<input type="checkbox"/>	<input type="checkbox"/>
18. Anxiety when interacting with emotional patients?	<input type="checkbox"/>	<input type="checkbox"/>

Total “Yes” Answers, Questions 10–18:

Total “Yes” Answers, Questions 1–9:

Total “Yes” Answers:

Interpreting the Score

0–2: No cause for immediate concern
3–5: Investigate root causes of “Yes” Answers
6–18: Seek additional professional counsel

Simple Yes or No answers



For a complete version of the Compassion Fatigue Assessment Form, see the online *Provide Emotional Support Tool Suite*, available at advisory.com/international/gcne/emotionalsupport

Source: Lombardo B, Eyre C, “Compassion Fatigue: A Nurse’s Primer,” *OJIN: The Online Journal of Issues in Nursing*, Vol. 16, no. 1, Manuscript 3 (2011); Advisory Board’s Talent Development Partnerships; Advisory Board interviews and analysis.

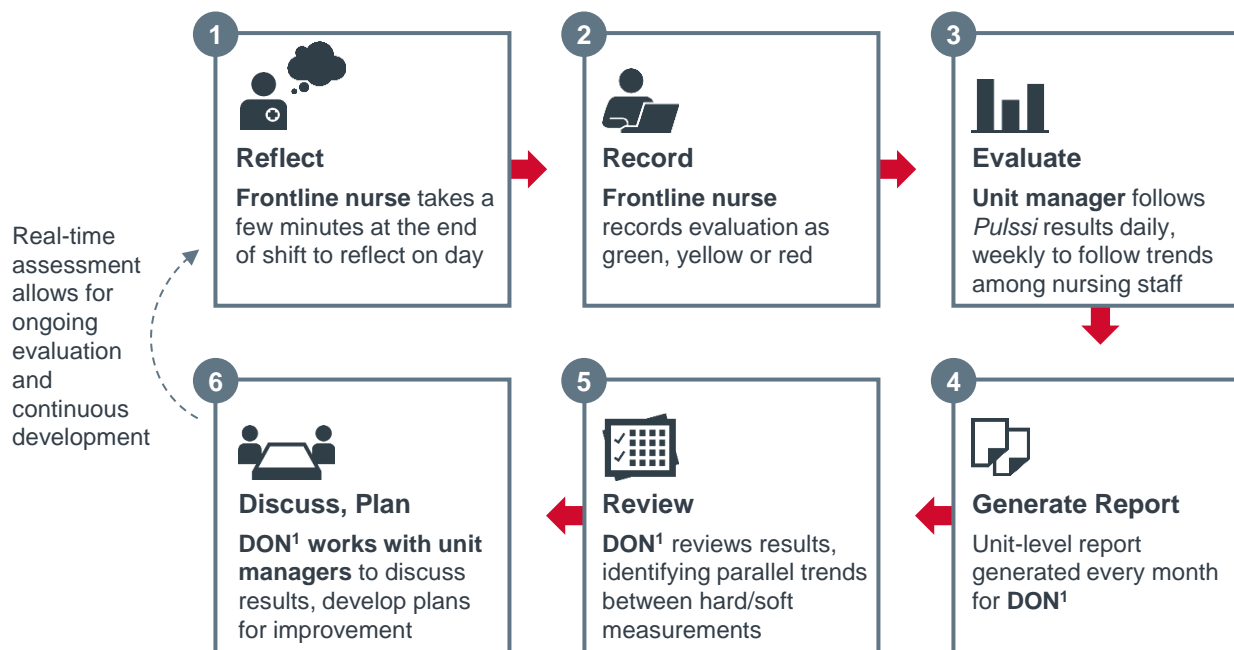
Routinely Taking the Pulse

In 2009, Coxa Hospital for Joint Replacement in Finland deployed a tool they call *Pulssi* (Finnish for “pulse”) to assess staff’s emotional capacity on a more regular basis. Coxa internally developed and designed *Pulssi* to solicit and analyse real-time feedback on staff’s emotional state on a continuous basis.

The Director of Nursing felt it was critical for managers and executives to have a big-picture perspective of their staff’s well-being. Through *Pulssi*, frontline nurses take a few minutes at the end of each shift to reflect on their day and record the result with a colour-coded response. Any yellow and red responses require a short, one-line comment.

Front Line Proactively Sharing Real-Time Feedback

Pulssi Nurse Assessment Tool at Coxa Hospital for Joint Replacement



Case in Brief: Coxa Hospital for Joint Replacement

- 64-bed hospital in Tampere, Finland with specialty focus on joint replacement
- *Pulssi* created to begin assessing the soft elements of care; *Pulssi* provides a new measurement perspective by combining hard indicators with evaluation of values and subjective experience
- Beginning in October 2009, nursing staff dedicate a few moments at close of shift to evaluate and record how their shift went
- Responses indicated with colours: green, yellow and red. Yellow and red responses require a short comment on what has changed the colour from green to discover the underlying reason
- Unit managers and DON follow *Pulssi* results on regular basis for support and continuous development

1) Director of Nursing.










Real-Time Data Facilitates Dialogue, Action

Unit managers and the Director of Nursing review the combined real-time data on a daily, weekly, and monthly basis and meet with staff to discuss significant patterns, assess underlying root causes, and address areas of concern that require attention.

Managers are trained to facilitate an open and blame-free discussion where the group works together to find solutions to common challenges identified through *Pulssi*.

A Structured Approach to Proactively Analyse Problems and Effect Solutions

Example of Aggregated Daily Report Generated Through *Pulssi*

MORNING SHIFT	Evaluation	%	EVENING SHIFT	Evaluation	%	NIGHT SHIFT	Evaluation	%
Green 	231	93,9	Green 	114	89,8	Green 	75	94,9
Yellow 	12	4,9	Yellow 	8	6,3	Yellow 	4	5,1
Red 	3	1,2	Red 	5	3,9	Red 	0	0

Problem-Solving Process at Coxa: Example Issue Identified Through *Pulssi*

Facilitate Open Dialogue



Manager, DON¹ shared results and facilitated open discussion with unit staff

Identify Underlying Issues



Together, they identified the problem stemmed from low staffing numbers on morning and evening shifts

Respond and Adapt



Staffing adjustments made on those shifts; continued evaluation revealed changes helped alleviate workload problems on unit

1) Director of Nursing.

Source: Coxa Hospital for Joint Replacement, Tampere, Finland; Advisory Board interviews and analysis.

Demonstrating Commitment to Staff Well-Being

At Coxa, *Pulssi* allows leaders to respond to problems as soon as they are identified. An isolated issue does not have time to become a larger problem that is ultimately more difficult to resolve.

Coxa reports that *Pulssi* has led to remarkable changes in the culture among staff. Previously, nurses had a tendency to withhold emotions and blame leaders for frustrations that inevitably occur in daily work. Now the staff feel open and comfortable sharing their feelings and brainstorming solutions.

Additionally, recording their responses at the end of their shift allows nurses to process their feelings, putting an end to their day and beginning their next shift with a fresh outlook.

Measurement Tool Signals Importance of Staff Morale to Both Managers, Staff

Pulssi's Impact at Coxa Hospital for Joint Replacement

PAST		PRESENT
<ul style="list-style-type: none">One-sided measurement of nursing practice focused on “hard indicators”	→	<ul style="list-style-type: none">Comprehensive measurement of nursing practice focused on subjective experience as well as “hard indicators”
<ul style="list-style-type: none">Time delays in reporting created data not reflective of daily changes	→	<ul style="list-style-type: none">Real-time data allows managers and executive leaders to act on problem areas as they occur
<ul style="list-style-type: none">Culture of withholding inner thoughts on daily practice	→	<ul style="list-style-type: none">Culture of openness and comfort with sharing subjective experience
<ul style="list-style-type: none">Negative experiences and feelings carried on to next day’s work	→	<ul style="list-style-type: none">Negative experiences end with close of shift and staff have fresh start the following day



Elevating Importance of Soft Values

“Measuring soft experiences next to the hard activity figures and comparing the two brings our shared values to the level of everyday life and shows the employees that management is committed to them and values the employees.”

Tuula Rantala
Director of Nursing
Coxa Hospital for Joint Replacement

Source: Coxa Hospital for Joint Replacement, Tampere, Finland; Advisory Board interviews and analysis.

Patient, Staff Experience Mutually Reinforcing

Focusing on staff satisfaction is a prerequisite to improve patient satisfaction. But in fact, elevating the patient experience can also elevate the staff experience, as well. When nurses are well connected with patients, they are able to provide the patients a better experience. Getting positive feedback influences the way they interact with their colleagues, building a stronger team experience. This cycle can lead to a state of resilience where staff have the emotional resources they need when they are facing challenges in the workplace.

As one Canadian Director of Professional Practice noted, “It’s about trying to make staff satisfaction as important as patient satisfaction. We sometimes tend to prioritise one over the other—not intentionally, but because of all the data that’s patient centric. We need to remember to support our providers, too.”

Promoting a Virtuous Cycle That Enhances Both Staff and Patient Satisfaction

Interconnected Relationship Between Patient and Staff Experience



Positive Care Team Experience

- Create emotional bonds and therapeutic relationships among staff
- Enhance sense of nurse job fulfillment



Positive Patient Experience

- Reconnect nurses to the purpose of caregiving
- Strengthen respectful, empathetic, compassionate care



For resources to help connect staff to the patient experience, please see our *Resource Centre: Elevating the Patient Experience* available at advisory.com/gcne

Source: Krischke MM, "Patient Connection Increases Nurse Satisfaction and Performance," Nurse Zone, June 17, 2011, http://www.nursezone.com/nursing-news-events/more-features/Patient-Connection-Increases-Nurse-Satisfaction-and-Performance_37106.aspx; Advisory Board interviews and analysis.

Sharing Patient Stories to Reinvigorate Staff

Many organisations use patient stories to reconnect staff to the patient experience, encouraging them to deliver more patient-centred care. But these stories can also remind staff of their personal impact on patients.

Leaders at Vidant Medical Center (formerly, Pitt County Memorial Hospital), an 861-bed medical center located in the United States, publish staff reflections on relationships they have built with patients in a book they call *Connections*. Leaders distribute the book to all nurses, who now have 66 different examples to remind them of the power of nursing.

Whether stories are shared within a group setting or left for individual nurses to read in a quiet moment, the narratives reconnect the nurses to the ‘why’ of their work.

“Connections” Publication at Vidant Medical Center



Contents	
Dedication.....	IV
Scott's Story.....	V
Preface.....	IX
Introduction.....	XI
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Respect and Dignity	
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Remembering Why We Come to Work

“You get in that rut, that daily grind... and I think just to pull [*Connections*] out at a staff meeting and just open it up and read one story, it just puts it into perspective, of... yep, that's why I come to work every day.”

*Physical Therapist
Vidant Medical Center*



Case in Brief: Vidant Medical Center

- 861-bed academic medical centre located in Greenville, North Carolina, United States
- Solicited stories from caregivers to demonstrate the power of patient- and family-centred care
- Published *Connections* in June 2011; includes 66 unique caregiver stories
- Publication physically distributed to all nursing staff

Source: *Connections: Volume 1*; Vidant Medical Center, Greenville, North Carolina, US, 2011; Advisory Board interviews and analysis.

Fostering Empathy Combats Compassion Fatigue

While patient stories build empathy between caregivers and their patients, they do not necessarily address the stress of actually being a caregiver. Reconnecting nurses to positive caregiving experiences can help provide some comfort when a difficult situation occurs, but it is still not enough to combat compassion fatigue.

To do this, organisations can tap into nurses' innate desire and skill for providing compassionate care to patients to better support their peers, as well. Delivering care can be emotionally demanding, but there is always another caregiver who can understand and empathise when a colleague needs it most.

Relying on informal support systems is not enough, however. Organisations should build more structured opportunities for staff to provide emotional support for one another.

Possible Reactions to Emotional Stress



Caring for Our Caregivers

“The problem that lack of compassion creates for patients is obvious, but there is also a cost for staff, who cut themselves off from the feelings from which empathy could flow...”

“Higher empathy is related to lower stress...staff need support to manage their feelings and strategies for coping with stress.”

King's Fund¹

1) An independent charity working to improve health and health care in England through research, NHS leadership development, and hosting conferences for health leaders.

Source: Laschinger H, et al., “Leader Empowering Behaviors, Staff Nurse Empowerment and Work Engagement/Burnout,” *Nursing Research*, 19, no. 4 (2006), 46; Goodrich J, “Schwartz Center Rounds: Evaluation of the UK Pilots,” *The King's Fund*, 2011; Advisory Board interviews and analysis.

Cultivating Empathy Amongst Staff Through Structured Forums

One such strategy to cultivate empathy among staff is to develop a structured support forum where staff can share difficult and meaningful stories with one another. Schwartz Center Rounds® are the most common model for these forums and are the legacy of Ken Schwartz, a patient who founded the Schwartz Center for Compassionate Care in 1995.

First piloted at Massachusetts General Hospital in Massachusetts, United States, in 1997, Schwartz Center Rounds® provide a structure for meaningful emotional support between care providers. The sessions allow an organisation to clearly demonstrate meaningful support and to foster an empathetic culture that extends beyond the monthly meetings.

The Schwartz Center currently works with organisations in the United States, as well as in the UK through the recently created Point of Care Foundation. While the Rounds themselves are trademarked, organisations may consider facilitating similar forums without outside support.

Evolution of Schwartz Center Rounds® in the United Kingdom



Practice in Brief: Schwartz Center Rounds®

- Trademarked practice supported by the Kenneth B. Schwartz Center, founded by Ken Schwartz before he died of lung cancer in 1995
- Facilitators for the rounds trained by The Schwartz Center in the United States or the Point of Care Foundation in the UK (training for facilitators currently limited to these locations)
- Associated costs apply for organisations implementing trademarked programme
- Rounds open to all professionals with patient care responsibilities and held monthly for 30 to 150 caregivers
- Rounds offer staff an opportunity to connect with each other through discussing difficult moments in caregiving
- First pilot of the rounds at Massachusetts General Hospital in Boston, Massachusetts, United States, in 1997
- Please contact gcne@advisory.com to be connected to the Schwartz Center

Source: The Schwartz Center for Compassionate Healthcare,
<http://www.theschwartzcenter.org/membership/default.aspx>;
Advisory Board interviews and analysis

Regular Interprofessional Forum Promotes Collaborative, Supportive Culture

Shown here is the monthly Schwartz Center Rounds® process at Chelsea and Westminster NHS Foundation Trust in London, England.

An interprofessional group of caregivers gathers for a lunch hour each month to discuss a particular theme. The discussions are facilitated by a trained facilitator. Chelsea and Westminster Hospital uses a clinically trained psychologist from Macmillan Cancer Support. The facilitator plays a critical role in soliciting personal experiences and managing difficult conversations. As such, much of the Schwartz Center's work is to train facilitators with the necessary skills to guide these emotional discussions.

Monthly Schwartz Center Rounds® Process at Chelsea and Westminster Hospital



Gather Multidisciplinary Colleagues

Clinical and non-clinical staff get together once per month for one hour during lunch



Tell Story About Impactful Care Experience

Care team involved in recent emotionally impactful experience share their perspectives on event



Facilitate Discussion Among Participants

Guided by a Macmillan Counsellor trained in the Schwartz process by the Point of Care Foundation

Representative Topics Discussed Across 2014

- *Weathering the Storm*: Experiencing emotional impact of complaints from patients (January 2014)
- *Making the Connection*: Remembering special relationships with particular patients (February 2014)
- *Not Just a Game of Doctors and Nurses*: Sharing concerns of administrative and clerical staff (May 2014)
- *An Inspector Calls*: Overcoming stress associated with CQC¹ inspections and quality scrutiny (June 2014)
- *Haven't You Got Homes to Go to?*: Reflecting on difficulties surrounding discharge planning (September 2014)



Case in Brief: Chelsea and Westminster Hospital NHS Foundation Trust

- 430-bed hospital located in London, United Kingdom
- Decided to investigate Schwartz Center Rounds® as a potential approach to improvement after Francis Report
- Facilitator travelled to Boston to see the rounds in action; worked with UK-based Point of Care Foundation to begin the implementation process
- Schwartz Center Rounds® hospital-wide roll out in September 2013
- 12 rounds conducted as of Autumn 2014; evaluations planned for end of 2014 to identify themes, inform future professional development offerings

1) Care Quality Commission.

Source: Chelsea and Westminster Hospital NHS Foundation Trust, London, England; Advisory Board interviews and analysis.

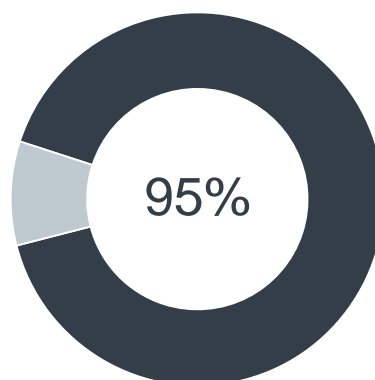
Demonstrating Meaningful Impact for Participants

The staff at Chelsea and Westminster Hospital find the Rounds incredibly valuable. In addition to rating the rounds excellent and noting that they plan to attend more, staff shared that Schwartz Rounds remind them of the “human” side of working in health care. Staff now feel comfortable showing emotions.

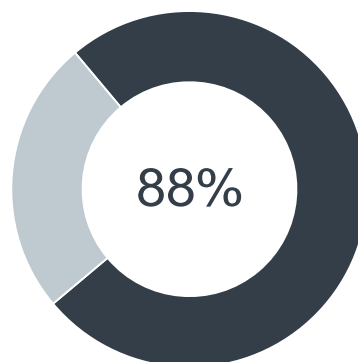
As staff share emotions, they also develop more supportive relationships and gain an interprofessional perspective. Participants at Chelsea and Westminster Hospital reported how doctors, nurses, and other caregivers learned to empathise with one another, and these closer relationships transferred beyond the sessions into daily practice.

Improving Staff Morale, Interprofessional Relationships, and Patient Care

Participants Reporting Intention to Attend Future Round¹



Participants Reporting the Round Will Help Them Work with Colleagues



Learning It's OK to Share Emotions

“Previously, I learnt to hide my emotions as it was the culture to do so...I don't feel the [support] mechanisms were there—a smaller forum like today is so useful to share thoughts...”



Proactively Protecting Your Own Health

“Reminded everyone of the importance of protecting your own emotional health and maintaining a supportive approach to your colleagues.”



Remembering Your Positive Impact on Patients

“This emphasis on emotion and empathy and remembering to recognise how a client makes you feel is so valuable.”



Sharing Interprofessional Perspectives

“A thought provoking, inclusive, and supportive context for sharing experiences and reflecting on clinical practice. The mix of professional roles was great.”

1) Results from Chelsea and Westminster Schwartz Round Evaluations.

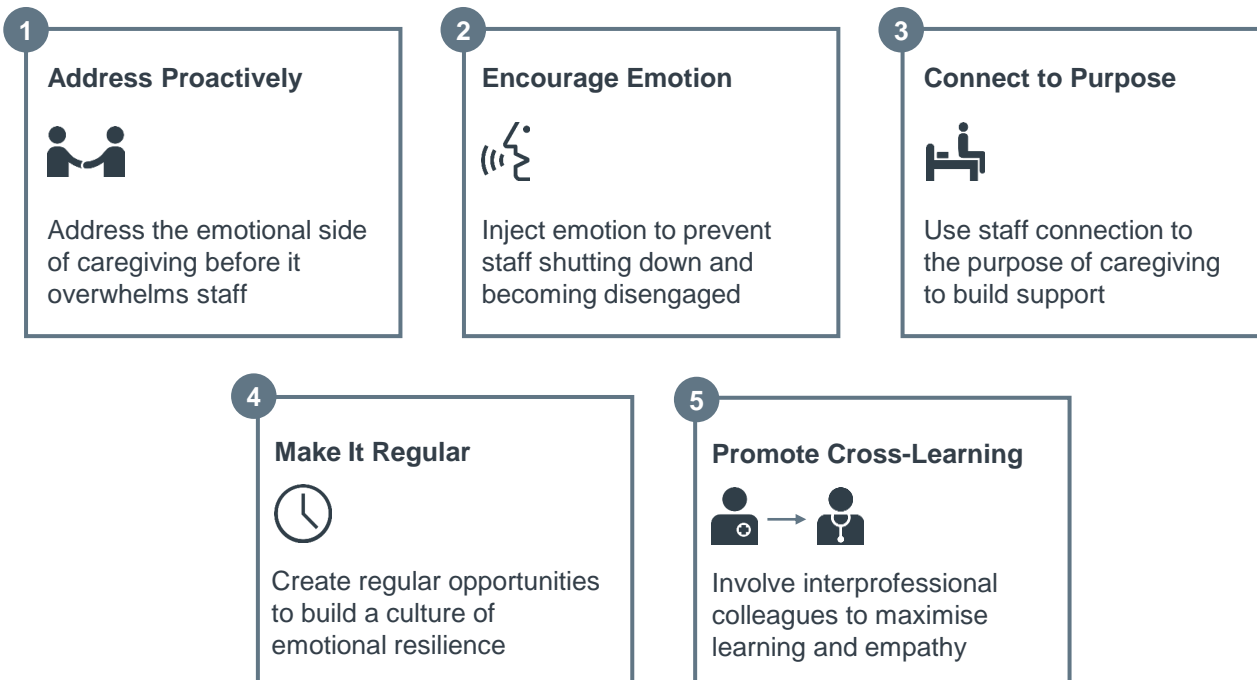
Source: Chelsea and Westminster Hospital NHS Foundation Trust, London, England; Advisory Board interviews and analysis.

Foster an Empathetic, Collaborative Environment

In order to provide emotional support for caregivers, organisations should take a proactive approach that fosters an empathetic, collaborative environment. Based on the various case studies presented in this section, the Global Centre recommends the following key elements for providing effective emotional support.

In addition to the information presented in this study, the Global Centre has developed the *Provide Emotional Support* Tool Suite with guidance for implementing some of these tactics. This tool is available for download on the Advisory Board website.

Key Elements to Foster an Empathetic, Collaborative Environment



Move from Insight to Action: Visit the *Provide Emotional Support* Tool Suite

Access tools and templates to help you take action on the lessons outlined in this section aimed at providing emotional support. Examples include:

- Compassion Fatigue Assessment Tool
- Links to further information on the Schwartz Center and Point of Care Foundation
- Related resources from the Advisory Board, and more

advisory.com/international/gcne/emotionalsupport

Source: Advisory Board interviews and analysis.

Three Objectives for Demonstrating Support

In order to effectively demonstrate support for the front line, organisations must actively create a culture of recognition. Successful organisations facilitate opportunities to routinely show appreciation to ensure all staff feel valued for their contributions.

1



Foster an Empathetic, Collaborative Environment

- Assess Emotional Capacity of Staff
- Reconnect Nurses with Caregiving Purpose
- Offer Structured Opportunities to Share

2



Create a Culture of Recognition

- Facilitate Opportunities to Routinely Show Appreciation

3



Enable Personal, Ongoing Professional Development

- Establish Formal, Timely Professional Appraisals
- Share Meaningful Performance Feedback
- Promote Individual, Ongoing Development Planning

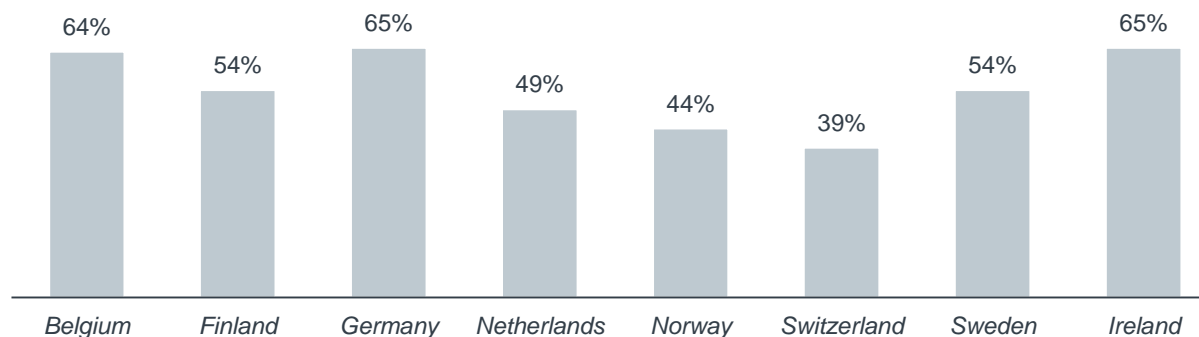
Source: Advisory Board interviews and analysis.

Recognition in Short Supply

Effective recognition is a key engagement driver. Yet, many nurses around the world do not feel they are adequately recognised for their contributions. This lack of recognition perpetuates a perception that leaders take staff for granted and do not appropriately value the work that they do.

Nurses Feeling Underappreciated All Over the World

Percentage of Nurses Indicating that “Recognition for a Job Well Done” is ABSENT



22%

Canadian hospital staff indicating they “get recognition for good work”¹



4%

Australian nursing staff indicating management does an “excellent” job of valuing their contributions²



Meaningful Recognition a Fundamental Human Need

“Recognition of the value and meaningfulness of one’s contribution to an organisation’s work is a fundamental human need and an essential requisite to personal and professional development...lack of recognition leads to discontent, poor morale, reduced productivity, and suboptimal care outcomes.”

American Association of Critical Care Nurses

1) Responses to NRC Picker 2010 Employee Experience Survey, involving over 10,000 employees in 16 Ontario hospitals; combines responses ‘agree’ and ‘strongly agree’; answer choices included: ‘strongly disagree’, ‘disagree’, ‘neither agree nor disagree’, ‘agree’, ‘strongly agree’.
2) Results based on data from independently conducted survey through the Australian Nursing Federation.

Source: Aiken LH, et al., “Nurses’ Reports of Working Conditions and Hospital Quality of Care in 12 Countries in Europe,” *International Journal of Nursing Studies*, 50, no. 2 (2013): 143-53; “Nurses Standards for Establishing and Sustaining Healthy Work Environments,” American Association of Critical Care, <http://www.aacn.org/wd/hwe/docs/hwestandards.pdf>; Lowe G, “How Employee Engagement Matters for Hospital Performance,” *Healthcare Quarterly*, 15, no. 2 (2012): 29-39; Holland P, et al., “What Nurses Want: Analysis of the First National Survey on Nurses’ Attitudes to Work and Work Conditions in Australia,” Monash University, February 2012, http://anmf.org.au/documents/reports/What_Nurses_Want_Report.pdf; Advisory Board interviews and analysis.

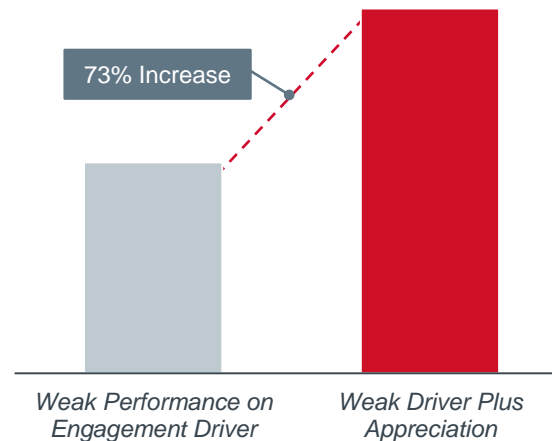
The Ripple Effect of Recognition

Recognition may, in fact, be more valuable than some leaders realise. Research shows recognition can magnify the positive effect of other engagement drivers. Employees of organisations with a strong culture of appreciation perceive better performance on all other engagement drivers; this relationship is especially pronounced among the organisation's weakest performing engagement drivers.

Recognition can make up for other shortcomings in the environment. Yet, the more demands leaders have on their schedules, the less time they dedicate to acknowledging the daily contributions of the staff.

Showing Appreciation Can Help to Overcome Weaknesses in Other Areas

Impact of Showing Appreciation on Respondents' Perceptions of Other Engagement Drivers



Driving the Other Drivers

"Showing appreciation is a secondary driver of engagement and also a driver of every one of the other drivers..."

"Regardless of where an organisation scored in any of the [other] drivers, if they also showed appreciation, their engagement scores increased significantly..."

"In other words, where appreciation was present in a culture, employees felt there was more trust, better communication, more pride in the workplace, and a greater sense of opportunity and well-being."

*Michelle Smith
O.C. Tanner Company*

Source: Tanner OC, "Improving Staff Engagement: A Practical Toolkit," November 2009, <http://d26f1zb4c3e98.cloudfront.net/wp-content/uploads/sites/2/2013/06/employee-engagement-research.pdf>; "Workforce Mood Tracker™ September 2011 Report," Globoforce, http://go.globoforce.com/rs/globoforce/images/WorkforceMoodTracker_September2011_FINAL_ONLINE.PDF; Advisory Board interviews and analysis.

Ensure Staff at All Levels Feel Valued

Meaningful recognition does not necessarily come from formal awards and ceremonies. Instead, staff want to feel appreciated for their daily contributions and valued, both as professionals and as people.

Despite leaders' attempts to improve recognition schemes, staff still feel organisations undervalue the professional impact of all nurses.

To overcome the root causes of why formal recognition efforts are insufficient, organisations should focus on facilitating opportunities to routinely show appreciation.

Root Causes for Why Formal Recognition Efforts Are Insufficient



Reserved for Elite

Formal recognition schemes only used once in a while for exemplary individuals



Generic and Impersonal

Rewards and messages not personally meaningful for individuals and teams



Haphazard Use

Inconsistently used recognition efforts disconnected from broad organisational work



Opportunity: Facilitate Opportunities to Routinely Show Appreciation

Quantity: Regular

- Routine
- Involves Everyone
- Visible

Quality: Meaningful

- Personal
- Timely
- Specific

Sustainability: Embedded

- Vocal Advocates
- Common Language
- Connection to Values

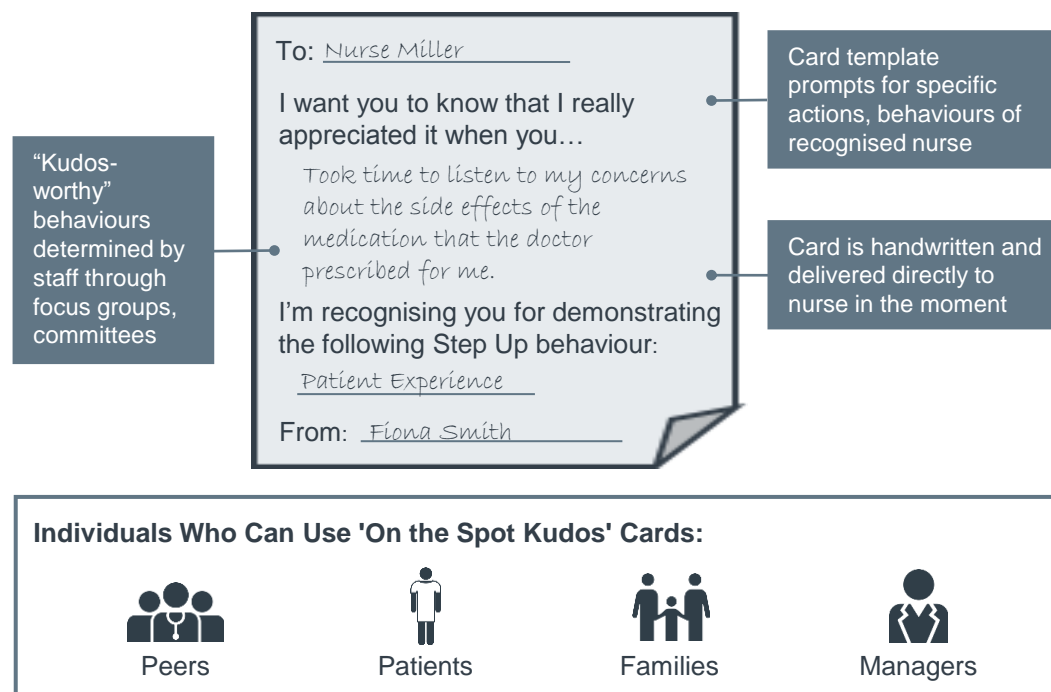
Recognising Excellence in the Moment

Leaders at Mackenzie Health in Ontario, Canada, have implemented a practice called 'On the Spot Kudos' in order to offer staff more personal, timely, and meaningful recognition.

'On the Spot Kudos' cards placed around the hospital provide an easy-to-use template to provide meaningful recognition in the moment. Leaders encourage managers, staff, and even patients and families to watch for commendable behaviours and share kudos when a staff's behaviour deserves recognition.

The handwritten card is delivered to the person in the moment. This unassuming, genuine gesture of appreciation requires little fanfare, but staff feel the impact deeply.

'On the Spot Kudos' Recognition Cards



Case in Brief: Mackenzie Health

- 506-bed hospital located in Richmond Hill, Ontario, Canada, with 2,300 staff
- Implemented 'Kudos Awards' in summer 2013 as a tactic to address opportunity for improvement in scores in recognition section of staff engagement survey
- Used focus groups and committees to define 'kudos-worthy' behaviours
- Recognition cards placed around the hospital so frontline staff, managers, and patients can provide staff members with immediate recognition
- Individual kudos not formally tracked by the organisation

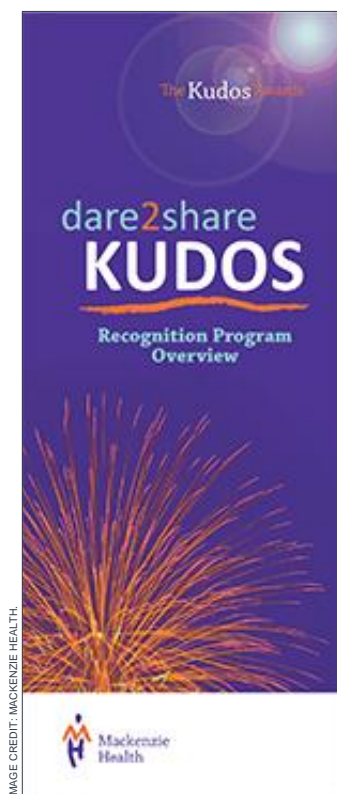
Source: Mackenzie Health, Richmond Hill, Ontario, Canada; Advisory Board interviews and analysis.

Directly Tying Recognition to Organisational Values

The on-the-spot element of this practice builds recognition more systematically into daily workflow, but leaders at Mackenzie sought an opportunity to not only recognise staff, but also reinforce their organisational values.

Leaders worked with staff to define key behaviours that are demonstrated when people are living Mackenzie's values in their day-to-day work. These values and behaviours are outlined in brochures also located with Kudos cards. Each Kudos card prompts the individual to identify the "Step Up Behaviour" that deserves recognition.

Overview of Worthy Behaviours for 'On the Spot Kudos'



'Step Up: It Starts with Me' Behaviour Domains	Representative Behaviours
Patient and Family Experience: <i>Respecting the dignity and confidentiality of patients and their families</i>	Customising communication with patients and family members
Quality and Safety: <i>Ensuring that quality care is provided and safety is maintained</i>	Suggesting ways to achieve improvements and efficiencies
Communication: <i>Communicating clearly with patients and their families</i>	Asking questions to clarify information before taking action
Professionalism: <i>Maintaining a calm, pleasant, and professional demeanour</i>	Identifying and seizing every opportunity to help others

Source: Mackenzie Health, Richmond Hill, Ontario, Canada; Advisory Board interviews and analysis.

Generating Enthusiasm Through Structured Roll-Out

The organisation launched their Kudos programme through an active marketing campaign. Senior leadership provided managers with a toolkit to help them explain the programme and encourage involvement.

Within the toolkit, managers received specific talking points to help them explain the programme to their staff. Managers were encouraged to facilitate three huddles as part of a structured launch. Each five-minute meeting had a specific agenda and goal. The meetings served to generate the awareness and enthusiasm necessary to catalyse participation.

Providing Managers Guidance and Tools at Kick-Off

Manager Guidance for Kudos Roll-Out to Front Line

Huddle 1

Kudos Programme Launch

- Introduction to the Kudos behaviours
- Encourage staff to demonstrate the behaviours themselves and recognise the behaviours in others

Huddle 2

Building Awareness

- Introduction to the three different types of recognition:
 - On the Spot
 - Keep It Up
 - President's Card

Huddle 3

Encouraging Participation

- Ask staff to identify 'Kudos-worthy' individuals or teams
- Recognise a staff member with an 'On the Spot Kudos' card



Manager Toolkit Components

- Kudos Brochure Excerpt
- Kudos Poster
- Kudos Card and Nomination Form
- Kudos Programme Memo
- Huddle Scripting



For a copy of toolkit components, see our online *Create a Culture of Recognition* Tool Suite available online at advisory.com/international/gcne/recognition





Source: Mackenzie Health, Richmond Hill, Ontario, Canada; Advisory Board interviews and analysis.

Maintaining Enthusiasm, Ensuring Sustainability

While other organisations may provide recognition cards to facilitate recognition among staff, many report enthusiasm for the programme may wane over time.

Mackenzie Health deployed several tactics to develop and maintain momentum of the practice. Due to strong support at all levels of the organisation, “Kudos” have become ingrained at Mackenzie. Leaders actively built a cadre of advocates, ensured visible and plentiful access to cards, embedded “Kudos” language into formal and informal communication, and continuously tied the recognition programme to the core mission and values of the organisation.

Key Elements to Maintain Momentum in Mackenzie Health’s “Kudos” Programme

			
Advocating at All Levels	Ensuring Strong Physical Presence	Embedding Kudos Language	Connecting to Mission, Values
Staff champions, former recipients, frontline managers and executive leaders regularly advocate Kudos recognition programme to patients, families, and staff	Cards located in high-traffic areas throughout the hospital, volunteers ensure cards always well stocked	Kudos language used by staff and executive leaders in day-to-day interactions	Organisational values incorporated into example Kudos behaviours in Kudos brochure

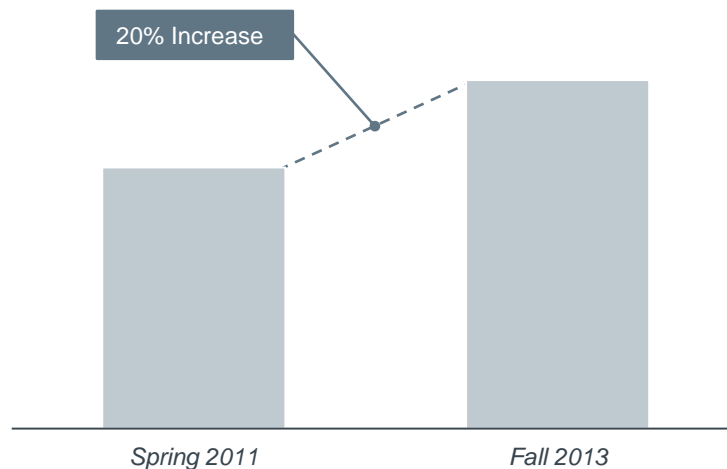
Source: Mackenzie Health, Richmond Hill, Ontario, Canada; Advisory Board interviews and analysis.

Successfully Improving Engagement at Mackenzie Health

Mackenzie Health has seen a 20% increase in engagement since the launch of its Kudos programme. While 'On the Spot Kudos' is a component of a broader engagement strategy at Mackenzie, leaders report that embedding recognition into day-to-day work has effectively created a culture where staff feel continuously appreciated. Staff are now more likely to both recognise each other and repeat positive behaviours.

As such, leaders' commitment to staff recognition and appreciation has been a critical success factor in their journey toward optimal engagement.

Staff Engagement at Mackenzie Health¹



Not Letting the Moment Slip Away

"So often as human beings we become so wrapped up in our busy day. We never take a moment to see ourselves or each other for the amazing moments that happen right under our nose. We do however see and remember things we don't like. The "On the Spot" Kudos has the potential to change a culture. In practice, when I used it as a Manager, the shock and then smile [from the staff member] was so rewarding."

Mackenzie Health Staff Member

¹) Based on Mackenzie Health's internal staff engagement data.

Source: Mackenzie Health, Richmond Hill, Ontario, Canada; Advisory Board interviews and analysis.

Create a Culture of Recognition

Building a culture of appreciation requires that recognition becomes routine and is achievable for most staff. Organisations must foster a culture of recognition where leadership, peers, and even patients recognise staff.

The Global Centre recommends organisations make recognition more regular by ensuring it is routine, visible, and achievable for all staff; more meaningful by encouraging staff to recognise specific achievements in the moment; and sustainable by embedding recognition into the values and culture of the organisation.

In addition to the information presented in this study, the Global Centre has developed the *Create a Culture of Recognition* Tool Suite, which is available for download on the Advisory Board website.

Key Elements to Create a Culture of Recognition

1

Make Recognition More Regular

Create opportunities for recognition that are:

Routine



Achievable



Visible



2

Embed More Meaning Into Recognition

Improve the quality of recognition by making it:

Personal



Timely



Specific



3

Focus on Ensuring Sustainability

Improve the consistency of recognition by developing:

Vocal Advocates



Common Language



Connection to Values



Move from Insight to Action: Visit the *Create a Culture of Recognition* Tool Suite

Embed meaningful recognition into frontline routine with our tool suite on creating a culture of appreciation. Sample tools include:

- A template for creating your own version of 'On the Spot Kudos' cards
- A Manager Toolkit to support leaders in educating staff about new recognition programmes
- Related resources from the Advisory Board, and more

advisory.com/international/gcne/recognition

Source: Advisory Board interviews and analysis.

Three Objectives for Demonstrating Support

The final objective to demonstrate meaningful support for the front line focuses on enabling personal, ongoing professional development.

While important to build the competencies required to elevate patient care, professional development is a crucial component of staff engagement. Organisations can demonstrate support for staff by facilitating meaningful feedback on past performance and promoting individual, ongoing career development.

1



Foster an Empathetic, Collaborative Environment

- Assess Emotional Capacity of Staff
- Reconnect Nurses with Caregiving Purpose
- Offer Structured Opportunities to Share

2



Create a Culture of Recognition

- Facilitate Opportunities to Routinely Show Appreciation

3



Enable Personal, Ongoing Professional Development

- Establish Formal, Timely Professional Appraisals
- Share Meaningful Performance Feedback
- Promote Individual, Ongoing Development Planning

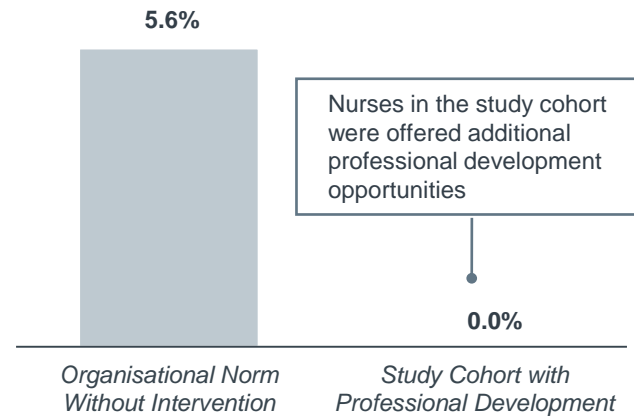
Source: Advisory Board interviews and analysis.

Fulfilling Personal Need for Professional Growth

When organisations carve out time to develop staff, they demonstrate their commitment to staff goals and well-being. This support strengthens the connection between staff and the organisation—enhancing engagement and reducing turnover.

Effective professional development helps staff identify strengths and weaknesses of past performance by providing meaningful feedback. Staff can then leverage and develop those skills through personal, ongoing career development.

Impact of Professional Development on Turnover in Canadian Hospital¹



Preventing Burnout with Feedback

“...receiving feedback on an ongoing, even weekly basis is fundamental in maintaining levels of engagement, thus preventing burnout. Otherwise, both the employee and the work become devalued.”

International Journal of Nursing Studies



More Than a Feel-Good Factor

“Personalised feedback and recognition aren’t just ‘frills’ that make workers feel good. Rather, they are crucial predictors of positive workplace outcomes such as employee retention and productivity.”

Gallup Business Journal

1) N=33 nurses, using longitudinal repeated-measures assessment.

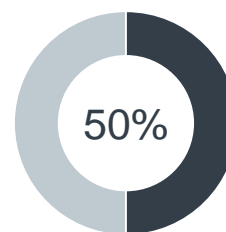
Source: Bournes DA, Ferguson-Paré M, “Human Becoming and 80/20: An Innovative Professional Development Model for Nurses,” *Nursing Science Quarterly*, 20, no. 3 (2007): 237-253; Freeney YM, Tiernan J, “Exploration of the Facilitators of and Barriers to Work Engagement in Nursing,” *International Journal of Nursing Studies*, 46, no. 12 (2009): 1557-1565; Crabtree S, “What Your Employees Need to Know,” *Gallup Business Journal*, <http://businessjournal.gallup.com/content/146996/employees-need-know.aspx>; Advisory Board interviews and analysis.

Many Feeling Unsupported in Professional Development

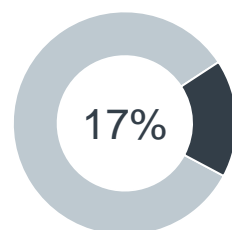
Unfortunately, the front line is not currently feeling supported in this area. Across the globe, frontline nurses do not see their organisations placing a priority on feedback or offering many opportunities for development and advancement.

Similar Results Around the World

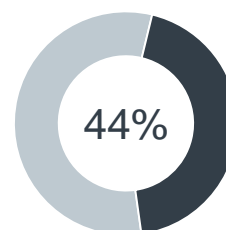
Percentage of International Nurses Dissatisfied with Opportunities for Advancement¹



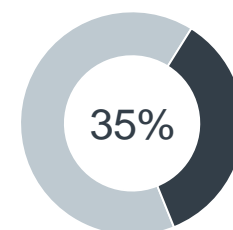
Canadian Hospital Staff Indicating They Have Opportunity to Advance Career²



Australian Nurses Indicating No Employer Support to Advance Knowledge³



English NHS Staff Indicating They Receive Well-Structured Performance Appraisals⁴



Key Problems with Current Professional Development Strategies



Sporadic,
Inconsistent



Informal,
Conversational



Focus on Poor
Performers



Lack
Structure

- 1) Average percentage of nurses responding that they are dissatisfied with opportunities for advancement; responses from nursing staff in Belgium, China, Denmark, Spain, Finland, Germany, Ireland, Netherlands, Norway, Poland, Sweden, UK.
- 2) Responses to NRC Picker 2010 Employee Experience Survey, involving over 10,000 employees in 16 Ontario hospitals; combines responses 'agree' and 'strongly agree'; answer choices included: 'strongly disagree, disagree, neither, agree, strongly agree'.
- 3) Those indicating they felt "no employer support to advance knowledge" among 182 nurses in the study "career progression—the views of Queensland's nurses," who were dissatisfied or very dissatisfied with career progression.
- 4) Aggregate calculation of those who answered yes to NHS staff survey questions #8b, "Did the appraisal/review help you to improve how you do your job"; 8d, "Did the appraisal/review leave you feeling that your work is valued by your trust"; 8c, "Did the appraisal/review help you agree clear objectives for your work"; answer choices include: 'yes' or 'no'.

Source: Rafferty AM, "RN4CAST Study Purpose and Overview of Design," May 2011, http://www.rn4cast.eu/attachments/RN4CAST_ICN%20MALTA%202011%20-%20s210.pdf; Lowe G, "How Employee Engagement Matters for Hospital Performance," *Healthcare Quarterly*, 15, no. 2 (2012): 29-39; Eley R, et al, "Career Progression—The Views of Queensland's Nurses," *Australian Journal of Advanced Nursing*, 30, no. 4 (2013); "Leadership and Engagement for Improvement in the NHS," The King's Fund, http://www.kingsfund.org.uk/sites/files/uk/field/publication_file/leadership-for-engagement-improvement-nhs-final-review2012.pdf; Advisory Board interviews and analysis.

Problematic Approach to Professional Development

Three root causes may account for the gap perceived by nurses.

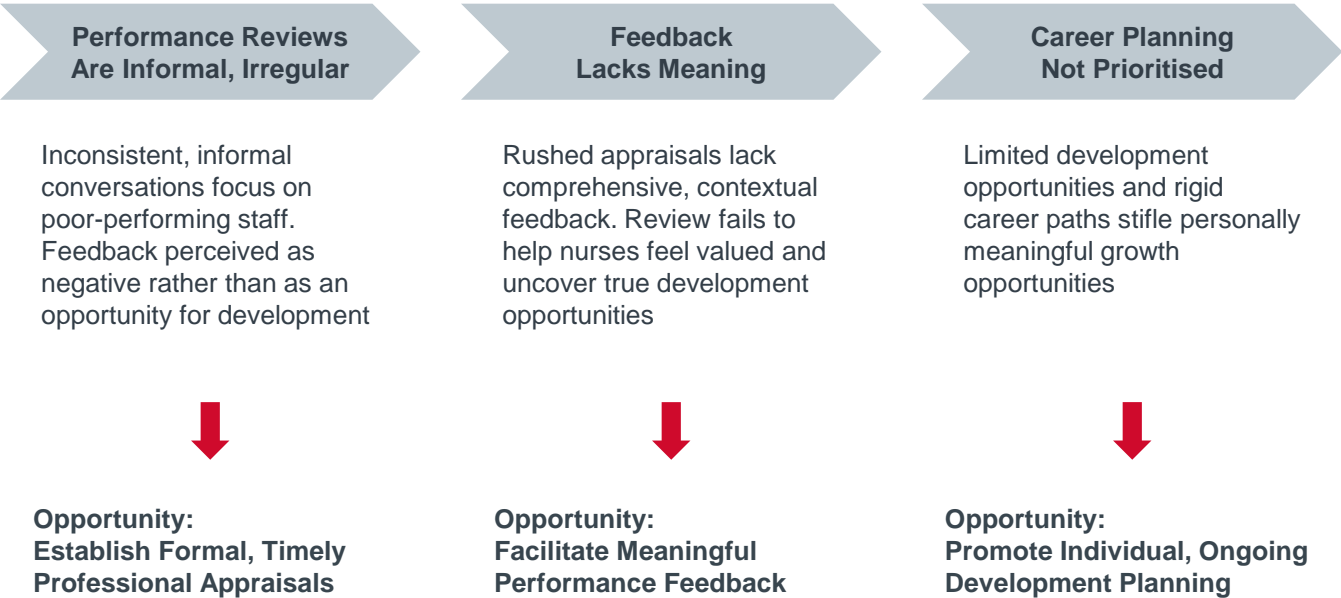
First, many nurses lack regular, formal performance appraisals. Without regularity, appraisals seem suspicious and potentially punitive, rather than seen as an opportunity to learn.

Second, rushed, unidirectional feedback lacks meaning for staff. If staff do not trust the feedback, they will not engage with it or deem it useful for their personal and professional development.

Finally, individualised career planning is not prioritised. Staff perceive limited development opportunities and few ways to meet their personal goals.

This section includes three objectives for addressing these root causes. Top priorities may vary by organisation, but these provide overall guidance for enhancing staff perceptions of professional development efforts.

Root Causes for Why Professional Development Lack Personal Meaning



Source: Advisory Board interviews and analysis.

Creating a Structured Process for Sharing Feedback

Establishing formal, timely performance appraisals is the first step to turn performance evaluations into meaningful, rather than dreaded, conversations.

Appraisals should be conducted for every employee on a regular basis. To ensure consistency, create a common structure across the organisation. Enhance meaning by focusing on both the nurse's past performance and future goals, incorporating feedback from several sources.

Ultimately, though, managers must be held accountable for completing appraisals to ensure every nurse receives meaningful feedback on a routine basis.

Key Elements for Establishing Formal, Timely Professional Appraisals



Frequency

Performance appraisals conducted on a regular and timely basis, e.g., annually or biannually



Structure

Formal processes and procedures in place ensure appraisals are structured and consistent



Focus

Effective performance appraisals focus on nurse's past accomplishments and future goals



Source

Performance appraisals incorporate feedback from frontline manager, peers, and the individual



Accountability

Executive leaders hold frontline managers accountable for completing appraisals with staff



Perform a Diagnostic of Your Current Performance Appraisal programme

For more information on evaluating effectiveness of your organisation's current performance appraisal tool, see *Performance Management Diagnostic*, on advisory.com



Help Nurses Create Personal Goals That Align with Organisational Goals

For more information on frontline goal-setting guidelines, visit the *Individual Development Portfolios* Tool Suite available online at www.advisory.com/international/gcne/developmentportfolios

Suffering from a Tick-Box Mentality

Making performance appraisals regular and holding frontline managers accountable for their completion carries risks. Managers often rush through reviews with a tick-box mentality just to hit their key performance indicator.

Frontline staff also may have misperceptions about their appraisals, either fearing them or dismissing them as meaningless.

Meaningless Appraisals Dreaded by Managers, Nurses Alike

Manager Mentality



“Appraisals, personal development reviews, annual assessments...for line managers and leaders, the prospect of conducting these discussions can sometimes initiate that ‘heart sinking’ feeling.”

Nursing Times

Frontline Staff Mentality



“When you hear your appraisal is due, it sends fear into the heart of even the most ‘hardened’ experienced nurses. More forms to fill in and then a dreaded face-to-face meeting with your boss. And it often seems as though all of this is just to tick a few boxes for the employer.”

IndependentNurse.co.uk

Source: “Face Up to Doing the Dreaded Appraisals,” *Nursing Times*, 15 March 2013, <http://www.nursingtimes.net/nursing-practice/clinical-zones/management/face-up-to-doing-the-dreaded-appraisals/5042587.article>; Griffiths M, “Appraisals and Revalidation,” *Independent Nurse*, October 2013, <http://www.independentnurse.co.uk/cgi-bin/go.pl/library/articlehtml.cgi?uid=101035;type=Opinion>; Advisory Board interviews and analysis.

A Team Approach to Professional Evaluation

Feedback is most powerful when it highlights individual's unique strengths and development needs. Nurses often feel generic feedback lacks meaning, so organisations should cultivate opportunities to inject more specific insights and examples into feedback.

To accomplish this goal, one constituency that can be used more effectively is the nurse's colleagues. Professional feedback coming from a colleague who knows the nurse's daily reality and practice is harder to ignore.

Abundant literature supports peer evaluation in nursing professional development. Nurses who evaluate peers report feeling encouraged and supported in their development.

Peers Provide Additional, Connected Perspective



An Underleveraged Opportunity

"The concept of peer review remains a crucial and vital underdeveloped portion of nursing's professional development."

*George V, et al.
Journal of Nursing Management*

Peer Evaluation in Nurses' Professional Development: Key Lessons on Peer Review

- Functions as a way of psychologically supporting peers
- Alleviates feelings of insecurity caused by work
- Helps nurses feel they are not alone in difficult situations, as they have a peer who knows the difficulties of the work
- Allows feedback to become a part of everyday interaction
- Promotes professional advancement through encouragement



Study in Brief: Peer Evaluation in Nurses' Professional Development

- Study aims to evaluate the potential significance of peer evaluation for nurses' career development plans in a Finnish University Hospital
- Qualitative study of 24 nurses responding to five open-ended questions on peer review
- Study found that peer evaluation allows nurses to give and receive professional and personal support promoting professional development
- Additionally, peer evaluations were found to create a culture of feedback in nursing and promote continuous on-the-job learning

Source: Vourinen R, et al., "Peer Evaluation in Nurses' Professional Development," *Journal of Clinical Nursing*, 9, no.2 (2000): 273-81; George V, et al., "Nursing Peer Review: the Manager's Role," *Journal of Nursing Management*, 19, no. 2 (2011): 254-259; Advisory Board interviews and analysis.

Ensuring Peer Perspective Reflected in Feedback

St. Vincent's, a 270-bed private hospital in Australia, created a process to share peer feedback with the front line. Piloted successfully in 2010, leaders rolled the process out across the hospital in July 2013.

St. Vincent's peer evaluations coincide with formal performance appraisals; managers deliver aggregated feedback during nurses' yearly review.

Each staff member receives feedback from four colleagues; the frontline manager selects two reviewers, then staff themselves select an additional two. Reviewers fill out a structured peer review form, and the manager includes the de-identified comments during the nurse's full performance appraisal.

Steps of Nursing Peer Review Process at St. Vincent's

1 Select Peer Reviewers



Manager initiates formal review process, nurse instructed to select two peers to complete peer review; manager selects two peers



2 Complete Forms and Return to Manager¹



Peers receive forms, are requested to fill out and return to manager within one week



3 Manager Compiles and Delivers Feedback



Manager compiles feedback from four forms onto one sheet and presents to nurse during formal review

Keys to Success

- ✓ Specific feedback is not attributed to individuals so peers can comfortably share constructive criticism
- ✓ Nurses are told who the manager selected to do reviews to avoid creating an environment of anxiety



For a copy of a peer review form, visit the online *Facilitate Meaningful Professional Feedback* Tool Suite available at advisory.com/international/gcne/peerreview



Case in Brief: St. Vincent's Hospital

- 270-bed Magnet[®] accredited hospital located in Sydney, Australia
- Evaluated peer review methods in literature, created their own unique process, and implemented trial in 2010
- Began hospital-wide roll-out in July 2013
- Positive feedback from nursing staff indicates peer review has a positive influence on nursing practice and development

1) At St. Vincent's Private Hospital the nurse managing the peer review process is a frontline nurse manager.

Source: Vourinen R, et al., "Peer Evaluation in Nurses' Professional Development," *Journal of Clinical Nursing*, 9, no.2 (2000): 273-81; George V, et al., "Nursing Peer Review: the Manager's Role," *Journal of Nursing Management*, 19, no. 2 (2011): 254-259; Advisory Board interviews and analysis.

Initial Concerns Don't Hold Water

Sir Charles Gairdner, a public hospital in Australia, needed to improve professional development as part of its journey to Magnet® accreditation. While intrigued by St. Vincent's peer feedback process, leaders at Sir Charles Gairdner admittedly expressed concerns.

They piloted the peer review process in 2012 as a way to test their initial apprehensions. Their pilot revealed that nurses objectively selected their reviewers. Constructive criticism has been taken very seriously and nurses in this programme feel motivated to live up to their peers' expectations.

Managers themselves also appreciated the process. Although it added some work upfront, this practice reinforced key messages about staff members' performance and development.

Sir Charles Gairdner has now implemented the peer review hospital-wide.

Original Fears Surrounding Peer Review Process Overcome in Pilot

Apprehension



Nurses will merely select friends to serve as reviewers



Result



Nurses select peers whose opinions they respect



Paperwork will create added burden for Clinical Nurse Specialists¹



Clinical Nurse Specialists find it to be a useful way to reinforce and validate their thoughts on areas of strength and development



Feedback from peers might be too negative



Peers typically have positive feedback, which has surprised nurses and strengthened the relationships and culture on units



Reinforcing a Positive Work Atmosphere

"The [Clinical Nurse Specialists] who have used it said it does work really well. They were really concerned that it was going to be a chance for colleagues to have a dig at each other, but it has been really positive."

*Clinical Nurse Specialist
Sir Charles Gairdner Hospital*



Case in Brief: Sir Charles Gairdner Hospital

- 600+ bed Magnet® accredited hospital located in East Perth, Australia
- Obtained peer review template from St. Vincent's Private; began trial for frontline staff in 2012
- Implemented hospital-wide peer reviews after seeing positive feedback from the trial, and to compliment the nursing professional practice model

1) At Sir Charles Gairdner Hospital the nurse managing the peer review process is a Clinical Nurse Specialist, a role which is equivalent to that of a frontline nurse manager.

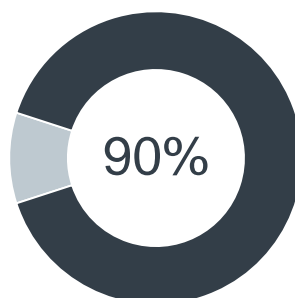
Source: Sir Charles Gairdner Hospital, Nedlands, Western Australia, Australia; Advisory Board interviews and analysis.

Honest, Specific Feedback Enhances Meaning

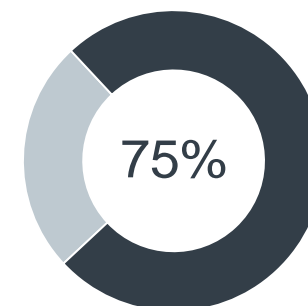
Both organisations have seen resoundingly positive feedback from staff and frontline nurses see the value in peer review. The nurses feel compelled to give and receive constructive feedback that elevates the quality and meaning of professional feedback.

Percentage of Positive Staff Feedback on Effectiveness of Peer Review

St. Vincent's Private Hospital¹



Sir Charles Gairdner Hospital²



A (More) Trusted Source

"I think staff really respect opinions from their peers and that feedback can be a lot more powerful even than feedback from a manager."

*Workforce Development Manager
St. Vincent's Private Hospital*



Highlighting Unexpected Strengths

"As I read them to [one nurse] she burst into tears. She works part time and therefore feels that she is not a great nurse, but her colleagues see her as a breath of fresh air every week."

*Peer Review Trial Lead
Sir Charles Gairdner Hospital*

1) Staff agreeing peer review improved their overall review process; responses analysed from internal staff survey at St. Vincent's Private Hospital.
2) Trial reviewees agreeing peer review positively influenced their practice; responses analysed from internal staff survey at Sir Charles Gairdner Hospital.

Source: St. Vincent's Private Hospital, Sydney, New South Wales, Australia; Sir Charles Gairdner Hospital, Nedlands, Western Australia, Australia; Advisory Board interviews and analysis.

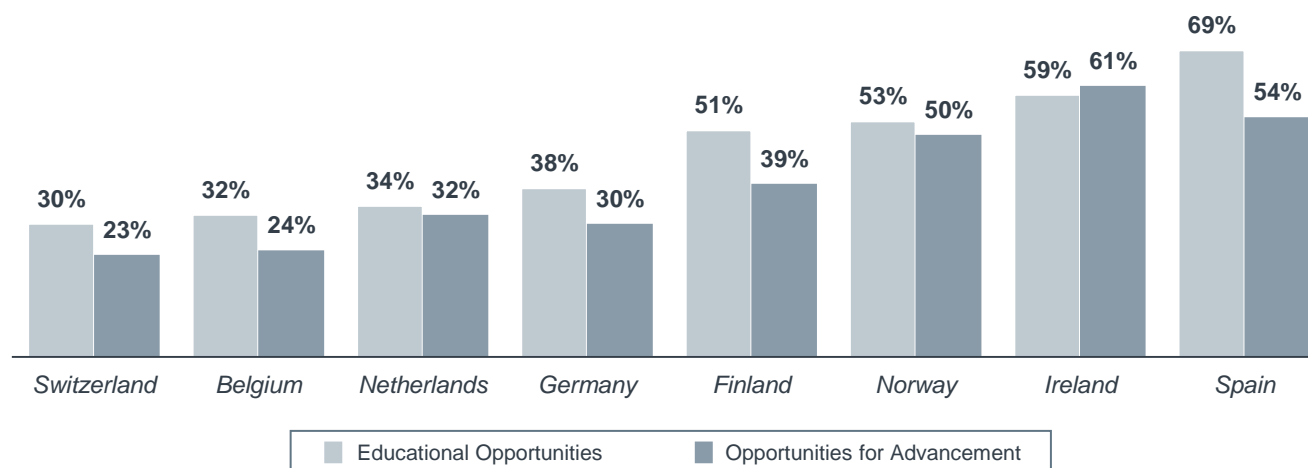
Focus on Long-Term Development Limited

Feedback on past performance is essential to identify meaningful opportunities for career development. However, it must be accompanied by a process through which nurses can set professional goals and work towards achieving them.

Unfortunately, nurses around the world report dissatisfaction with current professional development opportunities. Staff do not feel they have a clear career path, they are not interested in available job opportunities, and they feel opportunities for professional development and promotion are limited.

Struggling to Provide Meaningful Career Planning

Percentage of European Nurses Dissatisfied with Professional Development Opportunities



“

Career Development Options Unclear for Frontline Nurses

“The ones who have a spark go on to develop and do different things with their careers, and most people are left behind. It is hard for them to figure out how to think about their career with all of the demands.”

*Chief Nursing Executive
Canadian hospital*

”

1) Responses to Global Centre for Nursing Executives 2014 Pre-Roundtable survey question: “Do you have specific approaches in place that target meaningful career development, such as promoting more meaningful professional development through custom, flexible career path development?” Answer choices included ‘not in place-not planning to implement, not in place-planning to implement, not in place-need more information, in place-needs improvement, in place-working well, unsure’; n=16.

2) Responses to 2013 RCN survey question: “Do you currently have a personal training and development plan?”

Source: Aiken LH et al., “Nurses’ Reports of Working Conditions and Hospital Quality of Care in 12 Countries in Europe,” *International Journal of Nursing Studies*, 50, no. 2 (2013): 143-53; “Standards for Establishing and Sustaining Healthy Work Environments,” American Association of Critical Care Nurses, <http://www.aacn.org/wd/hwe/docs/hwestandards.pdf>; Global Centre for Nursing Executives 2014 Pre-roundtable Survey (Canada); Royal College of Nursing Employment Survey 2013, http://www.rcn.org.uk/_data/assets/pdf_file/0005/541292/Employment_Survey_2013_004_503_FINAL_100214.pdf; Advisory Board interviews and analysis.

Faced with Restrictive Career Development Options

Even when career planning is considered, certain barriers exist that impede nurses from deriving meaning. Traditional approaches to professional development are often costly and rely on mandatory trainings, didactic courses, and fairly rigid career tracks.

These methods face the following shortcomings:

Rigid development tracks impede nurses from forging a career path that best meets (and rewards) their needs and interests.

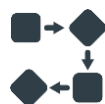
A one-size-fits-all approach in either the appraisal process or career planning can leave some feeling like they are in a dead-end job.

Additionally, a lack of time and money makes it increasingly difficult to provide comprehensive opportunities to all nursing staff.

These challenges often leave staff feeling unsupported in their professional development.

Barriers to Promoting Individualised Career Development

Rigid Development Tracks



“85% of our nurses in Australia work part time. So only 15% are eligible for promotions to full-time roles like manager positions.”
*Nurse Director
Australian private hospital*

One-Size-Fits-All Approach



“Flexible employment options [are] required to ensure that nurses don’t view nursing as a ‘dead end job.’ ”
*Angela Dawson
University of Technology, Sydney*

Lack of Time and Money



“It is very time consuming. Completing appraisals and development plans for all staff is a lot.”
*Development Manager
Australian public hospital*

Source: Dawson A, et al, “Nursing churn and turnover in Australian hospitals: nurses perceptions and suggestions for supportive strategies,” *BioMed Central Nursing*, (April 8, 2014), <http://www.biomedcentral.com/1472-6955/13/11>; Advisory Board interviews and analysis.

A Fresh Perspective on Career Pathing

One innovative institution has taken a bold approach to overcome these barriers by providing nurses with a mechanism to promote individual, ongoing development planning.

In 2012, nurse leaders at Gundersen Health System in Wisconsin, United States, employed a task force of educators, managers, and bedside nurses from over 20 different departments to answer one key question: what would be meaningful career planning for the front line?

As a result of the task force's findings, leaders completely eliminated their organisation's traditional clinical ladder and replaced it with a different-in-kind model. In the new model, nurses can select development opportunities from a broad menu of options and build a customised professional development portfolio over time. Leaders intended to foster meaningful professional development, while better preparing their nursing workforce to fill emerging needs within the health system.

Guiding Principles of Gundersen's Professional Development Strategy

Flexible



Encourages nurses to stay at the bedside if they wish

Individual



Based on individual career interests

Self-Directed



Staff can move in and out of career pathways



Case in Brief: Gundersen Health System

- Six-hospital system headquartered in La Crosse, Wisconsin, United States
- Eliminated traditional clinical ladder in 2012 due to concerns it limited staff growth and provided insufficient flexibility to motivate younger nurses; held focus groups across 2013 to assess staff preferences for next professional development model
- New model allows frontline staff to create their own professional development plan; staff encouraged to pursue opportunities across multiple areas simultaneously including leadership, education, and clinical development
- Pay differentials now tied to specific achievements and unit outcomes rather than clinical ladder tier
- Staff required to maintain a portfolio of experiences; goal to promote self-reflection, track progress
- 2013 Advisory Board Survey Solutions engagement survey found 64.3% of RNs agree training and development opportunities helped them to improve, 59.8% agree they're interested in promotion opportunities

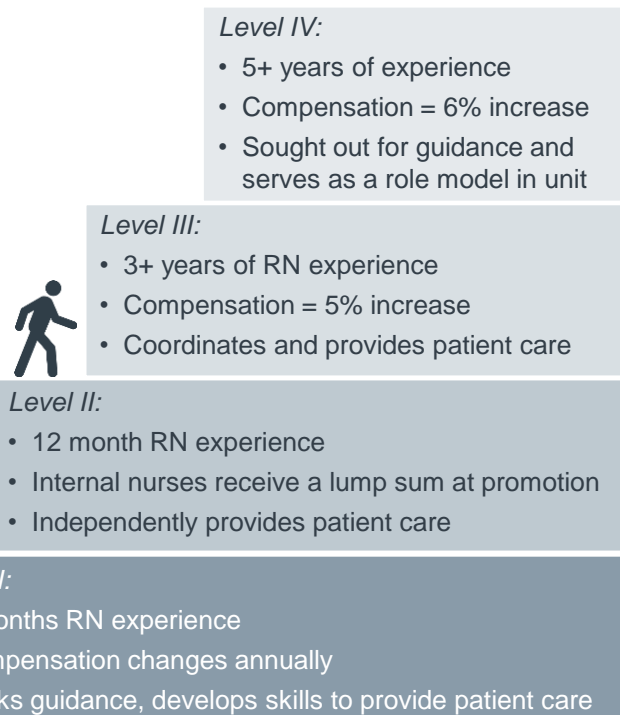
Moving Beyond the Traditional (Rigid) Approach

Based on staff feedback, Gundersen decided to move away from their well-established professional development model: the clinical ladder. First described in the early 1970s and updated in the 1980s with Patricia Brenner's novice to expert framework, clinical ladders were designed to provide staff nurses a pathway to career advancement while they stay at the bedside providing direct patient care. The system was originally created to aid recruitment and retention of nurses during a nationwide staffing crisis.

While clinical ladders have been successful for many organisations, they provide a very structured, and potentially rigid, career development pathway. Gundersen therefore decided to completely eliminate their clinical ladder to allow nurses to select development opportunities from a broad menu of options and build a customised development plan that evolves based on their interests and needs.

Clinical Ladder a Common US Model to Support Progression at Bedside

Example of Traditional Clinical Ladder Model



Comparing Gundersen's Old and New Model

Level of Flexibility



Old Model: Staff confined to one track

New Model: Staff encouraged to mix and match

Promotion Structure



Old Model: Hierarchical ladder of essential steps

New Model: No hierarchy or set pathway

Growth Opportunities



Old Model: No additional opportunities past top tier

New Model: No growth ceiling



Allowing Staff to Pursue a Blend of Interests

"Traditional fixed or directed career tracks do not meet the needs of the future generations of nurses or health care environment. Nurses want to do a blend of management, educator, quality assessment, and practice."

Mary Lu Gerke
Chief Nursing Officer
Gundersen Health System

Source: Bjork IT, et al., "Evaluation of Clinical Ladder Participation in Norway," *Journal of Nursing Scholarship*, 39, no. 1 (2007): 88-94; Shapiro M, "A Career Ladder Based on Benner's Model: An Analysis of Expected Outcomes," *Journal of Nursing Administration*, 28, no.3 (1998): 13-19; Advisory Board interviews and analysis.

Broadening the Scope of Options

Gundersen's new framework provides staff with a wide variety of development opportunities. The numerous professional development options now available to staff are divided into three categories: education, leadership, and evidence-based practice research. But staff do not just choose one path; they are encouraged to select opportunities across a mix of categories based on what they feel is most beneficial for their individual professional development.

Three General Focus Areas Provide Direction Without Confinement

Sample Development Opportunities Offered at Gundersen

Education	Leadership	EBP ² /Research
<ul style="list-style-type: none">• Become a preceptor for new RNs¹• Provide mentor training• Obtain specialty certification• Attend workshops or trainings• Shadow a more advanced RN• Become a super-user for patient safety	<ul style="list-style-type: none">• Train to be a charge nurse• Participate in a council• Join a professional nursing organisation• Initiative innovations that support continuous improvement• Co-lead unit problem-solving issues• Develop manager competencies	<ul style="list-style-type: none">• Use evidence to support improvement to patient care• Lead unit-level quality project• Participate in system-level research project• Write up project for publication• Demonstrate expertise in specialty area



For complete list of professional growth options, go online to access the *Encourage Individualised Career Planning Tool Suite*, available at advisory.com/international/gcne/developmentportfolios

1) Registered Nurse.
2) Evidence-Based Practice.

Building an Individual Professional Portfolio

Each staff member creates an individual professional portfolio, consisting of skill development opportunities meaningful to their personal goals. All nurses at Gundersen are expected to maintain this professional portfolio, where they record their achievements. Staff update their portfolios every six months.

During the time of their reviews, the frontline nurses review their portfolios with the nurse manager. During each nurse's annual review, managers and staff review the portfolio together to track activity, discuss career development opportunities, and set long-term development goals.

Although now done on paper, this record-keeping will eventually move to an electronic platform. For the time being, templates for the portfolio are housed on Gundersen's intranet.

Key Components of Gundersen's Portfolio Approach

Required for All Nurses



- Staff required to track all achievements in portfolio
- Training provided on proper method for logging achievements

Updated Frequently



- Staff expected to update portfolios at least every six months
- Updates must reflect all newly acquired education and skills

Easily Accessible



- Model portfolios available for viewing online via intranet
- Template available for staff to fill in updates

Reviewed with Manager



- Staff and manager review goals and achievements during annual evaluation
- Manager provides guidance for staff to create individualised career path



Creating a New Framework

"We are creating a new framework for professional nursing...to empower and engage nursing staff to *own* their practice and provide *multiple pathways* for professional growth."

Mary Lu Gerke
Chief Nursing Officer
Gundersen Health System

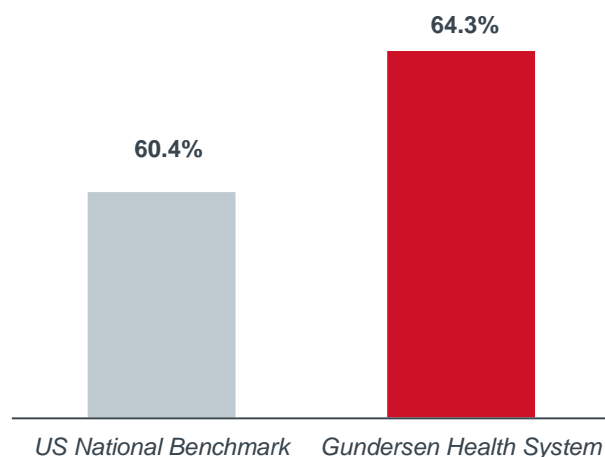
Source: Gundersen Health System, La Crosse, Wisconsin, US; Advisory Board interviews and analysis.

Striving for Cost-Effective, Engaging Development

Gundersen Health System's overall performance on the key engagement driver "Training and development opportunities helped me improve" is above the United States national benchmark. Notably, leaders at Gundersen deployed their first employee engagement survey during the transition to the Individualised Development Portfolio model. Despite this significant transition, staff perceptions about both training and development and promotion opportunities remained above the national average.

Personal Career Development Yields Strong Results

Percentage of RNs Agreeing Training and Development Opportunities Helped Them Improve¹



Beginning to Reward Achievement

"Under our old model we moved approximately 30 people per year from the novice level to the expert level on our clinical ladder, which was very costly.

We intend to use the funds previously allocated to support these transitions to compensate staff for specific achievements...For example, as staff reach a set target for patient falls or pressure ulcers, a percentage of what would have been a merit increase will be targeted towards high-performing units or individuals."

Gundersen Health System



For more information, go online to access the *Encourage Individualised Career Planning Tool Suite*, available at advisory.com/international/gcne/developmentportfolios

1) RNs responding 'Agree' or 'Strongly Agree' to the following questions: "Training opportunities at my organisation have helped me to improve" and "I am interested in professional development opportunities in my unit or department". 2013 data

Source: Gundersen Health System, La Crosse, Wisconsin, US; Advisory Board Survey Solutions' Employee Engagement Initiative National Database, 2013; Advisory Board interviews and analysis.

Enable Personal, Ongoing Professional Development

Organisations can help staff feel supported by enabling personal, ongoing professional development. Staff appreciate feedback that is trusted, specific, and useful for their practice. They also appreciate development opportunities that are flexible, individual, and self-directed.

In addition to the information presented in this study, the Global Centre has developed two online tool suites to help organisations implement both peer review and individual development portfolios. These tool suites are available for download on the Advisory Board website.

Key Elements to Enable Personal, Ongoing Professional Development

1

Inject Meaning Into the Process by Ensuring Feedback Is:



Trusted and specific



Useful for their practice

2

Offer Development Opportunities That Are:

1 Flexible:

Allowing nurses to stay at the bedside if desired

2 Individual:

Diverse development options to match individual career interests

3 Self-Directed:

Staff can work directly on career planning themselves



Visit the *Facilitate Meaningful Professional Feedback Tool Suite*

Provide more meaningful performance feedback with our tools for implementing peer review:

- Customisable template for creating your own Peer Review form
- PowerPoint deck to present the concept to staff
- Questionnaire to help staff pick the most appropriate peer to conduct their review and more

advisory.com/international/gcne/peerreview



Visit the *Encourage Individualised Career Planning Tool Suite*

Help your staff be stewards of their own professional development with this tool suite:

- Template for creating an individual development plan with staff
- Tool for creating a development options picklist
- Further research on enhancing career development, and more

advisory.com/international/gcne/developmentportfolios



Energising the Nursing Workforce: Part 2

Involve the Front Line in Organisational Strategy

- Objective 4: Connect Front Line to Organisation's Mission
- Objective 5: Build Trust Through Transparent Communication
- Objective 6: Cultivate Frontline Ownership of Decisions

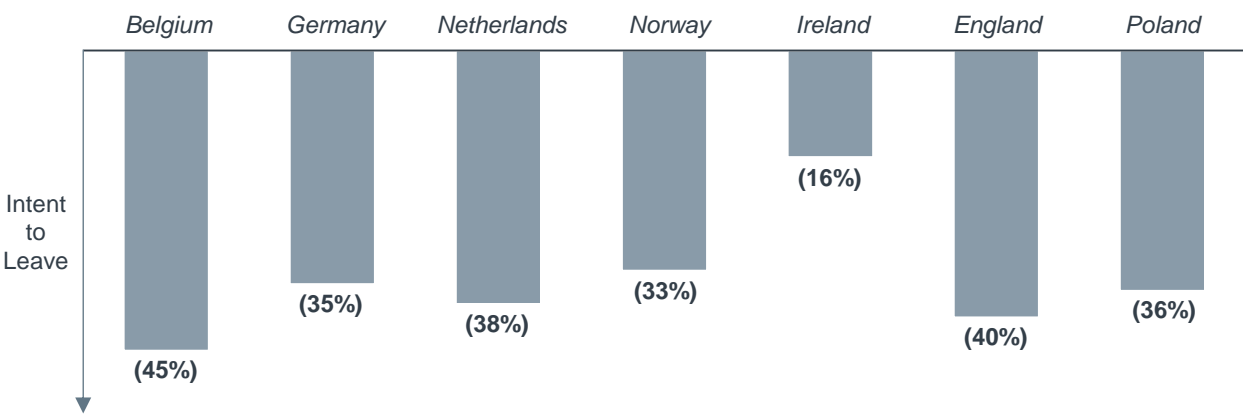
Involved Nurses Feel a Part of Something Bigger Than Themselves

Data from the RN4Cast suggests that involving staff in hospital affairs can create a strong connection between staff and their organisation. Controlling for all other variables, the more that nurses participate in hospital affairs, the less likely they are to leave the organisation.

By not involving nurses in organisational strategies, leaders not only risk disengaging staff, but also the success of transformation efforts. Given today's pace of change, staff struggle with "change fatigue." Without opportunities to provide input during these transformative times, frontline nurses risk feeling as though the changes are happening to them, rather than feeling like they play a critical role in the transformation.

Involving staff is critical as leaders benefit not only from engaged frontline nurses that readily adapt to and help implement change, but also from leveraging their valuable perspectives to design necessary innovations.

Percentage Decrease in Nurses' Intention to Leave Attributed to Increased Participation in Hospital Affairs¹



More Influence, More Engagement

"We have to have nurses believe and experience that they have the power to influence their environment in positive ways...whether we like it or not there has been a disintegration of the role of authority and engaging staff takes something different than it did in the past."

Chief Nursing Executive
Canadian hospital

1) Multilevel analysis. Interpreted odds ratios, statistically significant with 95% confidence intervals.

Source: Heinen MM, Van Achterberg T, et al., "Nurses' Intention to Leave Their Profession: A Cross Sectional Observational Study in 10 European Countries," *International Journal of Nursing Studies*, 50, no. 2 (2013): 174-84; Advisory Board interviews and analysis.

Building Blocks of Involvement

Organisations should follow three key steps to effectively involve staff in organisational strategy.

First, frontline staff must feel connected to the organisation's overall mission and values. They need to have a shared belief in the organisation and an understanding of how their daily work fits into the bigger picture.

Next, employees need to trust that executives uphold these values when making strategic decisions. Clear communication reduces the perceived distance between the front line and their leaders. This is a critical step to enhance staff's understanding of and confidence in key strategic decisions.

Finally, belief and trust alone are not enough to truly feel ownership of organisational performance. Staff must feel empowered to actually shape the organisation's future. To inspire true engagement, leaders must cultivate frontline ownership of decisions.

Steps to Involve Front Line in Organisational Strategy



More Responsibility, More Engagement

"The more you engage people and give them responsibility, the more engaged they become in their work environment and the more they get involved in working together, improving their work environment and their final work objective, which is caring for patients."

*Deputy Chief Nursing Officer
Belgian hospital*

Source: Advisory Board interviews and analysis.

Three Objectives for Involving the Front Line

The following section walks through each of the building blocks of involvement, in turn.

First, leaders should connect the front line to the organisation's mission by helping staff see how their day-to-day behaviours reflect organisational values.

Then, leaders must demonstrate that their behaviours and decisions reflect organisational values by clearly communicating the intent behind strategic decisions.

Finally, true involvement requires leaders to actually devolve some power directly to the front line in a structured way, ultimately cultivating frontline ownership of decisions.

4



Connect Front Line to Organisation's Mission

- Translate Values into Specific Behaviours

5



Build Trust Through Transparent Communication

- Minimise Distance Between Executive Leaders and Front Line
- Explain Organisational Strategy in Frontline Terms
- Rationalise the Flow of Change

6



Cultivate Frontline Ownership of Decisions

- Close the Loop When Soliciting and Responding to Ideas
- Establish Formal Structure for Professional Decision Making

Source: Advisory Board interviews and analysis.

Belief in Mission Fundamental to Engagement

Belief in the mission of the organisation forms the foundation for the emotional connection that characterises engagement.

In fact, the specific engagement driver, “I Believe in My Organisation’s Mission,” is the strongest predictor of staff engagement, according to an analysis of the Advisory Board’s global engagement survey database. Nurses must believe in the goals and values of the organisation and feel that the organisation prioritises efforts to provide excellent care to patients.

While health care organisations have a naturally compelling mission, staff must see those values demonstrated consistently across the organisation and must understand how their own daily work contributes to the overall organisation’s mission.

Top Engagement Drivers Based on Multivariate Regression¹

Beta Value	Driver
.128	I believe in my organisation's mission.
.111	My organisation provides excellent care to patients.
.101	My ideas and suggestions are valued by my organisation.
.084	The actions of executives in my organisation reflect our mission and values.
.077	My organisation helps me deal with stress and burnout.
.073	I am interested in promotion opportunities in my unit/department.
.071	My current job is a good match for my skills.
.045	Training and development opportunities offered by my organisation have helped me to improve.
.045	I understand how my daily work contributes to the organisation's mission.
.044	My most recent performance review helped me to improve.



Values Are the Cornerstone

“In 40 years specialising in stress and burnout, one thing is clear to me—burnout is the result of people working in conflict with their deepest values. Nurses have the capacity to work tirelessly and hard for years when they feel good about themselves and the value of their work.”

Alia Accad, RN, MSN

1) 2013 model contains 19 out of 42 drivers with an R² of 0.65. All drivers correlate with the engagement index in individual regressions.

Source: Accad A, “Stress Out: Show Stress Who’s Boss!,” Self Published (2009); Advisory Board Survey Solutions’ Employee Engagement National Database, 2013; Advisory Board interviews and analysis.

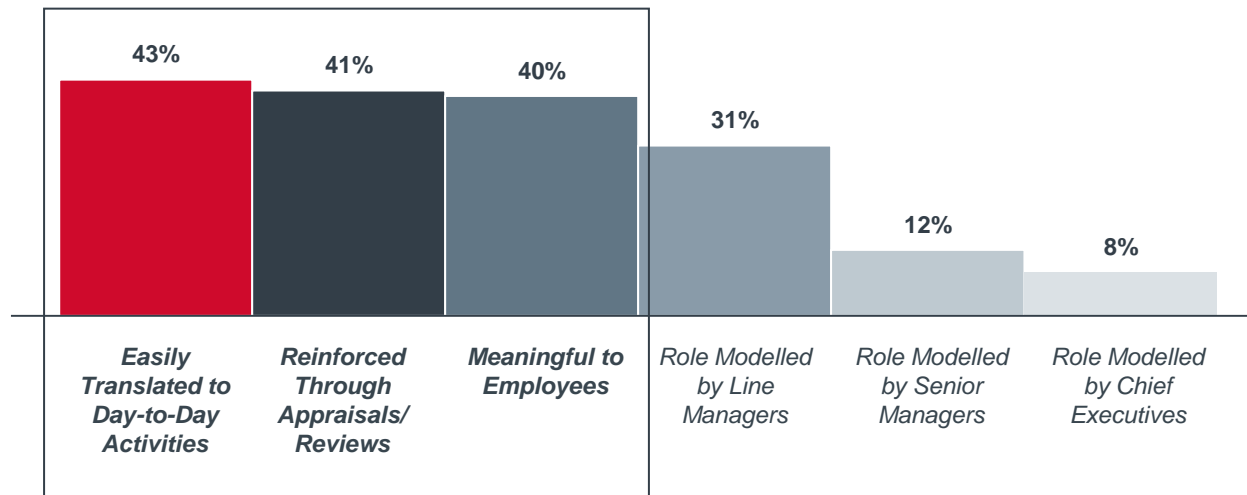
Ensuring Staff See Values in Action Within Their Everyday Work

Easily translating values into day-to-day activities and behaviours is crucial for staff to actually believe the organisation upholds those values, according to data from a UK-based not-for-profit human resources organisation, the Chartered Institute of Personnel and Development (CIPD).

In a 2013 survey of National Health Service (NHS) staff, nurses who rated their organisational values as 'strong' were then asked why they found evidence of those values in employee behaviours.

Staff need to feel values are meaningful in their daily work, most importantly that they are easily translated into day-to-day activities. Amorphous value statements and role modelling by executives were not enough to demonstrate values to the front line.

RNs Selecting Reasons Why Organisational Values Evident in Employee Behaviours¹



The Difficulty in Consistently Linking Values to Our Daily Work

"I think pretty much all organisations have values articulated...but I think we could do a better job in terms of thinking about what they look like. **It is hard to link the values to what we do in an ongoing, consistent way. That's where we fall down.**"

*Chief Nursing Officer
Canadian hospital*

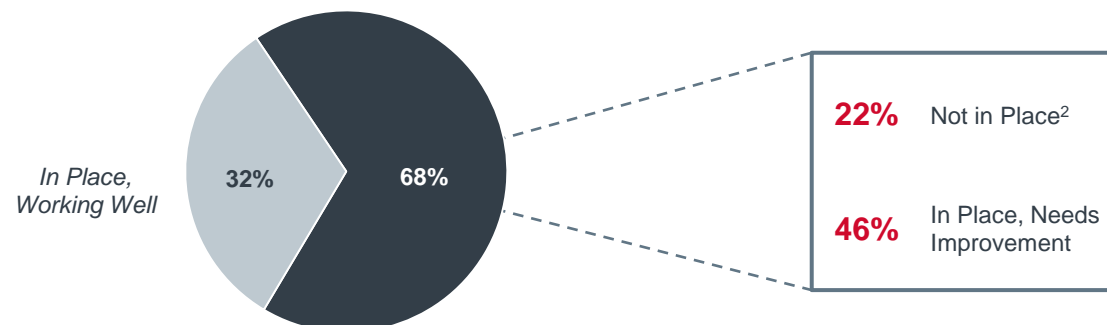
¹) In organisations where most employees are seen as acting in alignment with organisational values, according to Chartered Institute of Personnel and Development survey, 2013; selections not limited to one choice.

Source: Chartered Institute of Personnel and Development 2013 Staff Survey, <http://www.cipd.co.uk/hr-resources/survey-reports/employee-outlook-autumn-2013.aspx>; Advisory Board interviews and analysis.

Many Beginning to Move Towards Making Values Come Alive at the Front Line

While almost all hospitals have clear mission statements and organisational values, data from a recent Global Centre survey shows that only a small number of Global Centre members have a well-established, effective approach in place for connecting these organisational values to specific frontline behaviours.

Percentage of Nurse Executive Respondents with:
“A Specific Approach to Connect Organisational Values to Frontline Behaviours¹”



Recognising the Room for Growth

“We know [connecting the front line to values] is important, but we still need to work on it. We are not there yet, to be sure.”

*Chief Nursing Officer
Belgian hospital*



Taking Steps to Bring Meaning to Organisational Values

“We have organisational values but they were written by people in back offices, so they weren’t meaningful. [The values we developed for Nursing and Midwifery] brought some more meaning and focus, and are used more as pledges for how we work.”

*Nurse Executive
Northern Ireland NHS Trust*

1) Responses to Global Centre for Nursing Executives 2014 research survey question:

“Do you have specific approaches in place that target the following areas impacting frontline nurse engagement: Connect organisational values to frontline day-to-day actions and behaviours?”; n=60; Australia, New Zealand, Europe, Middle East, Canada.

2) Responses include: ‘Not in place, not planning to implement’, ‘Not in place, planning to implement’, ‘Not in place, need more information’.

Source: Global Centre for Nursing Executives 2014 Research Survey; Advisory Board interviews and analysis.

Balancing Organisational-Wide Consistency with Nursing-Specific Voice

Faced with inconsistent employee satisfaction results across their 14 hospitals, leaders at St. John of God Health Care (SJGHC) in Australia decided to help their frontline units identify value-based behaviours and lead unit-level improvement efforts to uphold these values in their day-to-day work.

In 2009, when one of SJGHC's largest hospitals reported poor employee satisfaction on their annual staff survey, the Group Director of Nursing tried to identify best practices to share from among the 13 other hospitals. But on closer look, she found wide variability across units, even in the seemingly well-performing hospitals.

In an effort to ensure consistency in performance, the Director created 'Foundations of Excellence for Nursing and Midwifery'. These Foundations translate organisational values into language and behaviours meaningful to frontline nurses.

St. John of God Health Care's Approach to Developing Nursing Standards



Case in Brief: St. John of God Health Care (SJGHC)

- 14-hospital private, not-for-profit network in Western Australia, Victoria, and New South Wales, with 2,042 total beds in system
- One facility noted challenges with nurse satisfaction; closer inspection revealed inconsistencies across facilities
- Nursing leadership sought to guide actions across units, recognise contribution of nursing to meeting organisation's vision and develop a reputation as a 'magnet' for nurses
- Working since 2009 to develop, pilot, and implement 'Foundations of Excellence' across organisation
- Engagement and retention scores have increased significantly since implementation of 'Foundations of Excellence'

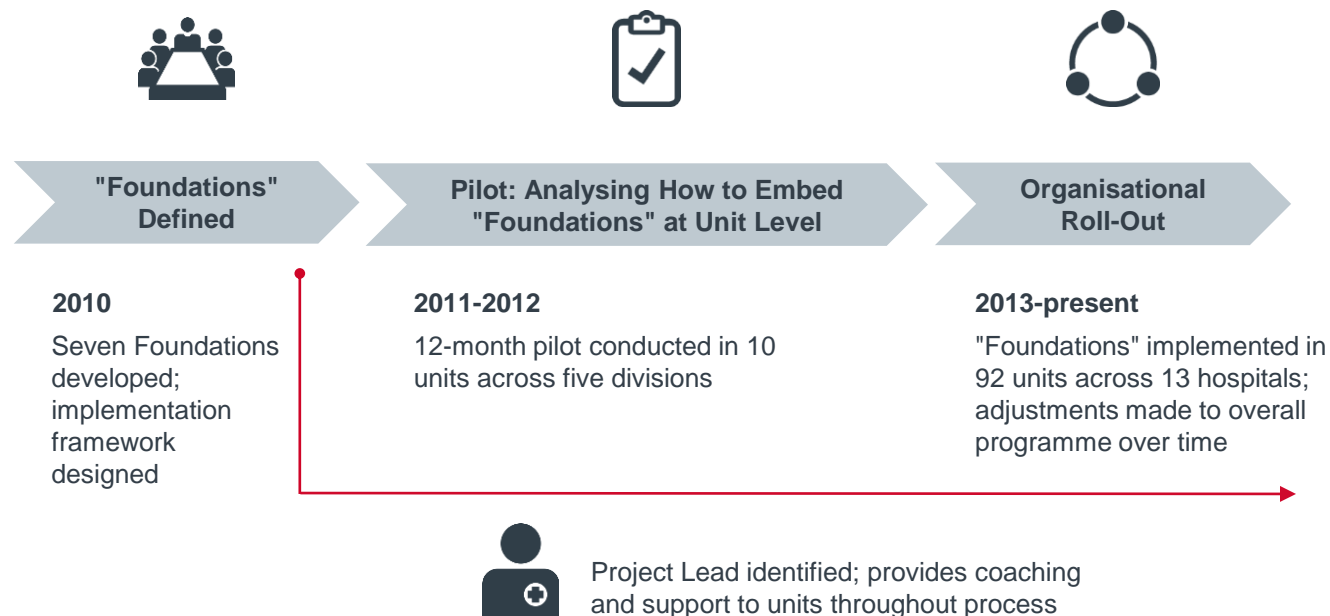
Source: St. John of God Health Care, West Perth, Western Australia, Australia; Advisory Board interviews and analysis.

Structured Process to Embed Standards at Unit Level

After developing their Foundations in 2010, leaders at St. John of God designed an implementation framework to embed them at unit level. A 12-month pilot involving 10 units tested the Foundations in real world practice.

Leaders encouraged a structured roll-out, but also built in flexibility to allow for evolution. For example, the Foundations were originally called 'Standards', but frontline nurses felt the language was impersonal and suggested yet another performance indicator. The term 'Foundations' provided more inspiration and feeling. Staff also helped edit the wording of the Foundations to enhance their meaning for the front line. Shorter phrases with easy-to-remember values statements replaced executives' original prose.

Implementation Timeline for Deploying 'Foundations of Excellence'



In It For the Long Term

"We didn't just want it to be words but also a programme with a robust implementation framework. Taking a unit-level approach to implementation has been slower than would be expected. We have been working on this for the last four years but we keep learning and growing. It is an improvement journey, not a destination."

*Tammy Sandison
Project Lead
St. John of God Health Care*

Source: St. John of God Health Care, West Perth, Western Australia, Australia; Advisory Board interviews and analysis.

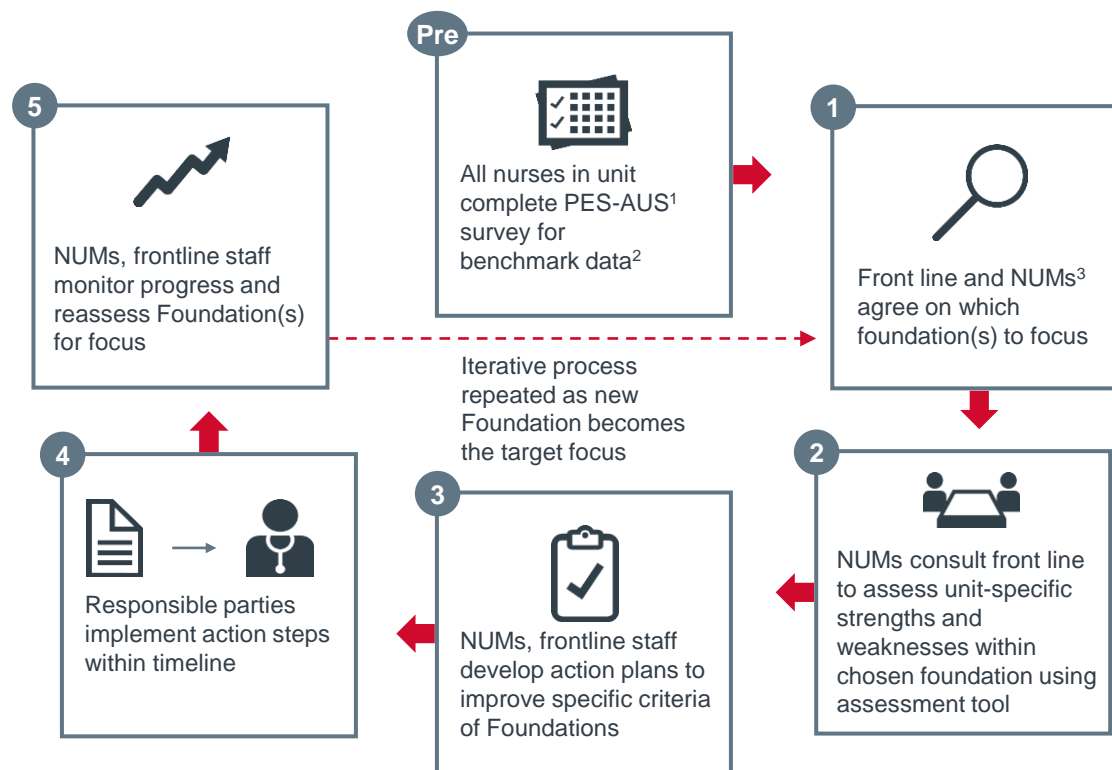
Fostering Unit-Level Ownership of Action Plans

Staff ensured the Foundations resonated at the front line, and frontline nurses truly owned the process of embedding the values into their unit's behaviours.

Each unit prioritises opportunities to embed values into their work. Together with their manager, frontline staff agree on a specific foundation to develop. The unit-level team then designs an action plan to improve performance on the selected foundation.

Once the team feels the right actions have been taken and sufficient progress has been made, the process starts over again and a new foundation becomes the focus.

Steps for Creating Unit-Level Action Plans



1) Practice Environment Scale – Australia.
2) Results mapped to seven foundations.
3) Nurse unit managers.

Source: St. John of God Health Care, West Perth, Western Australia, Australia; Advisory Board interviews and analysis.

Assessment Tool Identifies Unit-Specific Weaknesses

St. John of God provided a number of tools to guide staff in the creation of unit-level action plans.

This Assessment Tool provides a structured way to assess unit-level strengths and weaknesses. Each foundation has a specific assessment tool and staff are encouraged to rate their sense of achievement on specific criteria. Led by the manager, unit nurses use these tools to assess their current performance and select a specific foundation of focus. The tool then serves as a baseline and helps staff evaluate their own progress as they implement their action plans.

Example 'Foundations of Excellence' Assessment Tool: Foundation Three: “We Participate”

ST JOHN OF GOD Health Care		<div>Achieved</div> <div>A good sense of achievement</div> <div>A good start, but more work to do</div> <div>Low sense of achievement</div> <div>No sense of achievement</div> <div>Not applicable</div> <div>OVERALL SENSE OF ACHIEVEMENT FOR CRITERION</div>				
NURSING AND MIDWIFERY FOUNDATIONS OF EXCELLENCE						
RATING SCALE: SENSE OF ACHIEVEMENT Achieved 5 ★ Good sense of achievement 4 ★ A good start, but more work required 3 ★ Low sense of achievement 2 ★ No sense of achievement 1 ★ Not applicable N/A *Achieved* should be utilised where you have a good sense that sound structures and processes have been implemented and performance targets have been reached		WARD/UNIT: Add unit name here				
Criteria	Assessment elements	Rating				
FOUNDATION 3: Nurses and midwives have a voice and are encouraged to fully participate in decisions affecting their work 3.1. Nursing and midwifery leaders work together with individual nurses and midwives to achieve the organisation's vision and mission in relationships of mutual respect, trust and dignity	Nurses and midwives are supported to work independently and exercise decision making in relation with others; and within the boundaries of their scope of practice, relevant legislation and organisational policy					
	Nurses and midwives are accountable and assume responsibility for their decision making, and associated actions and behaviours					
	The PR&D process establishes a partnership between individual nurses/midwives and their Manager with agreement to work together to meet individual, team and organisational need					
	The PR&D process explicitly links individual objectives to organisation goals					
	There are structures and processes which enable ongoing one-on-one communication, feedback and progress reporting between annual performance review					

Steps for Unit-Level Self Assessment

- 1 Select foundation of focus as a unit
- 2 Rank unit against criteria and elements within Foundation (using assessment tool)
- 3 Identify strengths and weaknesses within unit
- 4 Use findings to inform action plans



For complete version of Assessment for Foundation Three, please see the online *Connect Front Line to Organisation's Mission Tool Suite* available at advisory.com/international/gcne/values

Source: St. John of God Health Care, West Perth, Western Australia, Australia; Advisory Board interviews and analysis.

Committing to Improvement with Structured Action Plans

St. John of God also provides a tool to help staff structure and execute their plans. Once the staff members choose their foundation of focus, the unit highlights specific areas for improvement. They collectively agree on a proposed solution and complete an action plan.

Staff members outline specific action steps they will take to reach their goal. For each step, the team assigns responsibility, specifies target metrics, sets a project completion date, identifies needed resources, and assesses potential pitfalls.

Encouraging Accountability for Staff-Led Initiatives

Example Unit-Level Action Plan on “Communication of Team and Individual Performance”

Plan highlights specific areas for improvement with agreed-upon solution

Plan clearly outlines responsible parties, timeline, metrics, and resources needed

Challenges to implementation acknowledged up front

Identified area for improvement: <i>Communication of team and individual performance between nurse manager and the team</i>						
Proposed solution: <i>Delegation of PR&D through caregiver grouping to improve quality and timeliness of 2 way feedback</i>						
Action Step	Person Responsible	Target Metric	Date to be Completed	Resources Needed	Potential Pitfalls	
Develop up a caregiver grouping model that best suits ANUM/CNS strengths and/or portfolios and builds teams within teams	NUM and senior staff	Improvement in PG nursing satisfaction with question "Performance review done on time". Mean score target 63 (and increase of 13 mean score points). Stretch target mean 69.2 (to bring to top quartile performance)	Complete by Feb 2013	NUM & senior nurses to set time to allocate groups	Staff members may be dissatisfied with the senior person who will be doing the PDR. The senior person may be concerned about the person they will be doing the PDR on due to performance concerns or personality clash.	
Allocate each caregiver to an appropriate PDR group headed by a senior ANUM or CNS. Consider 'naming' the Groups as opposed to being person x's group	NUM and senior staff					
Develop unit specific guidelines for effective PDR to ensure consistency across Groups	NUM	Improvement in PG nursing satisfaction with question "Performance review helped me improve". Mean score target 62 (and increase of 8.1 mean score points). Stretch target mean 66.7 (to bring to top quartile performance)	Complete by Feb 2013	Time and support for Group Clinical Projects Officer as necessary		
Each ANUM or CNS heading a Group to devise a plan/timeline for timely completion of each individual caregiver annual PDR including touching base with NUM before and after each review as necessary	Senior staff	Each caregiver to have 1 formal documented review each 12 months	Implemented plan by Feb 13	Senior nurse time to develop plan		
Implement a less formal system of performance review for the individual team members that will give them more frequent feedback about their work performance and be informed about where and how they can contribute to team, unit and Divisional goals	NUM and senior staff	Each caregiver to have 2 informal sessions each 12 month period	Implemented plan by Feb 13	Time and discussion	The staff may feel the two extra sessions are too much or not enough according to their expectations. The time required for the informal sessions will impact on NUM workload.	
Portfolio teams	NUM and CCU staff	Standard 3.3 overall score of 2.5.	Implement plan by Feb 13	NUM	The process of informed teams making decisions within the department may prevent timely process. More involvement of staff with the decision making process will potentially create more opportunity for varying views and impact of the effectiveness of decision making.	



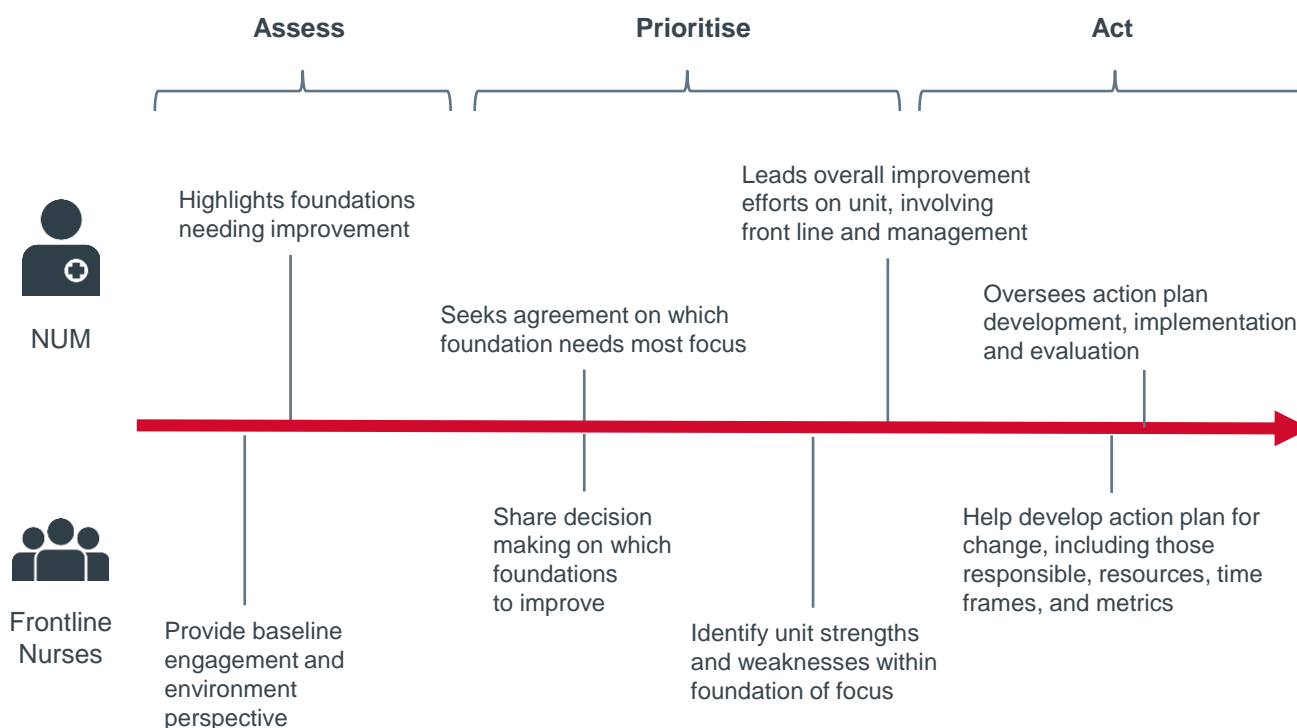
For Action Plan Template, please see the online *Connect Front Line to Organisation's Mission Tool Suite* available at advisory.com/international/gcne/values

Source: St. John of God Health Care, West Perth, Western Australia, Australia; Advisory Board interviews and analysis.

Facilitating Structured Opportunities to Involve Staff in Organisational Strategy

St. John of God's 'Foundations of Excellence' approach serves as a structured way to translate values into day-to-day actions. But leaders took special care not only to enable staff to translate these values into behaviours in a meaningful way, but also to involve staff directly in improvement efforts. Unit managers and frontline nurses are enfranchised throughout the process and ultimately own the creation of the culture on their units. By providing tools and structures, while still enabling local ownership, St. John of God effectively balanced consistency across organisations with individual investment and autonomy.

Key Involvement Opportunities for SJOG NUMs¹ and Frontline Nurses During 'Foundations of Excellence' Process



1) Nurse unit manager.

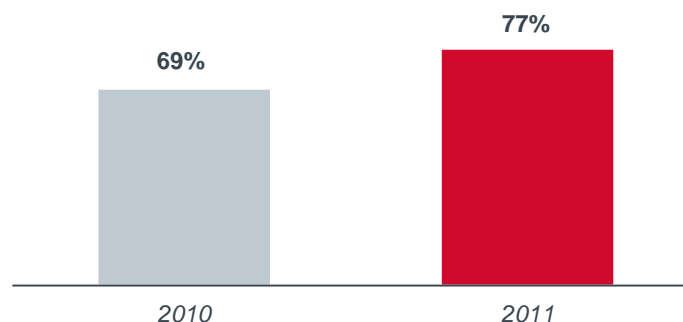
Targeted Efforts Pay Off

By involving and empowering staff, the efforts at St. John of God have paid off. Leaders attribute success on both staff engagement and performance improvement to the practice.

Positive results are reflected in overall health system metrics. For example, in just the first year of implementation, the system improved staff intention to stay by eight percentage points.

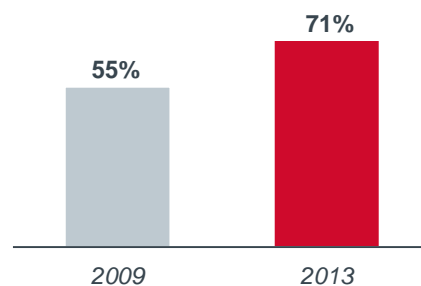
Positive results are especially pronounced on a unit-by-unit basis. For instance, an Emergency Department unit involved in the pilot improved staff engagement by 16 percentage points and moved their patient satisfaction ranking from the 29th to the 99th percentile in just over three years.

St. John of God Health Care Frontline Nurses Intending to Stay¹

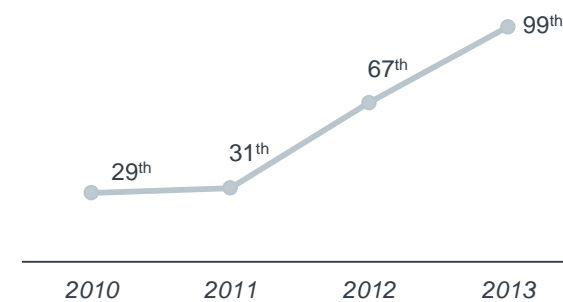


Example of Unit-Level Successes: Emergency Department

Nurses Considered Engaged¹



Patient Satisfaction Percentile²



1) According to St. John of God's internal engagement survey.
2) According to St. John of God's internal patient satisfaction survey.

Source: St. John of God Health Care, West Perth, Western Australia, Australia; Advisory Board interviews and analysis.

Connect Front Line to Organisation's Mission

St. John of God took a very thoughtful and structured approach to embedding values into day-to-day unit-level operations with impressive results.

According to the extensive research conducted at the Global Centre on the importance of mission and values work, certain key elements are essential for connecting frontline staff to the organisational mission.

The Global Centre has developed a *Connect Front Line to Organisation's Mission* Tool Suite, which is available for download on the Advisory Board website.

Key Elements to Connecting Front Line to Organisational Mission

1

Encourage Frontline Participation Throughout



Build ownership for values as well as behaviours by soliciting nurse participation

2

Prioritise Opportunities for Unit-Level Improvement



Allow units to develop action plans and steps to embed behaviours relevant to their needs

3

Embed Values/Behaviours into Workflow



Incorporate into visuals, communication guidelines, recruitment, and appraisals

4

Assess Baseline and Progress



Identify baseline measurement and track improvements over time



Visit the *Connect Front Line to Organisation's Mission* Tool Suite

Make values come alive at the front line with the help of our tools:

- Further information, lessons learned, and tips and tricks for embedding vision and values at ward level from leaders at St. John of God Health Care
- Templates for creating your own ward-level values action plans
- Related resources from the Advisory Board, and more

advisory.com/international/gcne/values

Three Objectives for Involving the Front Line

In order to maintain a strong connection to their organisation's mission, staff need to see how not only their own, but also executive actions demonstrate core values.

The next objective in this section focuses on how executives can ensure staff members trust their decisions by facilitating transparent communication of why, when, and how staff will be affected by strategic changes.

Understanding the rationale behind strategic decisions and when those changes will occur is essential to fostering engagement and developing trust between executive leaders and frontline staff.

4



Connect Front Line to Organisation's Mission

- Translate Values into Specific Behaviours

5



Build Trust Through Transparent Communication

- Minimise Distance Between Executive Leaders and Front Line
- Explain Organisational Strategy in Frontline Terms
- Rationalise the Flow of Change

6



Cultivate Frontline Ownership of Decisions

- Close the Loop When Soliciting and Responding to Ideas
- Establish Formal Structure for Professional Decision Making

Source: Advisory Board interviews and analysis.

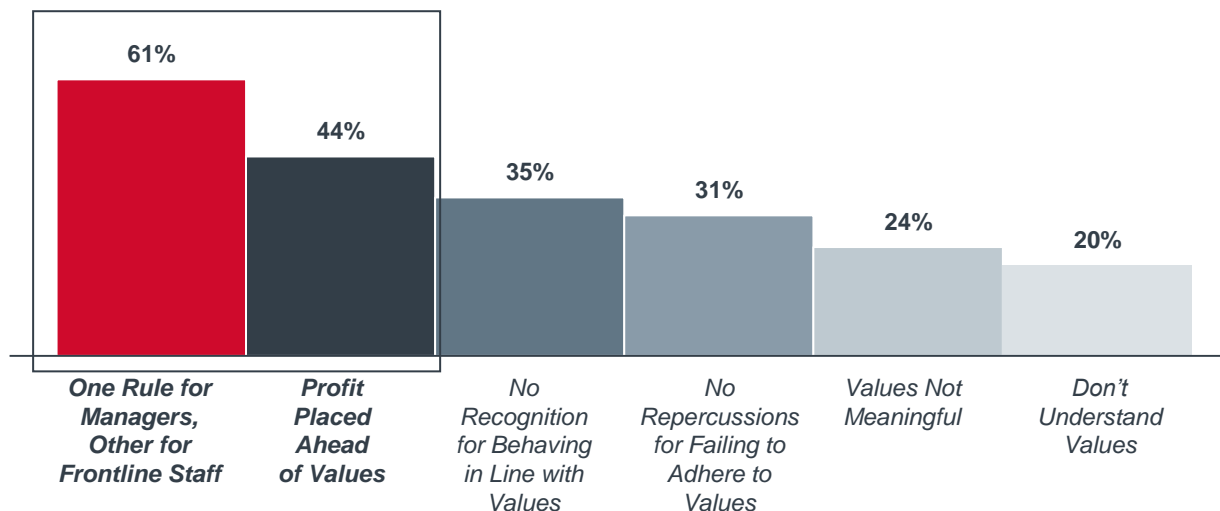
Withholding Information Leads to Misperceptions

There is often a disconnect between management actions and frontline perceptions. For example, data from the Chartered Institute for Personnel and Development suggest that when staff feel the organisational values are not upheld across the institution, it is often because there is one rule for managers and another for frontline staff or that profit is placed ahead of values.

Effective communication between leaders and frontline staff is the most straightforward approach to mitigate these misperceptions.

Nurses May Misinterpret Intent of Management Actions

RNs Selecting Reasons Why Organisational Values Are Not Evident in Employees' Behaviour and Decisions¹



Creating a Culture of Transparency

“A mistake that often happens is that communication ends up being what we need you to know, and in my mind communication is not just saying I want you to do something—we need to communicate why we are doing things. Communication is less of transmitting key pieces and more about transparency.”

*Professional Practice Lead
Canadian hospital*

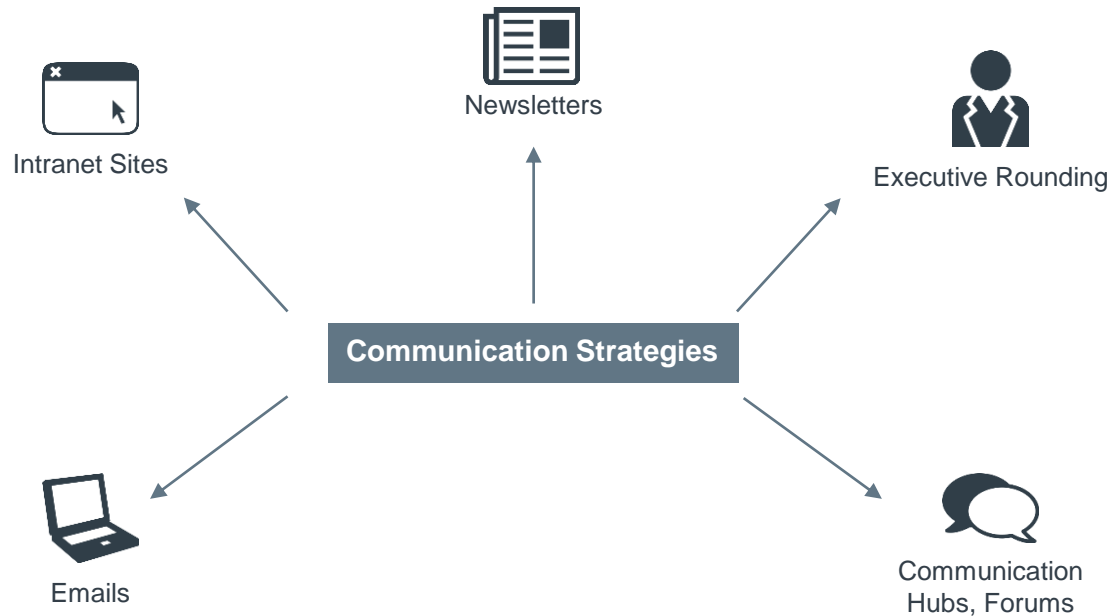
¹) Chartered Institute for Personnel and Development survey, 2013; selections not limited to one choice.

Source: Chartered Institute for Personnel and Development 2013 Staff Survey, <http://www.cipd.co.uk/hr-resources/survey-reports/employee-outlook-autumn-2013.aspx>; Advisory Board interviews and analysis.

Must Mitigate Misperceptions in Effort to Build Trust

Most nurse leaders recognise the problems associated with miscommunication. They are already employing a variety of communication strategies in an attempt to decrease misperceptions and build trust with their frontline nurses.

Representative Executive Communication Strategies



Communication the Key to Trust

"High trust in management can occur only when communication is open and fair...trust links and forms the basis of productive collaboration between management and frontline staff."

*C. Auer, et al.
Journal of Nursing Administration*

Source: Auer C, et al., "How Hospital Leaders Contribute to Patient Safety Through the Development of Trust," *Journal of Nursing Administration*, 44, no. 1 (2014): 23-29; Advisory Board interviews and analysis.

Yet Communication Still Perceived as Ineffective

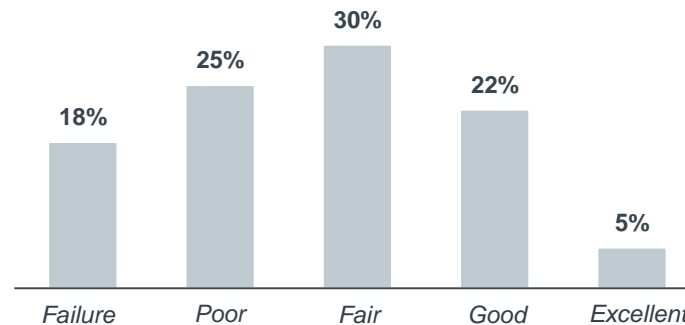
Regrettably, the vast majority of nurses still have negative perceptions of executive communication.

Nurses feel left out of the communication loop, and the multitude of current approaches to communication are not closing this gap successfully.

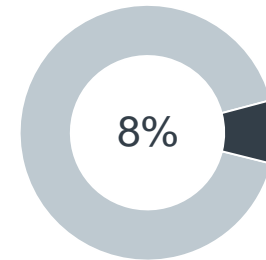
Transparent, Effective Communication Remains Elusive Around the World

Percentage of Australian Nursing Staff Responding to How Well Management Consults and Keeps Everyone Up to Date on Changes¹

n=640



NHS RNs and Midwives Strongly Agreeing Communication Between Senior Management and Staff Is Effective²



Distilled Messages Lack Meaning

“Messages are getting distilled down to the point where people are just getting instructed to do something without really knowing why they are doing it.”

*Director of Nursing
New Zealand District Health Board*



MONASH University

Select Quotes from Frontline Nurses

“We are unable to speak openly to management. There is no encouragement of any dialogue.”

“Team meetings are merely a forum for complaints and criticism from management.”

“There is poor communication; very infrequent staff meetings.”

- 1) Results based on data from an online survey conducted independently through the Australian Nursing Federation.
- 2) RNs, Midwives responses to NHS 2013 Staff Survey, question #11b, “To what extent do you agree or disagree with the following statement about senior managers where you work? Communication between senior management and staff is effective,” answer choices include: ‘strongly agree’, ‘agree’, ‘neither agree nor disagree’, ‘disagree’, ‘strongly disagree’; n=55,952.

Source: Holland P, et al., “What Nurses Want: Analysis of the First National Survey on Nurses’ Attitudes to Work and Work Conditions in Australia,” Monash University, February 2012, http://anmf.org.au/documents/reports/What_Nurses_Want_Report.pdf; NHS Staff Survey 2013, <http://www.nhsstaffsurveys.com/Page/1010/Home/Staff-Survey-2013>; Advisory Board interviews and analysis.

Ensuring Intentions Not Lost in Translation

The answers lie in better, not more, communication.

First, the distance between leaders and the front line must be minimised. Leaders must help staff connect the dots between strategic decisions and their own work and facilitate opportunities for the front line to ask 'why' without feeling intimidated.

There is also a need for improved communication channels to transmit messages. This will help to counteract the distrust staff may experience with messages from upper management.

Finally, it is important to rationalise the timing and flow of disruptive changes. Sharing what changes will take place and providing clear timelines for those changes can help build the case that executives understand the impact changes have on frontline staff.

Root Causes of Staff Misperceptions



Strategic Intent Not Reaching Front Line

Frontline nurses lack understanding of the rationale behind strategic directions because the 'why' is never explained



Opportunity:
Minimise Distance Between Executives and Front Line



Frontline Staff Misperceive Executive Intentions

Frontline nurses cannot hear message from upper management because executive terminology seems removed from frontline reality



Opportunity:
Explain Organisational Strategy in Frontline Terms



Staff Assume Executives Underestimate Frontline Impact

Change schedule not proactively managed or communicated; leads staff to assume executives do not understand the impact of changes and stress on front line



Opportunity:
Rationalise the Flow of Change

Source: Advisory Board interviews and analysis.

Rethinking How to Communicate Strategic Direction

By far, the most common way executives communicate with frontline staff is through large forum meetings. Leaders at St. Luke's Woodland's Hospital in the United States realised those forums were not effective. They saw poor attendance, discomfort in having discussions, and general apathy, even of those in attendance.

Their solution was to bring the forums to the units in what they call "Mobile Town Halls Meetings." Rather than one long, annual didactic presentation, the leaders now travel to each unit for shorter, more frequent discussions.

These meetings differ from leadership walk-arounds and rounding. They are specifically designed to explain the organisation's strategic direction. Forums allow staff to ask the questions they otherwise may be hesitant to ask.

Comparison of Typical Forum Meetings and Mobile Town Halls



Attribute	Typical Forum Meetings	Mobile Town Halls
Location	Large auditorium	Unit
Frequency	Annually	Quarterly
Length	4+ hours	30 minutes
Format	Didactic presentation	20-minute presentation; 10-minute discussion

!

Problems Associated with Typical Forums

- Poorly attended
- Staff uncomfortable asking questions in large group setting
- Staff tune out because meetings are too long

+

Case in Brief: St. Luke's Woodlands Hospital

- 154-bed hospital located in Woodlands, Texas, United States
- Began mobile town hall meetings in 2007 in response to poor town hall meeting attendance
- Meetings staggered across several days, shifts, and locations; clinical management team covers the unit and answers call lights to ensure bedside providers are able to attend
- Meeting attendance now averages 20 to 30 people per meeting (up to 50 in some locations) with most recent Mobile Town Hall Forums reaching a total of 215 people
- 2013 Advisory Board Survey Solutions engagement survey found 43.4% of RNs engaged and 65.6% agree actions of executives reflect mission and values of organisation

Source: St. Luke's Woodlands Hospital, Woodlands, Texas, US; Advisory Board interviews and analysis.

Taking Town Hall Meetings to the Unit

The small group format of the Mobile Town Halls allows for a more conversational tone and encourages more meaningful two-way dialogue.

During these Mobile Town Hall Forums, both the CEO and CNO co-present information they feel is critical for staff to understand. The information specifically focuses on strategic initiatives that impact the front line.

Leaders also facilitate patient coverage so everyone can attend. The unit manager teams up with managers from neighbouring units to cover patient loads for the 30-minute meeting.

To get these meetings done efficiently, executives dedicate a time block for multiple sessions. These mini-forums occur on one or two specific days, during which every unit in the organisation gets a visit.

Key Components of Mobile Town Hall Meetings



Small Group Format

Enables two-way dialogue between executive leaders and frontline staff



Patient Coverage

Patient coverage by unit managers facilitates attendance from frontline staff



Dedicated Time Block

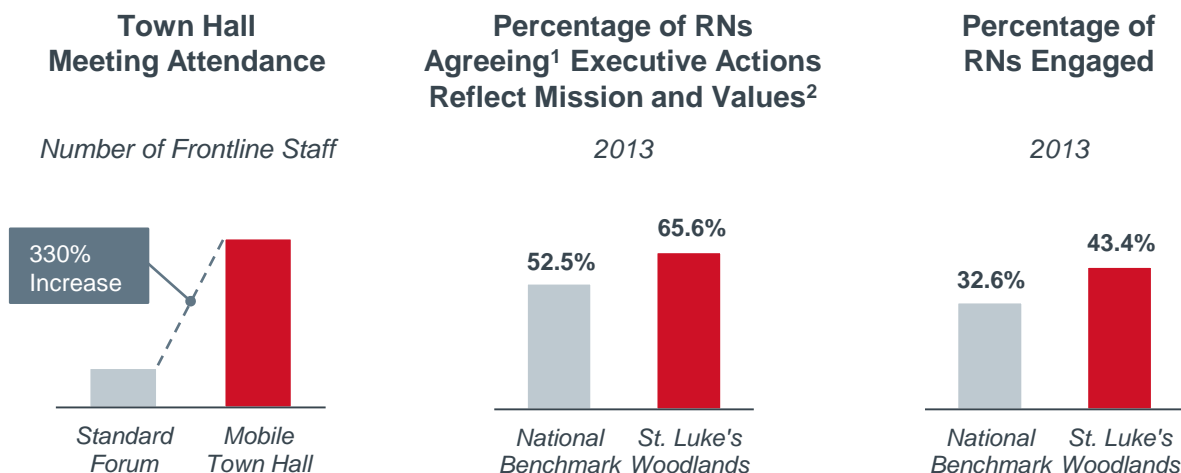
Allows executives to complete all sessions in one block of time

Worth the Effort

Leaders at St. Luke's feel the investment of time is worth it. They have seen an impressive 330% increase in town hall forum attendance.

Additionally, nurses at St. Luke's are more engaged than their peers in the United States, specifically outperforming on the metric "Executive Actions Reflect the Organisation's Mission and Values."

Increased Attendance, Understanding Leading to Improved Engagement



Executive Actions Demonstrate Core Values

"Hearing from the executives directly and being able to ask questions just exemplifies our transparent culture."

Chief Nursing Officer
St. Luke's Woodlands Hospital

1) RNs responding 'Agree' or 'Strongly Agree'.
2) "The actions of executives within my organisation reflect our mission and values".

Source: St. Luke's Woodlands Hospital, Woodlands, Texas, US; Advisory Board Survey Solutions' Employee Engagement Initiative National Database, 2013; Advisory Board interviews and analysis.

Scaling Mobile Town Halls for Larger Organisations

While this practice can be implemented with relative ease at a stand-alone hospital, it can also be scaled for larger organisations. As shown here, leaders at larger organisations may combine similar units, involve other members of the senior leadership team, or use videoconference technology to overcome geographic barriers.

Implementation Guidance for Larger Organisations

Guidance	Description
Combine Similar Units	Combine meetings for similar care areas to reduce number of Mobile Town Hall Forums while ensuring group is small enough for interaction
Involve Senior Directors	Equip senior-level directors to present content at Mobile Town Hall Forums
Divide and Conquer	Divide meetings among executives to ensure all units covered; convene as a group following Mobile Town Hall Forums to discuss questions received
Use Videoconference Technology	Overcome geographic barriers by meeting with staff virtually via videoconference

Source: Advisory Board interviews and analysis.

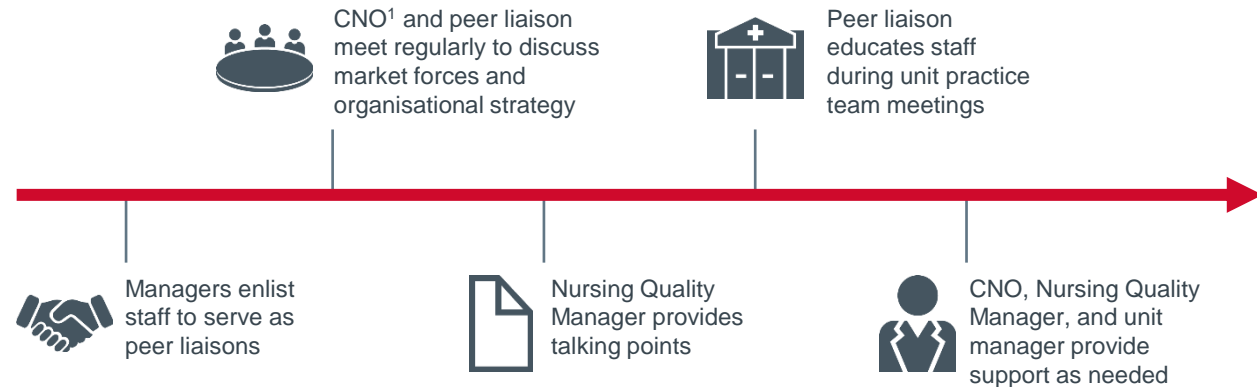
Partnering with Front Line for Effective Communication

Holland Hospital in Michigan, United States also wanted to minimise distance between executive decisions and frontline understanding. But rather than taking the executives to the unit, Holland Hospital brought representatives from the front line to the executive suite.

To help frontline staff understand the rationale for key organisational changes, the CNO at Holland Hospital created a cohort of “Peer Strategy Liaisons” who relay key information from senior leaders back to their peers.

The group of peer liaisons meets regularly with the CNO to discuss current issues and how they will affect frontline staff. The liaisons share that information with their peers. The CNO remains available to join unit team meetings if the liaison needs help. After the meetings, peer liaisons provide the CNO with the feedback that they get from the front line, feedback she may not hear otherwise.

Holland Hospital’s Process for Informing Frontline Staff of Market Forces Through Peer Liaisons



Case in Brief: Holland Hospital

- 186-bed hospital located in Holland, Michigan, United States
- CNO¹ met with frontline staff from each unit across a two-month period in early 2013 and used feedback to restructure CNO meetings with front line
- Frontline staff selected by previous leaders and managers to act as “Unit Leaders” for two-year term; must be willing to attend regular sessions with CNO and act as a peer educator
- CNO, Unit Leaders, and Nursing Quality Manager convene every other month, quarterly, or as needed, to discuss market forces and organisational strategy
- Topics discussed include value-based purchasing, the nursing strategic plan, Holland Hospital’s strategic plan, the impact of sequestration, nursing uniforms, hospital financials, and vaccinations
- Managers and Unit Leaders select next Unit Leaders to serve in position for two years; Unit Leaders required to attend all sessions and report back to frontline peers
- 2013 Advisory Board Survey Solutions engagement survey found 48.6% of RNs engaged and 70.6% agree actions of executives reflect the mission and values of organisation

1) Chief Nursing Officer.

Source: Holland Hospital, Holland, Michigan, US; Advisory Board interviews and analysis.

Establishing a Cohort of Frontline Peer Liaisons

To initiate the peer liaison cohort, first managers select one frontline staff member per unit to serve as a peer strategy liaison for a two-year term. They are looking for high-performing, professional staff who are also well-respected by their peers and likely to take on additional leadership responsibility in the future. At the end of their first year, the liaison works with the unit's manager to select a successor. The peer liaison then spends the second year training the successor to take over the role.

Holland Hospital's Peer Liaison Selection and Training Process

Unit Manager Selects One Staff Member per Unit



Select individual who demonstrates professionalism and is respected by peers; must be willing to commit to two-year term

Peer Liaison and Unit Manager Select Successor



At one-year milestone, peer liaison works collaboratively with unit manager to select a peer liaison successor

Successor Shadows Peer Liaison for One Year



Peer liaison responsible for training successor during second year in term

Two Years



Giving Nurses a Voice in Strategy

"Our goal was to have a group of staff who really can be a voice for nursing and help inform us leaders as we make decisions about different directions, programmes, processes.

"We [decided] to meet with nurse leaders from each of the units and...help keep them really informed on what's going on in the organisation and what is going on in health care more broadly."

*Patti VanDort
Chief Nursing Officer
Holland Hospital*

Source: Holland Hospital, Holland, Michigan, US; Advisory Board interviews and analysis.

Ensuring Communication Reaches the Front Line

Each month, the liaisons meet with the CNO and nursing quality managers, who explain the rationale for top-priority organisational changes. Leaders give liaisons context for key changes, answer any questions, and address potential staff concerns.

Strategy liaisons receive simplified talking points for communicating key messages to their peers. The nursing quality manager creates these talking points following each monthly meeting with the cohort. Talking points help liaisons ensure consistency and convey information in frontline terms.

In addition, the CNO, nursing quality manager, and unit manager are available as needed to attend unit practice team meetings and help strategy liaisons explain difficult or sensitive concepts.

Sample Talking Points Given to Peer Liaisons

Value-Based Purchasing Talking Points

Background: Value based purchasing is a CMS¹ Medicare program that has been in place for two years.

How will this impact our bottom line?

CMS withholds a percentage of payment from every hospital. Payback is based on the organisation's overall score calculated from:

- Core Measure Performance
- Complication Rates
- Mortality Rates
- HCAHPS² results (patient satisfaction)

Where do we need to focus our attention?

Demonstrating an increased focus on patient satisfaction is important for reimbursement. The HCAHPS survey is based on a score of 9 or 10 on a Likert scale related to patient satisfaction with specific aspects of care—we are challenged to achieve an 'always' response from the patients surveyed.

What can you do to help educate your peers?

Knowledge of individual questions within the HCAHPS survey might be helpful. Denise³ will forward copies of the questions for peer liaisons to review with staff.

Topic chosen based on level of impact on nursing practice

Helps staff understand their role in improving performance and why their involvement is important

Highlights supplemental information available to peer liaisons

1) Centers for Medicare and Medicaid Services.
2) Hospital Consumer Assessment of Healthcare Providers and Systems.
3) Denise is the Nursing quality manager.

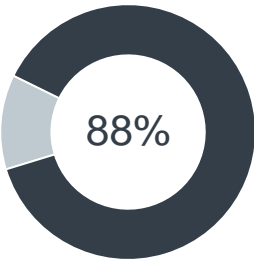
Source: Holland Hospital, Holland, Michigan, US; Advisory Board interviews and analysis.

Positive Response to Using Trusted Sources

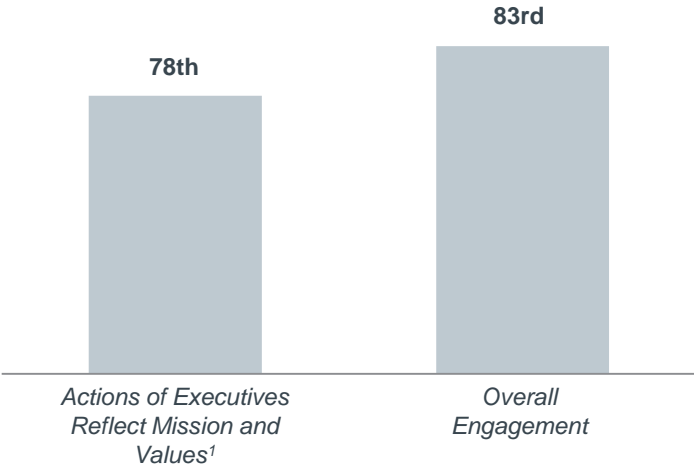
Holland Hospital is seeing strong results. Overall engagement and performance on the driver *Executives Within My Organisation Reflect Our Mission and Values* are both above the United States' national benchmark. While this practice is only one component of a broader engagement strategy, the CNO believes this practice plays a key role in the organisation's success.

Increasing Engagement by Communicating Directly with the Front Line

Percentage of Nurses Indicating They Understand How Their Daily Work Contributes to the Organisation's Mission



Holland Hospital's Percentile Ranking for RN Engagement, 2013



An Executive Hour Well Spent

"Connecting with peer liaisons is probably the most valuable meeting I have!"

Chief Nursing Officer
Holland Hospital



Member-Led Webconference

For more information, see the on-demand webconference, *Peer Strategy Liaisons: The Link Between Mission and Staff Workflow*, in our *Transparent Communication Tool Suite* available at advisory.com/international/gcne/communicatechange

1) RNs responding 'Agree' or 'Strongly Agree' to the statement "The actions of executives within my organisation reflect our mission and values".

Source: Holland Hospital, Holland, Michigan, US; Advisory Board Survey Solutions' Employee Engagement Initiative National Database, 2013; Advisory Board interviews and analysis.

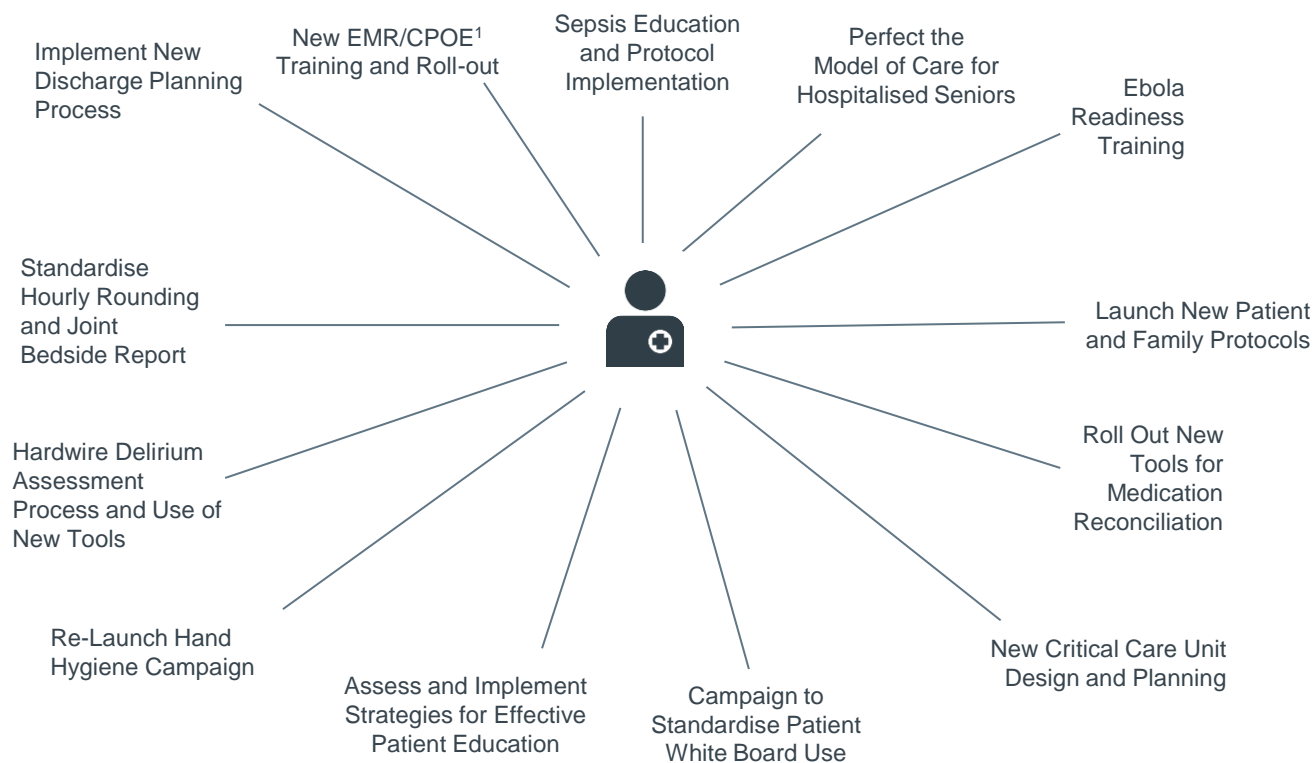
Facing One High-Priority Initiative After Another

Even with improved channels of communication to convey important strategic changes, frontline nurses often feel overwhelmed by the sheer number of initiatives and changes they must respond to over time.

Leaders' capacity to create new initiatives far outpaces the staff's capacity to incorporate new ideas into their work. As a result, staff may become cynical that executives truly understand their day-to-day realities and uncooperative when asked to help implement changes.

To reduce staff cynicism, leaders must match the pace of initiatives with organisations' capacity to adapt. As leaders manage the pace of change, the staff's capacity to adapt will increase.

Representative Changes Warranting Education and Implementation Plans



1) Electronic Medical Record/Computerised Provider Order Entry

Source: Advisory Board interviews and analysis.

Pacing Change with a Calendar

Facility executives at Froedtert & the Medical College of Wisconsin in Wisconsin, United States, meet regularly to strategically schedule upcoming initiatives based on criteria that include extent of change, interdisciplinary scope, manager input, and the extent to which change efforts align with strategic goals. Their change calendar indicates when and where each change will occur and which leader will serve as each initiative's 'change owner'.

By scheduling all planned changes on a single calendar, leaders can assess potential bottlenecks, including when any one group may be overburdened by the change.

Not Only Communicating, But Also Spacing Out Upcoming Initiatives

Excerpt of Froedtert's Nursing Change Calendar

Activity	Lead	Location	2013 Oct.	2013 Nov.	2013 Dec.	2014 Jan.
Standardise Communication Boards	M. West	Inpatient		X		
Magnet® Application for 3rd Designation	J. Dark	Nursing				
AHRQ ¹ Culture of Safety Survey	C. Harris	Inpatient and ED	X			
Patient Monitors Education	R. Wits	Inpatient and ED				
Crucial Conversations Education ²	K. Mill	All leaders	X	X	X	X
Patient Defibrillators Education	R. Wits	Inpatient and ED				X

Changes strategically scheduled to ensure staff can maintain pace



Case in Brief: Froedtert & the Medical College of Wisconsin

- 500-bed academic medical center, part of regional health system in Wisconsin, United States
- CNO and nursing director team meet on regular basis to discuss upcoming initiatives, changes, and change management needs; discuss impacts on staff nurses and nurse managers; discuss the magnitude of change, interdependencies, and other requirements to be successful; adjust timing and education as indicated
- CNO distributes finalised change calendar to directors, managers and educators during leadership meetings
- Unit managers reference calendars when discussing new initiatives during unit huddles
- Details of changes posted on unit bulletin boards, education boards, and in unit newsletters

1) Agency for Healthcare Research & Quality
2) Program offered by VitalSmarts.

Source: Valusek, JR, "The Change Calendar: A Tool to Prevent Change Fatigue," *Joint Commission Journal on Quality and Patient Safety*, vol 33, (2007): 355-360; Froedtert & the Medical College of Wisconsin Froedtert Hospital, Milwaukee, Wisconsin, US; Advisory Board interviews and analysis.

Strategically Resequencing Changes

Although straightforward, the actual act of strategically resequencing changes and distributing them across the year requires some careful forethought.

Facility executives at Froedtert meet on a regular basis to discuss organisational changes taking place and schedule rollout of new initiatives.

They consider the following aspects:

1. Volume. What is scheduled to occur simultaneously and what might be moveable?
2. Scale. Can a few things be implemented in tandem, or is a change large enough to warrant its own implementation window?
3. Interdisciplinary scope. Is the change a high priority for other departments?
4. Strategic alignment. How will changes impact strategic goals?
5. Manager input. How will these changes impact frontline staff?

The calendar is not static. Rather, the living schedule flexes and changes as needed.

Considerations for Rescheduling Facility-Level Changes

Consideration	Key Questions
Amount	How many changes must occur during this block of time?
Scale	What is the scale of each change?
Interdisciplinary Scope	Are any of these changes necessary because of other departments' priorities?
Strategic Alignment	Which changes map to the strategic goals of either the entire organisation or nursing?
Manager Input	How much time and what training will staff need to adapt and hardwire each change?

Source: Froedtert & the Medical College of Wisconsin Froedtert Hospital, Milwaukee, Wisconsin, US; Advisory Board interviews and analysis.

Providing Transparency to the Front Line

After the executive team revises the change calendar, each leader takes it back to their individual department and shares it among their team. The CNO distributes it to nurse directors, managers, and educators on a regular basis during leadership team meetings. This is their chance to assess the amount of time and training needed and speak up and discuss any reservations or further resequencing that may be necessary.

Finally, unit managers take the calendar back to their units and share details with frontline staff during unit huddles, answering questions to ensure staff understanding. This level of transparency gives staff insight as to how and why decisions are made and how each initiative relates to the organisation's mission.

Calendar Facilitates More Effective Change Scheduling and Communication

Key Steps for Resequencing Change



Widely Distribute Change Calendar

CNO¹ distributes finalised change calendar to directors, managers, and educators during leadership team meetings



Assess Timing and Effort Level

Changes are resequenced based on the amount of time and training staff will need to adapt and hardwire each effort

Key Steps for Communicating Change



Routinely Update Staff Using Change Calendar

Nurse managers share details of change calendar with frontline staff during unit huddles



Explain Rationale Behind Impetus and Timing of Change

Managers ensure frontline staff understand rationale for each change and how it relates to organisational goals

1) Chief Nursing Officer.

Source: Froedtert & the Medical College of Wisconsin Froedtert Hospital, Milwaukee, Wisconsin, US; Advisory Board interviews and analysis.

Build Trust Through Transparent Communication

Building trust in strategic decisions is essential to engagement. Key elements to consider for building frontline trust through transparent communication are highlighted here.

The Global Centre's *Build Trust Through Transparent Communication* Tool Suite has additional resources to make progress on this priority. It is available for download online.

Key Elements for Building Frontline Trust Through Transparent Communication

1



Bring Information to Staff

Minimise distance between executive leaders and front line by communicating directly with small groups of staff

2



Communicate and Pace Change

Rationalise flow of change through regular, transparent communication and clear schedules of initiative roll-out

3



Train the Trainer

Ensure peer liaisons and managers can provide context for how organisational changes will impact the unit

4



Spread the Word Through Staff

Facilitate frontline trust and understanding by disseminating information through peers



Visit the *Build Trust Through Transparent Communication* Tool Suite

Build frontline trust through transparent communication with the help of our tool suite:

- Template for creating your own peer liaison talking points
- Further information from case study institutions about how they successfully enhanced communication to engage staff
- Related resources from the Advisory Board, and more

advisory.com/international/gcne/communicatechange

Three Objectives for Involving the Front Line

To be truly involved, staff must feel a vested interest in helping the organisation succeed. They need to believe that they can impact performance and patient care across the organisation beyond just caring for their individual patients. The last section of this study introduces two opportunities to achieve this objective of Cultivating Frontline Ownership of Decisions.

4



Connect Front Line to Organisation's Mission

- Translate Values into Specific Behaviours

5



Build Trust Through Transparent Communication

- Minimise Distance Between Executive Leaders and Front Line
- Explain Organisational Strategy in Frontline Terms
- Rationalise the Flow of Change

6



Cultivate Frontline Ownership of Decisions

- Close the Loop When Soliciting and Responding to Ideas
- Establish Formal Structure for Professional Decision Making

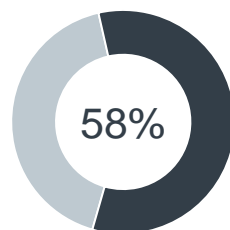
Source: Advisory Board interviews and analysis.

Nurses Feel Executives Undervalue Their Input and Suggestions...

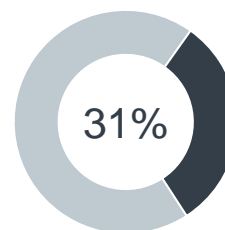
Global Centre research shows that across the globe, frontline nurses do not feel that their input is solicited. When managers or executives do solicit input, frontline nurses feel their suggestions are not valued.

Executives Around the World Struggle to Ensure Staff Feel Heard

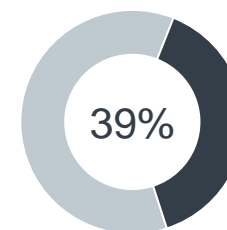
Percentage of Canadian Staff Indicating They Are NOT Consulted About Changes That Affect Their Unit¹



Percentage of Registered Nurses in the NHS Indicating They Do NOT Feel Senior Managers Act on Staff Feedback²



Percentage of Australian Nurses Indicating Managers Do Poorly in Addressing Issues of Concern Raised by Employees³



Importance of Soliciting and Responding to Input

“You can’t ask people for ideas and just leave them hanging when they’ve said something. You need to go back to them and explain which ideas you are going to adopt, which you are not going to adopt and why.”

*Sue Covill
NHS Employers*

- 1) Responses to NRC Picker 2010 Employee Experience Survey, involving over 10,000 employees in 16 Ontario hospitals; Combines responses 'strongly disagree, disagree, neither agree nor disagree'. Answer choices included: 'strongly disagree', 'disagree', 'neither', 'agree', 'strongly agree'.
- 2) RNs, Midwives responses to NHS 2013 Staff Survey, question #11c, "To what extent do you agree or disagree with the following statement about senior managers where you work? Senior managers act on staff feedback". Answer choices included: 'strongly disagree', 'disagree', 'neither', 'agree', 'strongly agree'. n=55,952.
- 3) Results based on data from independently conducted survey through the Australian Nursing Federation.

Source: Rafferty AM, "RN4CAST Study Purpose and Overview of Design," May 2011, http://www.rn4cast.eu/attachments/RN4CAST_ICN%20MALTA%202011%20-%20s210.pdf; Lowe G, "How Employee Engagement Matters for Hospital Performance," *Healthcare Quarterly*, 15, no. 2 (2012): 29-39; NHS Staff Survey 2013, <http://www.nhsstaffsurveys.com/Page/1010/Home/Staff-Survey-2013>; Holland P, et al., "What Nurses Want: Analysis of the First National Survey on Nurses' Attitudes to Work and Work Conditions in Australia," Monash University, February 2012, http://anmf.org.au/documents/reports/What_Nurses_Want_Report.pdf; Advisory Board interviews and analysis.

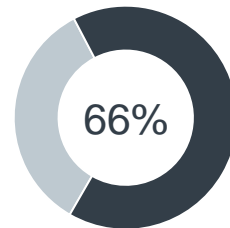
...And Underestimate Their Ability to Positively Influence Decisions

Best-in-class organisations not only invite feedback and convey leadership decisions, but also actively involve staff in making those decisions. This is not the case in most organisations, however, as evidenced on the right.

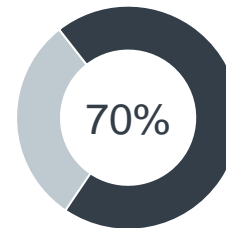
Leaders need to give up some decision-making power to make progress here. It may require an important mind-set change—from both the executives and the front line.

Staff Feeling Limited Power Over Their Practice

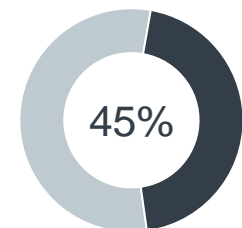
Percentage of Canadian Staff Indicating They Do NOT Have Opportunity to Make Improvements¹



Percentage of Registered Nurses in the NHS Indicating They Do NOT Feel Involved in Decisions That Affect Their Work and Team²



Percentage of Australian Nurses Indicating They Are NOT Satisfied with Influence on Organisational Decisions³



Limited Voice, Limited Loyalty

“Workers...have little or no voice in decisions about the direction of the overall [organisation]...It should be no surprise, therefore, that many knowledge workers feel estranged from their organisations—their outlook distrustful, their attitude cynical, their loyalty tenuous.”

*B. Manville, J. Ober
Harvard Business Review*

- 1) Responses to NRC Picker 2010 Employee Experience Survey, involving over 10,000 employees in 16 Ontario hospitals; combines responses 'strongly disagree', 'disagree', 'neither agree nor disagree'. Answer choices included: 'strongly disagree', 'disagree', 'neither', 'agree', 'strongly agree'.
- 2) RNs, Midwives responses to NHS 2013 Staff Survey, question #11c "To what extent do you agree or disagree with the following statement about senior managers where you work? Senior managers act on staff feedback". Answer choices included: 'strongly disagree', 'disagree', 'neither', 'agree', 'strongly agree'. n=36,667. 38% were neutral.
- 3) Results based on data from independently conducted survey through the Australian Nursing Federation.

Source: Rafferty AM, "RN4CAST Study Purpose and Overview of Design," May 2011, http://www.m4cast.eu/attachments/RN4CAST_ICN%20MALTA%202011%20-%20s210.pdf; Lowe G, "How Employee Engagement Matters for Hospital Performance," *Healthcare Quarterly*, 15, no. 2 (2012): 29-39; NHS Staff Survey 2013, <http://www.nhsstaffsurveys.com/Page/1010/Home/Staff-Survey-2013>; Holland P, et al., "What Nurses Want: Analysis of the First National Survey on Nurses' Attitudes to Work and Work Conditions in Australia," Monash University, February 2012, http://anmf.org.au/documents/reports/What_Nurses_Want_Report.pdf; Manville B, Ober J, "Beyond Empowerment: Building a Company of Citizens," *Harvard Business Review*, 2013, <http://hbr.org/2003/01/beyond-empowerment-building-a-company-of-citizens/ar/1>; Advisory Board interviews and analysis.

True Involvement Ultimately Requires Ownership

Organisations should provide structured opportunities for the front line to give feedback and make decisions.

These structures enable leaders to give up power, in a controlled and thoughtful way, without feeling that they are losing their strategic oversight. This is an important consideration: leaders need to avoid engaging staff while actively disengaging managers.

The Global Centre proposes two opportunities to move in the right direction.

Root Causes for Why Staff Feel Input Isn't Valued in Decisions



Solicited Input Dead-Ends

Frontline nurses do not see where their input goes and have limited influence on whether improvements are made (or not made)



Opportunity: Close the Loop When Soliciting and Responding to Ideas



“Back Room” Decision Making

Frontline nurses feel powerless as decisions that affect their work are made without their involvement



Opportunity: Establish Formal Structure for Professional Decision Making

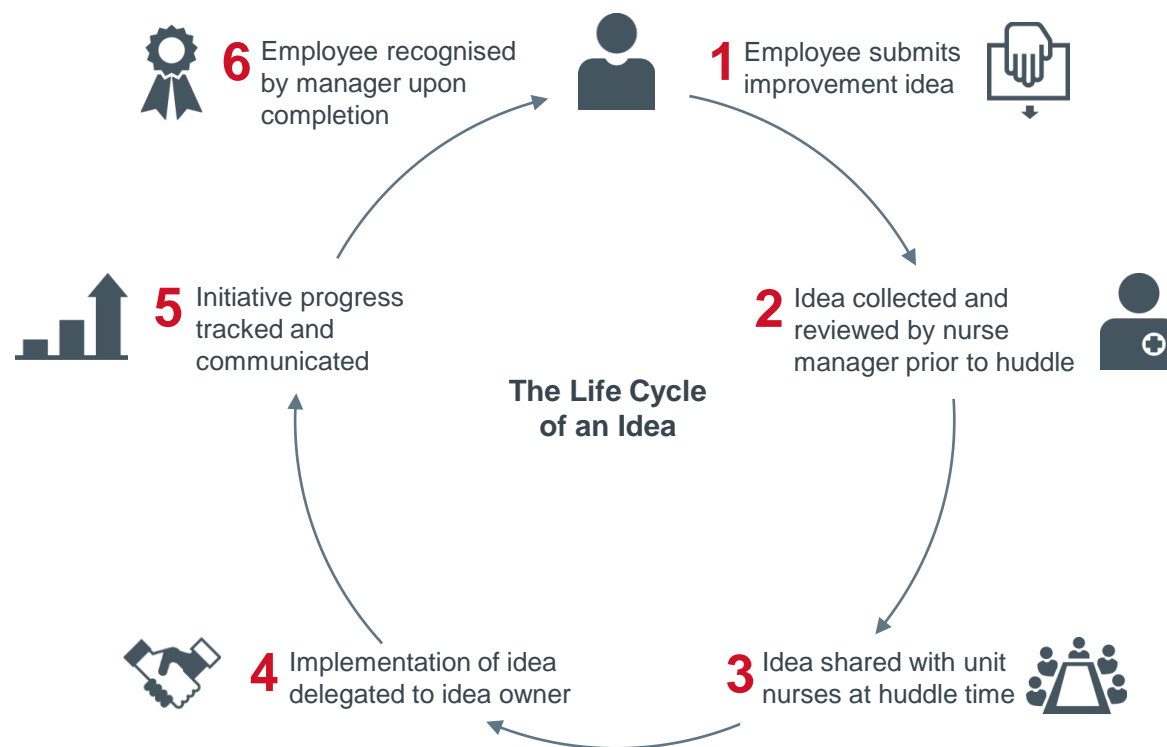
Source: Advisory Board interviews and analysis.

Ensuring All Ideas Complete the Full Cycle

When leaders solicit ideas from frontline staff, they must focus on 'closing the loop'—not only encouraging staff to submit ideas, but also ensuring staff receive updates on progress and decisions.

Ideally, staff need to be involved throughout the process. In the most successful organisations, staff feel that their ideas are heard, they have ownership of ensuring their success, and that they are recognised and valued for their efforts.

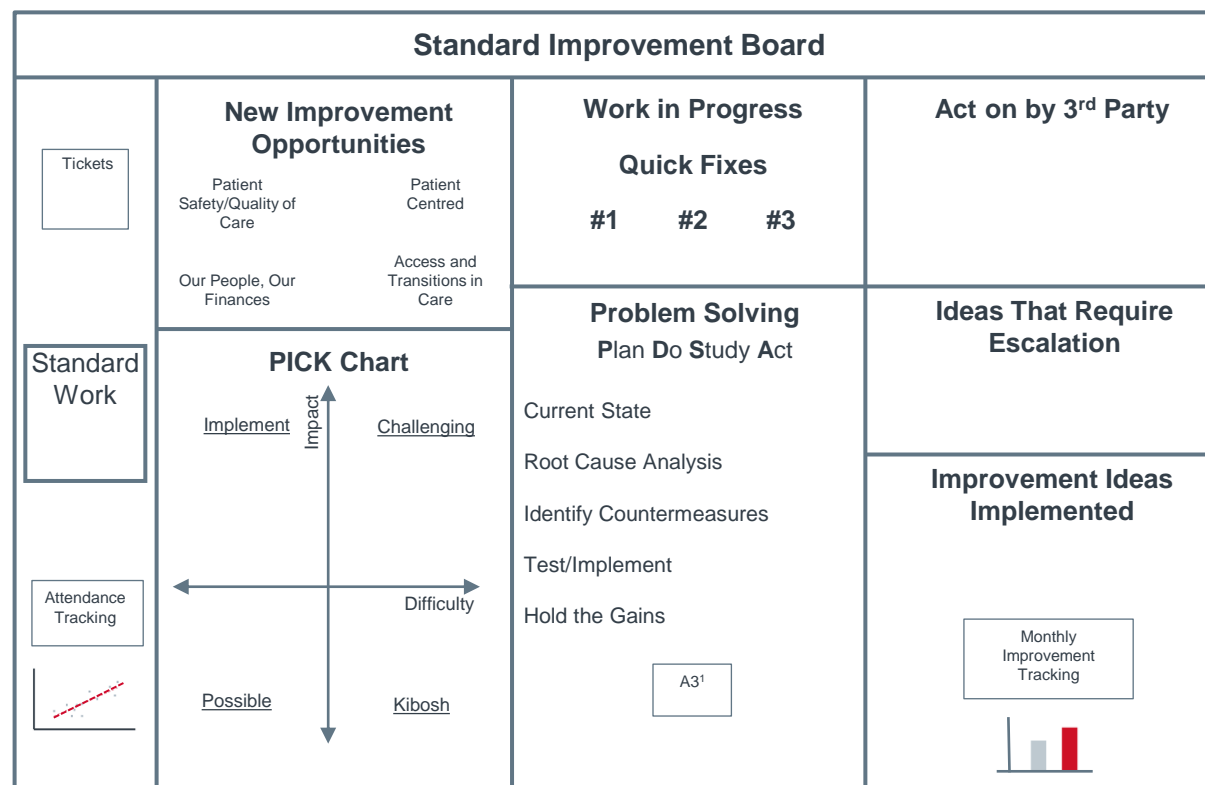
Steps for Generating Effective Staff Input



Source: Advisory Board interviews and analysis.

Staff Lead Idea Generation, Prioritisation, Action

At Queensway Carleton Hospital in Ontario, Canada, staff have the opportunity to not only submit ideas, but also actively participate in the decision-making process to move ideas forward into action. At the unit-level, frontline staff have been given the responsibility and the power to suggest process improvements through participation in idea huddles using Improvement Boards.



Case in Brief: Queensway Carleton Hospital

- 282-bed hospital located in Ottawa, Ontario, Canada with 1,800 staff
- Implemented improvement boards as part of a broader continuous performance improvement system (CPI) roll-out in 2013 after visiting ThedaCare in Wisconsin to learn about their improvement process
- Developed a strategy for full organisational implementation of the broader CPI system by 2018; the improvement boards are part of this process
- Great success thus far, with 360 smaller projects completed in one year across three participating units
- Non-CPI units interested in the boards are encouraged to develop a simplified version of the practice before they receive full training at a later date

1) The A3 form is an improvement summary sheet.

Encouraging Critical Thinking Right from the Start

Staff identify opportunities for improvement and complete an improvement opportunity form to post on the board for future triage. The staff are required to provide the root cause of the problems they identify.

These tickets also require staff to think about how the problem links with organisational strategic priorities. Beyond just identifying the problem, staff can provide clarification, root causes, ideas, solutions, and results.

Leaders wanted to provide some guidance to help staff think through the problems. They created *Guidelines for Improvement Ticket Owners*, which train frontline staff on critical thinking and problem-solving skills to help improve their decision-making ability over time.

Standard Form Prompts Root Cause Analysis and Problem Solving

IMPROVEMENT OPPORTUNITY

Name: _____ Date: _____

What is the problem? _____

What is the impact on our patients/customers? _____

How often does it happen? _____

Strategic alignment: (check one)

☐ Patient safety

☐ Quality care

☐ Our people

☐ Satisfaction

☐ Our finances

☐ Access/transitions

Clarification of Problem:

Root cause(s) identified:

Ideas for Improvement:

Solution to be tested:

Results/Update:

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Guidelines for Improvement Ticket Owners

☐ Step 1

 Seek to understand the problem

☐ Step 2


 Drill down to identify the root cause(s) of the problem

☐ Step 3

 Consider possible solutions (*countermeasures*) to the problem

☐ Step 4

 Seek feedback from those impacted by the problem on the possible solution



For a full copy of the improvement ticket and guidelines, access the online *Cultivate Frontline Ownership of Decisions: Staff Ideas Tool Suite* available at advisory.com/international/gcne/staffideas

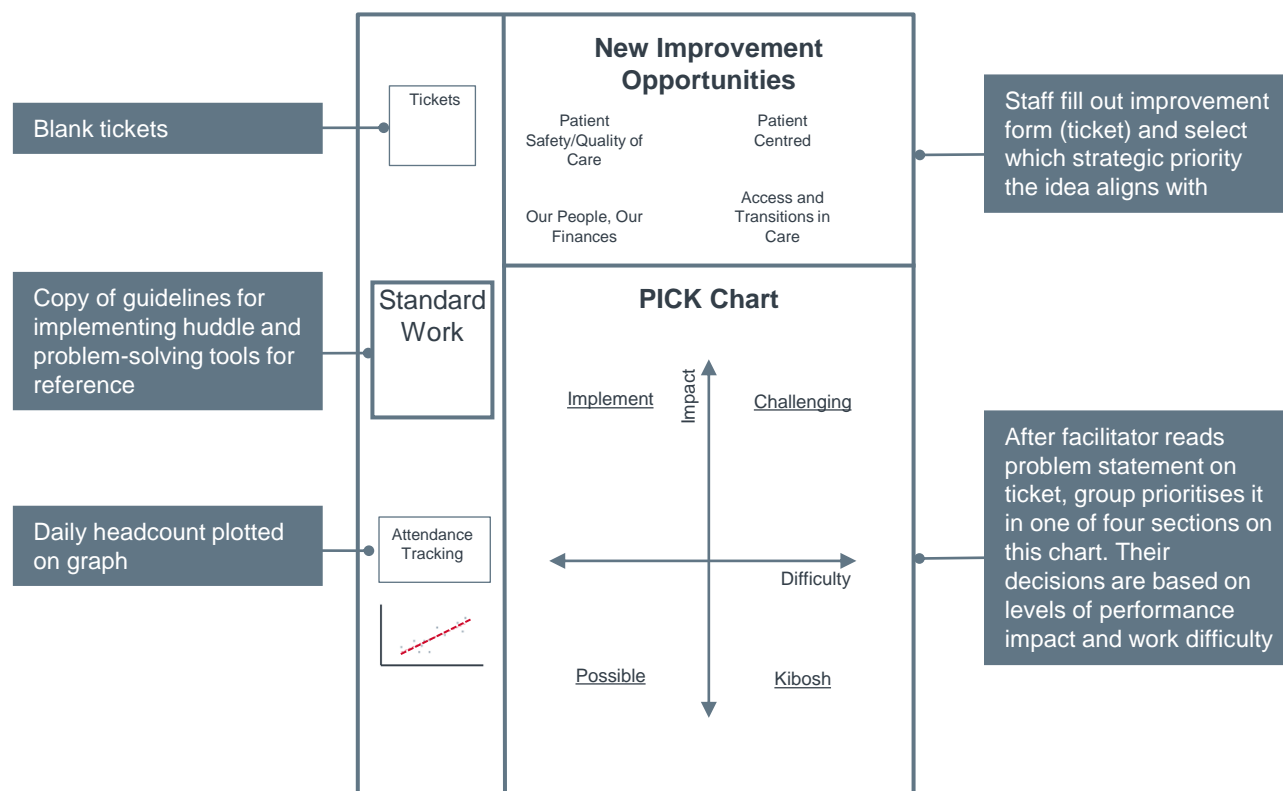
Transparently Triaging Ideas as a Team

Staff post ideas on the left side of the improvement board, under the section for new improvement opportunities. Then they have to think about which organisational strategic priority it fits under as they post it on the board.

During the unit's team huddle, the staff take the tickets and triage them. The team assesses each idea for its relative impact and complexity. Each idea is placed into one of four categories on the 2x2 PICK matrix (possible, implement, challenge, or kibosh).

A general headcount is taken at every huddle. This is tracked over time, and staff can identify when attendance is suffering. They make adjustments as needed to bring attendance back up to expected levels.

Section Specifically Dedicated to Posting, Triaging New Ideas

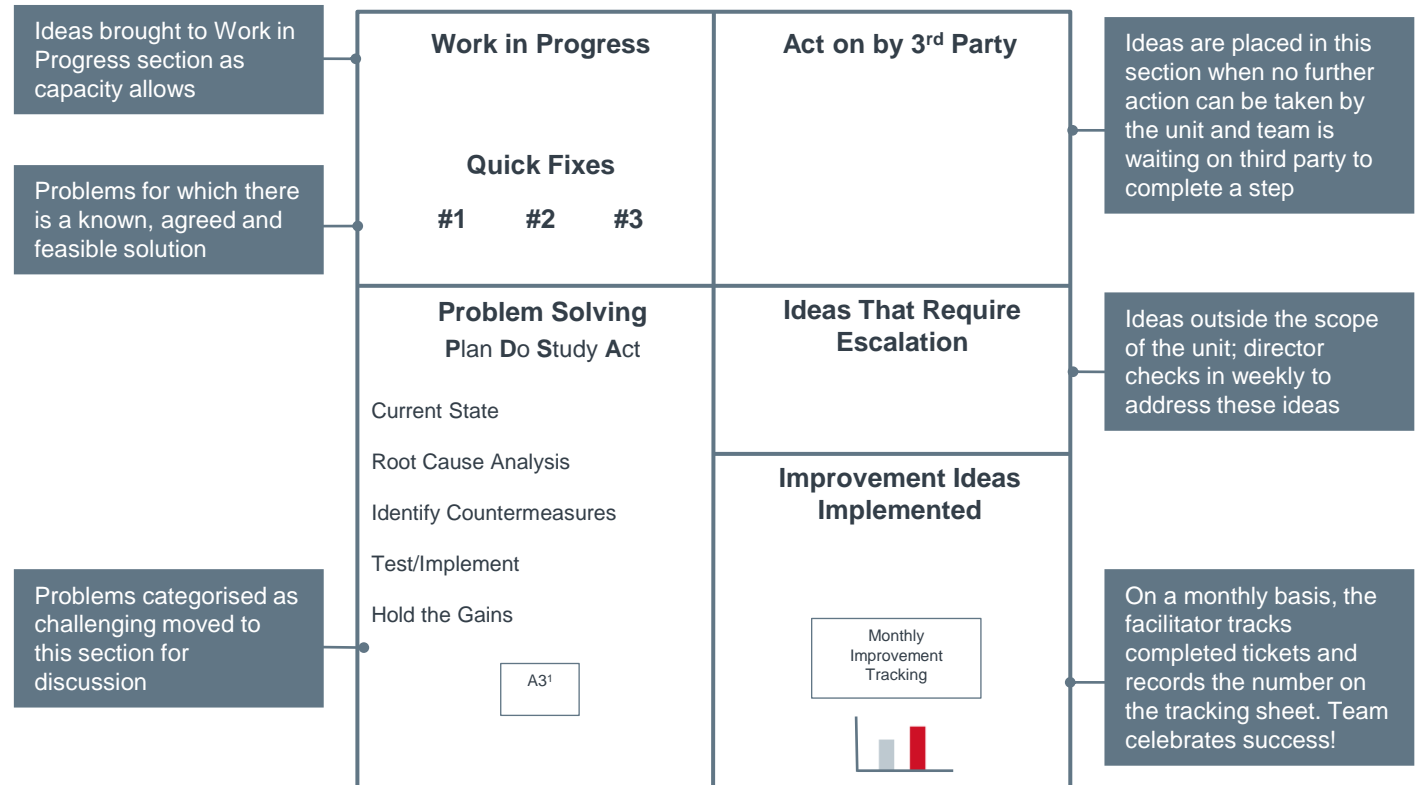


Source: Queensway Carleton Hospital, Ottawa, Ontario, Canada; Advisory Board interviews and analysis.

Segmenting Projects by Level of Effort Required

Once staff triage suggested ideas, the team then transparently tracks the progress of each idea. Those ideas triaged as 'implement' are posted in the Work in Progress section of the board. Quick Fixes are those problems that have a relatively easy solution. Those that fall under Problem Solving require additional thought and have a more involved process. High-complexity ideas require in-depth action and may require assistance from other individuals or departments.

Visually Tracking Progress of Projects



1) The A3 form is an improvement summary sheet.

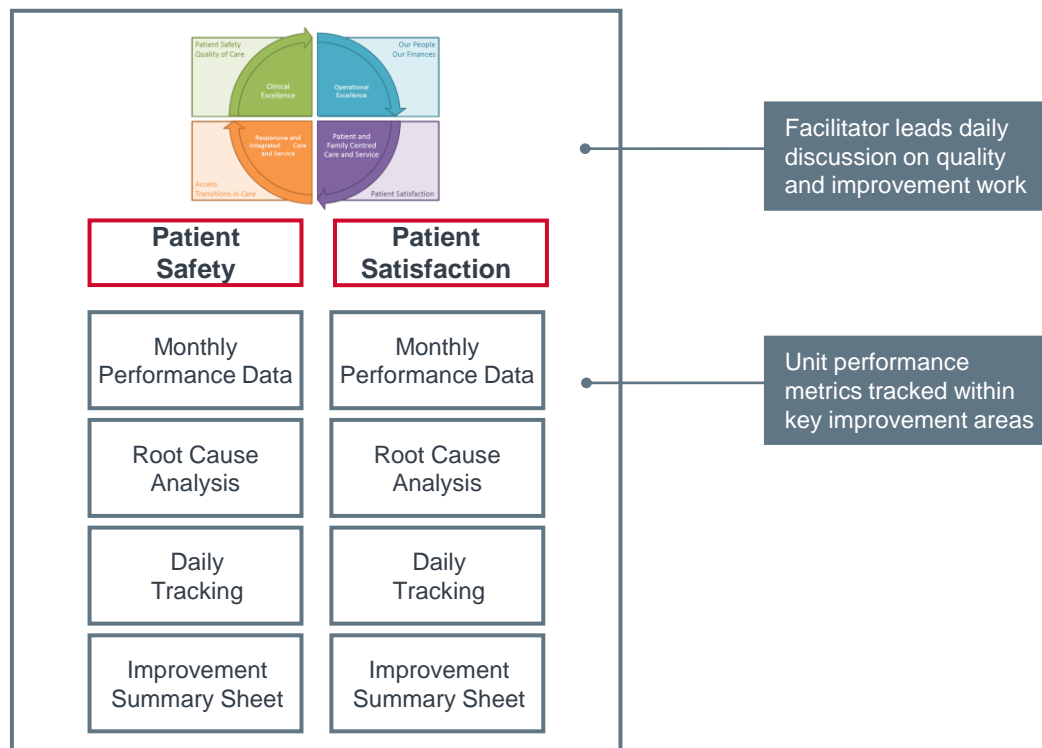
Connecting Staff Efforts to the Bigger Picture

The improvement boards are partnered with performance boards, which track unit performance on organisational priorities. The organisation's strategic priorities form the categories of both the performance board and the improvement board.

Having both boards side by side allows staff to track unit performance and see how their ideas and initiatives directly link to broader organisational strategic priorities.

Performance Board, Huddle Discussion Link Work to Organisational Strategy

Sample Performance Board Excerpt



For a full image of the performance board layout, access the online *Cultivate Frontline Ownership of Decisions: Staff Ideas* Tool Suite available at advisory.com/international/gcne/staffideas

Methodical Introduction on the Unit

Queensway Carleton has developed strategies around three key parts of the roll-out process: training, introduction to staff, and starting to use the boards.

They attribute the success of the program to the upfront work that went into preparing their staff to be effective. Managers have learned how to facilitate discussions rather than mandate changes. Staff are learning how to be strategic in their idea generation and to think critically about solutions. Finally, the boards themselves serve as a backdrop for true staff involvement in improving their units.

Leaders at Queensway Carleton believe that these steps have developed the staff and prepared them to succeed.

Overview of Improvement Board Roll-Out at Queensway Carleton Hospital



Training the Facilitators

- Managers, team leaders¹, and educators trained in:
 - Standard work for facilitating the huddle
 - PDSA (Plan, Do, Study, Act) problem solving
 - Group facilitation dynamics
 - Staff developmental coaching
- Training participants practice leading a simulated huddle in a safe environment



Introducing to the Staff

- Staff trained in eight types of waste as they begin to look at opportunities for improvement in daily work
- Key frontline staff participate in four-hour training in PDSA problem solving
- In the first two weeks, manager walks through different sections of board with staff, explaining purpose and flow
- Explanation bubbles posted on various sections of board



Starting to Use the Boards

- Facilitator arrives early, plans how to go through the board, what tickets to review, and how to provide developmental coaching in the conversation
- Staff identify problems and opportunities by completing tickets
- All staff receive coaching when completing their first few tickets
- Coaching provided to staff and facilitators daily in the first month and as needed going forward



For additional details related to the improvement board, please access the online *Cultivate Frontline Ownership of Decisions: Staff Ideas Tool Suite* at advisory.com/international/gcne/staffideas

¹) At Queensway Carleton the team leader role is similar to that of an assistant manager.

Source: Queensway Carleton Hospital, Ottawa, Ontario, Canada; Advisory Board interviews and analysis.

Sustainable Success Relies on Executive Commitment

Even the most exciting initiatives can wane over time. Leaders at Queensway believe in this practice and want to see it prosper over time rather than fade away.

To sustain staff engagement in this initiative, leaders must consider two key elements: consistency and support.

Queensway Carleton has incorporated several mechanisms to ensure both of these elements are fully addressed. Although a frontline decision-making and involvement structure, leadership has made it a clear priority and emphasises the boards' importance in improvement efforts.

Steps to Demonstrate Executive Commitment (and Encourage Accountability)

Ensure Consistency



- Standardised work processes train facilitators on how to conduct huddles, building consistency across organisation
- Daily improvement board huddles always occur; on busy days they happen at a different time, but they rarely skip a day
- Executives attend huddles on a rotating basis to demonstrate their support and learn about improvement work happening on units
- Headcounts taken to track participation and monitor involvement

Support the Team



- Ongoing coaching provided to both leaders and staff, ensure optimal problem-solving skill development
- *Open-Ended Questions for Problem Solving* guide helps managers facilitate staff discussions
- Managers trained to ask prompting questions if staff fall short on ideas for the day
- Funding is provided to support staff with dedicated time to work on improvement projects



For a full copy of the Open-Ended Questions tool, please access the online *Cultivate Frontline Ownership of Decisions: Staff Ideas* Tool Suite at advisory.com/international/gcne/staffideas

Source: Queensway Carleton Hospital, Ottawa, Ontario, Canada; Advisory Board interviews and analysis.

Positively Improving Engagement and Outcomes

The Improvement Boards have had a dramatic effect on Queensway Carleton's staff's perceptions of their workplace.

The investment in time up front and the methodical approach for rolling out and sustaining the practice have proven worth it, with increases seen across a number of the engagement drivers that represent involvement of staff in idea sharing and input.

Continuous Performance Improvement Efforts Paying Off

Improved Staff Perception of Work Environment

↑ 41%



Organisation promotes idea sharing related to improvement

↑ 26%



Staff are consulted about changes that affect their team

↑ 24%



Senior Management is aware of frontline issues and acts on staff input



Investment Leading to Outcomes

“When this is done well it is really phenomenal, **all the elements really engage frontline staff**...the challenge is you need to invest a lot up front. **This eventually translates into savings you can reinvest.**”

*Kent Woodhall
VP, Patient Care and Chief Nursing Officer
Queensway Carleton Hospital*



360

Smaller improvement ideas implemented in one year across three units (roughly two ideas per staff member)

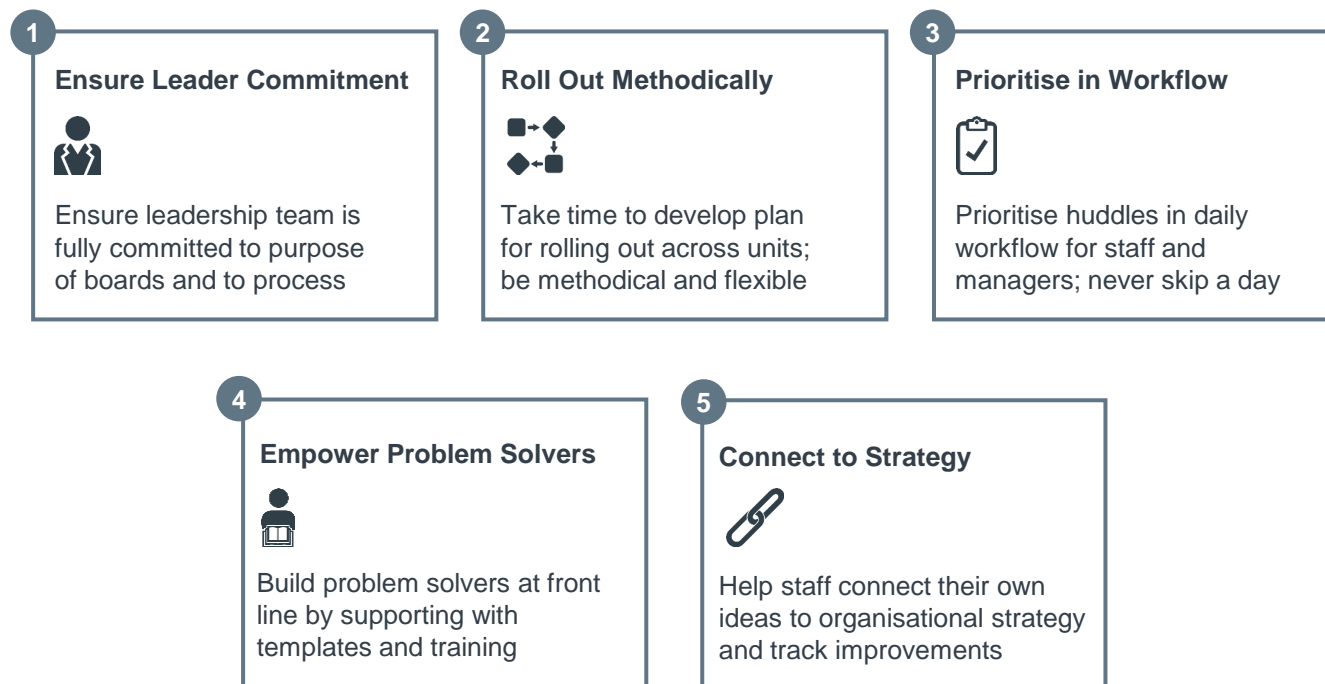
Source: Queensway Carleton Hospital, Ottawa, Ontario, Canada; Advisory Board interviews and analysis.

Cultivate Frontline Ownership of Decisions: Close the Loop

Organisations should consider the following five key elements to effectively demonstrate that frontline ideas are welcome and encouraged.

To implement or reinvigorate idea progress boards or other methods of soliciting staff input, visit the *Cultivate Frontline Ownership of Decisions: Staff Ideas* Tool Suite, which is available for download on the Advisory Board website.

Key Guidance for Using Boards to Facilitate Frontline Idea Ownership



Visit the *Cultivate Frontline Ownership of Decisions: Staff Ideas* Tool Suite

Encourage staff input and involvement with our tools:

- Readiness assessment to determine if this practice is right for your organisation
- Metrics for understanding the impact of input/involvement initiatives
- Related resources from the Advisory Board, and more


advisory.com/international/gcne/staffideas

Shared Governance: A Recognised Structure for Input

While improvement boards allow for participation and improvements at the local unit level, larger decisions require coordination across the organisation. For decisions such as these, organisations need to establish a more formal structure for professional decision making.

Shared Governance is the most well-established model for involving nursing staff in decision making. As a management model that intends to flatten the organisational hierarchy, Shared Governance empowers frontline nurses to contribute to, and take ownership of, decisions affecting their practice and their practice environment.







Structural Model Grants Front Line More Autonomy to Manage Their Practice



Shared Governance: A Working Definition

“Shared Governance is a nursing management innovation that legitimises nurses’ control of nursing practice while extending the influence (input and decision making) of nurses at all levels, to administrative areas previously controlled by management.”

Marlene Kramer
Health Science Research Associates

What Shared Governance Is:	What Shared Governance Is NOT:
 A model that flattens the decision-making hierarchy	 Management driven
 Opportunity to instill frontline accountability and ownership over practice and environment	 A democratic decision-making model
 Focused on nursing practice, environment and patient care issues	 Solely focused on care quality issues

Source: Kramer M, et al., “Structures and Practices Enabling Staff Nurses to Control Their Practice,” *Western Journal of Nursing Research*, 30, no. 5 (2008): 539-559; Advisory Board interviews and analysis.

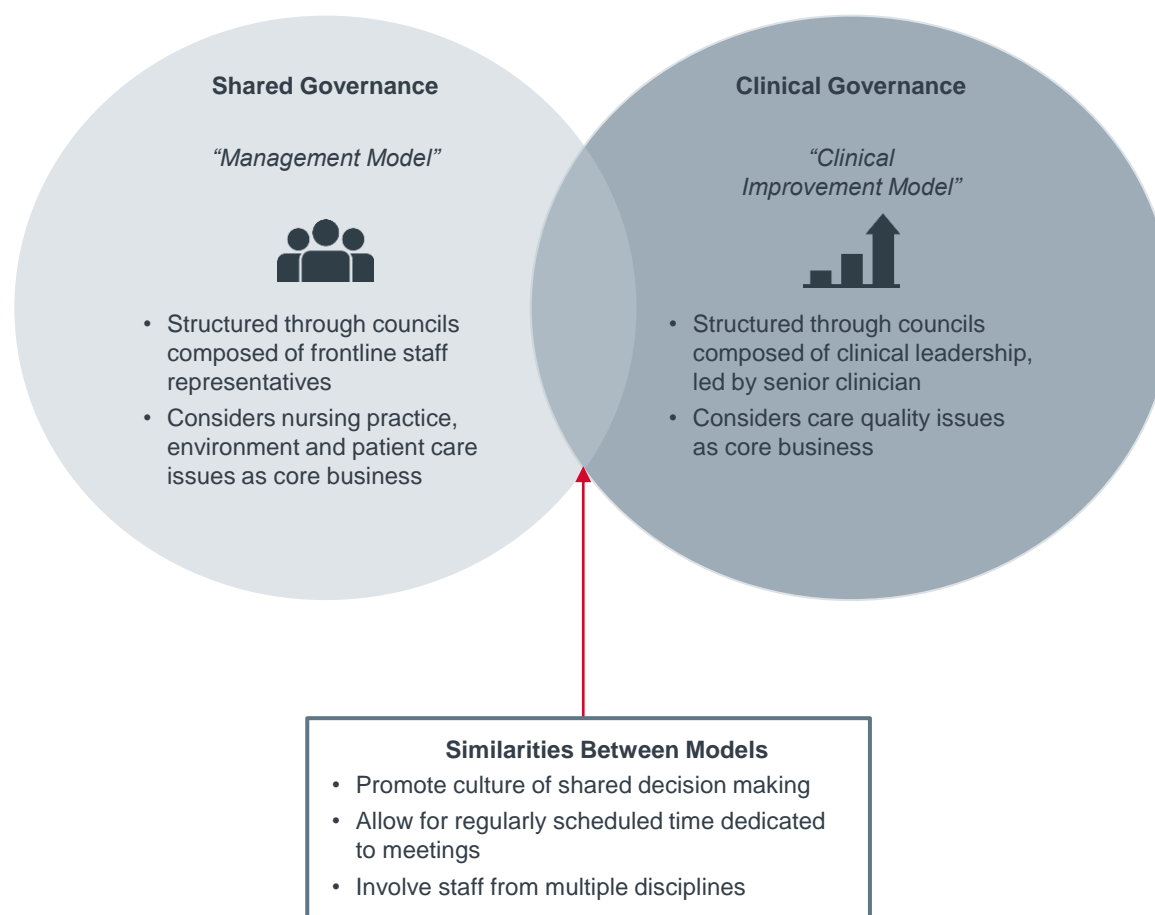
Distinct from Clinical Governance

Many organisations around the world implement a structure of Clinical Governance. Also council-based, Clinical Governance focuses primarily on care quality issues and performance metrics. A senior clinician usually leads an interdisciplinary team of staff, although not always including frontline nurses.

Shared Governance, on the other hand, is a management model that relies directly on frontline participation. Frontline staff make decisions involving their practice and the environment in which they practice.

Under Shared Governance, frontline staff assume responsibility and accountability for activities. They focus on decisions including but not limited to improving quality.

Components of Shared Governance and Clinical Governance Models



Source: Health Systems Resource Centre, “Clinical Governance in the UK NHS,” <http://www.heart-resources.org/wp-content/uploads/2012/10/Clinical-governance-in-the-UK-NHS.pdf?e64a1e>; Advisory Board interviews and analysis.

Documented Link Between Shared Governance and Outcomes

Global Centre research focuses on Shared Governance in particular because of its comprehensive approach to involve frontline staff and its documented, positive impact on staff engagement, as well as organisational outcomes.

The impact of Shared Governance has been widely documented. This decision-making model successfully grants autonomy to nursing professionals, increasing their ratings of empowerment. At the same time, it also positively influences organisational outcomes, including increasing care quality, decreasing nurse turnover, and limiting care costs.

Research Shows Multiple Benefits of Shared Governance



Higher Empowerment Scores

2.3

Significant difference in mean empowerment scores with Shared Governance structures compared to those hospitals with Silo Structures ($p<0.001$)



Enfranchising Staff, Sharing Power

“It works. I feel like what I do in council or staff meetings makes a difference. I have the power, the right, and the responsibility to participate and to make changes.”

Staff Nurse, United States

Overall Results of Shared Governance from Literature Review



- Quality of care
- Communication network between managers and care professionals
- Autonomy of nurses in decision-making processes
- Satisfaction of professionals



- Turnover among nurses
- Care costs

Source: Kramer M, et al., “Structures and Practices Enabling Staff Nurses to Control Their Practice,” *Western Journal of Nursing Research*, 30, no. 5 (2008): 539-559; Santos JLG, et al., “Nursing Governance: An Integrative Review of the Literature,” *Rev. Esc. Enferm*, 47, no. 6 (2013): 1417-1425; Advisory Board interviews and analysis.

Not for the Faint of Heart

The level of investment required to build and sustain a successful Shared Governance program—in terms of funding, professional time, and cultural transformation—is significant and frequently underestimated.

Shared Governance contrasts sharply with the traditional organisational hierarchy with which staff and managers are often familiar. As staff assume increasing control over their clinical practice, managers must adopt a facilitating, rather than directing, role.

This constitutes a fundamental shift in the locus of control that both managers and staff may find challenging. In short, there are many junctions at which the model can veer off course. But by understanding and preparing for these challenges, successful implementation can foster an energised, more fulfilled workforce that contributes valuable ideas to the institution.

Common Errors in Shared Governance Implementation

Neglecting to assess staff's readiness, interest



Case Example: CNO introduces Shared Governance without engaging staff up front; council meetings marked by poor attendance and participants are pressured to get involved



Failing to involve managers in development, implementation

Case Example: Nursing leadership engages staff prior to implementation but neglects to involve managers, who then resent, and even sabotage, council activities

Introducing, then abandoning, the model



Case Example: Upon hitting hard financial times, hospital discontinues policy of paid time for council participation; council structure crumbles, and staff lose trust in organisation



Failing to track, showcase benefits to the organisation

Case Example: Nursing organisation does not take time to monitor, highlight council accomplishments; when hospital board questions costs, evidence unavailable



Damaging to Reverse Course

“If you are not willing [to implement Shared Governance], then perhaps you aren't ready...When a hospital abandons Shared Governance, [staff] lose faith, and when they do that, it's almost impossible to get them back again.”

*Dr. Tim Porter-O'Grady, EdD, RN, CS, FAAN
Shared Governance Expert*

Towards Staff-Driven Decision Making

To avoid the aforementioned pitfalls, organisations should follow three key steps for successful implementation.

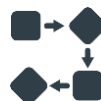
First, sufficient attention must be given to prepare the organisation for the introduction of the model. Next, leaders must build an effective infrastructure that meets their organisation's needs. Finally, once Shared Governance is in place and well supported, leaders must diligently track progress and communicate successes to maintain momentum over time.

Key Steps for Building Effective Shared Governance Programs



Preparing the Organisation

- Assess readiness and create supportive structure
- Invest adequate time and resources
- Cultivate manager and director support
- Ensure participation is voluntary
- Develop mechanism for measuring impact



Building an Effective Infrastructure

- Customise structure to reflect organisational needs
- Encourage communication across councils
- Provide ongoing support based on staff needs



Maintaining Momentum

- Embed oversight into Shared Governance model
- Build structures to encourage vocal advocates
- Track progress and results; communicate impact across organisation



Additional Global Centre Resources

For more information, see study, *Towards Staff-Driven Decision Making: Assessing, Building, and Sustaining Shared Governance*, and on-demand webconference, *How Nursing Can Maximise Shared Governance* in our Shared Governance Tool Suite, available at advisory.com/international/gcne/sharedgovernance

Source: Advisory Board interviews and analysis.

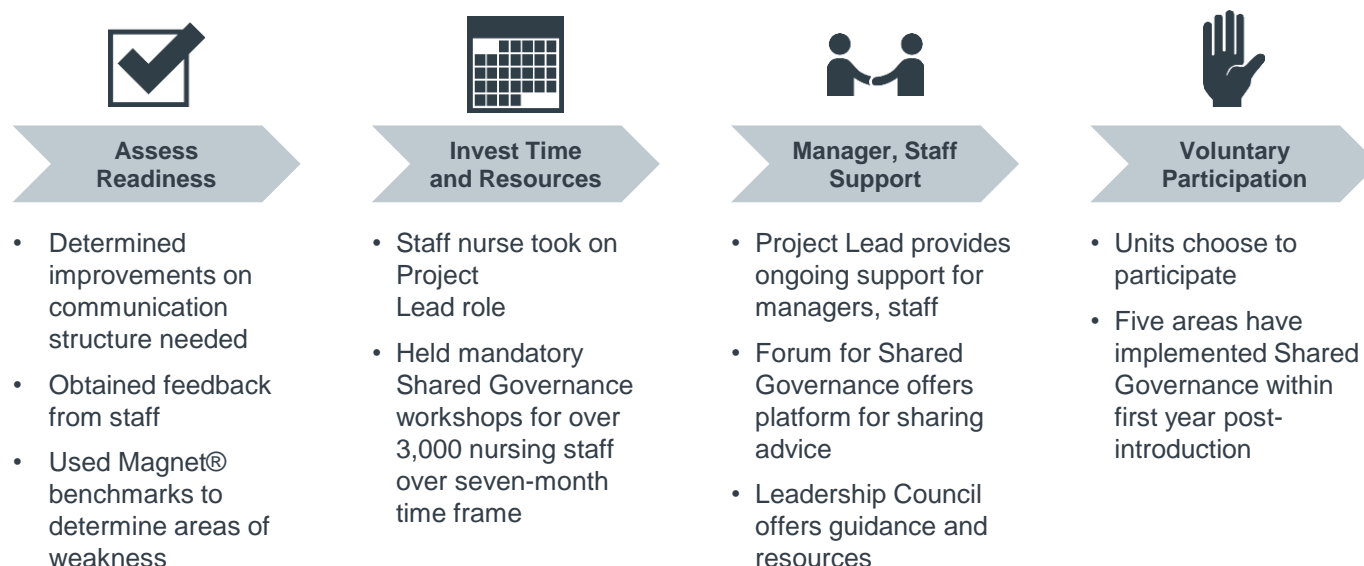
Preparing the Organisation: Laying the Groundwork for Success

The first step to prepare the organisation for Shared Governance implementation requires comprehensive assessment, planning, and an investment of time and resources to fully embed model.

Nottingham University Trust in England is in the process of implementing Shared Governance. Based on the research undertaken by a staff nurse, leaders have taken a comprehensive approach to laying the infrastructure for the model. Units that choose to participate are fully supported and mentored along the way.

Nottingham is about a year into its journey. While the start has been intentionally slow to ensure the foundation is set, the organisation is starting to see the fruits of its labour.

Process of Shared Governance Implementation at Nottingham



Case in Brief: Nottingham University Hospitals NHS Trust

- Large, 1,700-bed acute teaching trust located in Nottingham, England; comprised of three sites
- Provides services to over 2.5 million residents in Nottingham and surrounding communities
- Over 4,500 registered nurses and midwives; 1,000 support workers and health care assistants
- In July 2013, began workshops to educate all nursing workforce on Shared Governance model and its benefits; workshops were available for approximately seven months to allow all nursing staff to attend
- Five areas across the organisation have implemented Shared Governance model as of June 2014, selecting frontline staff representatives to attend meetings with other unit representatives, leaders

Source: Nottingham University Hospitals NHS Trust, Nottingham, England; Advisory Board interviews and analysis.

Building an Effective Infrastructure: Customising Model to Address Key Priorities

In order for Shared Governance to work effectively, organisations must design the model to be germane for their current environment, while still capable of flexing to meet future market needs.

Southlake Regional Health Centre, in Ontario, Canada, emphasises an interprofessional workplace and cross-continuum care. Their Shared Governance model strives to encourage interprofessional practice, while maintaining opportunities to advance nursing-specific goals.

Their Nursing Practice Council has only nurses as members, representing outpatient and inpatient settings. Additionally, their Interprofessional Council has broader membership and addresses organisation-wide interprofessional issues.

At the unit level, nurses work with interprofessional caregivers (and non-clinical staff) every day. Therefore, Southlake's unit councils proportionally reflect the unit composition of staff and have interprofessional representation.

Shared Governance Council Structure, Meeting Schedule at Southlake

Councils	Council Structure	Meeting Schedule
Interprofessional Unit Councils	<ul style="list-style-type: none"> Each unit decides who will be included in council membership, depending on structure, needs of care team Staff representatives include nurses, physicians, interprofessional caregivers, clerical staff and housekeeping Broad range of decisions covered to address needs of all unit staff 	<ul style="list-style-type: none"> Staff decided on four-hour meetings Meeting time periods meet union requirements for calling in staff to attend meetings Held based on unit needs (e.g., monthly or bimonthly)
Nursing Practice Council	<ul style="list-style-type: none"> Includes nursing staff representatives from frontline and managerial levels Focuses specifically on decisions affecting nursing practice (e.g., minimising supply waste) 	<ul style="list-style-type: none"> Nurses decided on eight-hour meetings Held every other month CNO meets with NPC¹ for one hour (minimum) during each meeting



Case in Brief: Southlake Regional Health Centre

- 400-bed hospital system located in Newmarket, Ontario, Canada
- Shared Governance model has been in place for over a decade; structure has evolved greatly in that time
- Model includes Nursing Practice Council, Interprofessional Practice Council, and various Unit Councils
- Forming a Unit Council is voluntary and unit staff have flexibility in deciding which staff members from the unit will be included in council membership
- Nursing Practice Council consists of nurses from frontline and managerial levels
- Interprofessional Practice Council consists of interprofessional staff, focused on a wide range of decisions that affect broader interprofessional teams

1) Nursing Practice Council

Source: Southlake Regional Health Centre, Newmarket, Ontario, Canada; Advisory Board interviews and analysis.

Maintaining Momentum: Front Line Hold Themselves Accountable for Progress

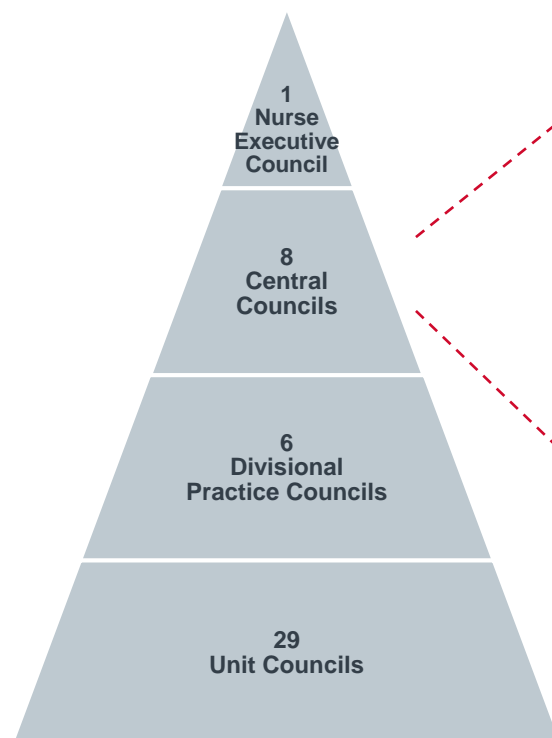
For long-term success, organisations should proactively implement mechanisms for tracking and assessing the impact of the model over time and communicating that success across the organisation.

King Faisal Specialist Hospital and Research Centre in Jeddah is a public, government system working on a fixed budget. Working in a very hierarchical society, the Centre has nurses from over 25 different countries involved in their Shared Governance model.

While unit councils form the foundation of Shared Governance at King Faisal-Jeddah, the Chief Nurse and Project Lead for Magnet® attribute much of their success in sustaining the model to their Shared Governance Council. The council serves as the 'golden thread', tracking and supporting Shared Governance achievements across the organisation. These results are shared to guide and motivate other councils.

Like the other councils, frontline staff hold the authority and the accountability to make the entire Shared Governance model work.

Shared Governance Council at King Faisal Specialist Hospital and Research Centre—Jeddah



Shared Governance Council

- Plans and supports achievement of Shared Governance principles to guide Unit and/or Central Councils in Nursing Practice, Nursing Quality, Evidence-Based Practice, Professional Development, Nurse Management, Research, Use of Technology, Recognition and Ethical/Cultural Issues
- Maintaining council has been key for monitoring membership of Unit and Central Councils, reviewing organisational bylaws, and ensuring broader Shared Governance model continues to thrive across organisation



Case in Brief: King Faisal Specialist Hospital and Research Centre

- Three campuses located in Riyadh and Jeddah, Saudi Arabia: KFSH&RC¹ (General Organisation)—Riyadh; King Khalid Children's Cancer Centre; KFSH&RC¹ (General Organisation)—Jeddah
- KFSH&RC¹—Jeddah has over 2,900 personnel including 1,100 nursing staff with staff from 25 different nationalities
- JCI² accredited since 2002, first hospital in Saudi Arabia, sixth international hospital to achieve Magnet® Designation
- Implemented Shared Governance in 2009 as part of their journey to Magnet®

1) King Faisal Specialist Hospital and Research Centre
2) Joint Commission International

Source: King Faisal Specialist Hospital and Research Centre, Jeddah, Saudi Arabia; Advisory Board interviews and analysis.

Tracking Improvements in Nursing Practice

Leaders from King Faisal believe their model has been sustainable over the years because it drives positive outcomes across their organisation.

They regularly track this impact both at a unit- and organisation-level. King Faisal shares these accomplishments with the broader staff and attributes improvements to the mechanisms of Shared Governance.

Successes Shared with Broader Staff Across Organisation

Example Nursing Practice Improvement Effort Implemented at King Faisal



Driving Outcomes Through Shared Governance

“When we firmly established our model, we saw excellent outcomes across the board in terms of infection rates, fall rates, pressure ulcers...so in terms of the value of the model, it’s how we drive outcomes.”

*Fiona Haines
Program Director , Magnet® Hospital Initiative
King Faisal Specialist Hospital and Research Centre—Jeddah*

Source: King Faisal Specialist Hospital and Research Centre, Jeddah, Saudi Arabia; Advisory Board interviews and analysis.

Foster an Advocacy Structure for Shared Governance

In order to succeed, organisations must cultivate strong Shared Governance advocates across the entire institution.

To accomplish this, King Faisal leaders built specific structures designed to support staff and create vocally supportive advocates. These structures include an executive council designed to provide direction and oversight across all councils, mentorship opportunities for Shared Governance leaders, and specific opportunities to promote collaboration between chairs of various committees.

As such, five years into it, King Faisal’s Shared Governance model shows no sign of diminishing, and in fact has become part of the institutional culture.

Multiple Pathways Provide Enduring Support for the Model, Participants

Building a Structure for Support Across KFSH&RC–Jeddah



Nurse Executive Council

Nurse Executive Council provides direction and oversight of all councils, sets expectation for nursing leader council membership and addresses issues related to Shared Governance practices



Unit Council Chair, Co-chair Mentorship

Mentorship opportunities available for Unit Council chairs and co-chairs



Open Dialogue Between Chairs

Unit Council chairs and co-chairs regularly share success stories and challenges with one another

Demonstrating Measurable Organisational Impact

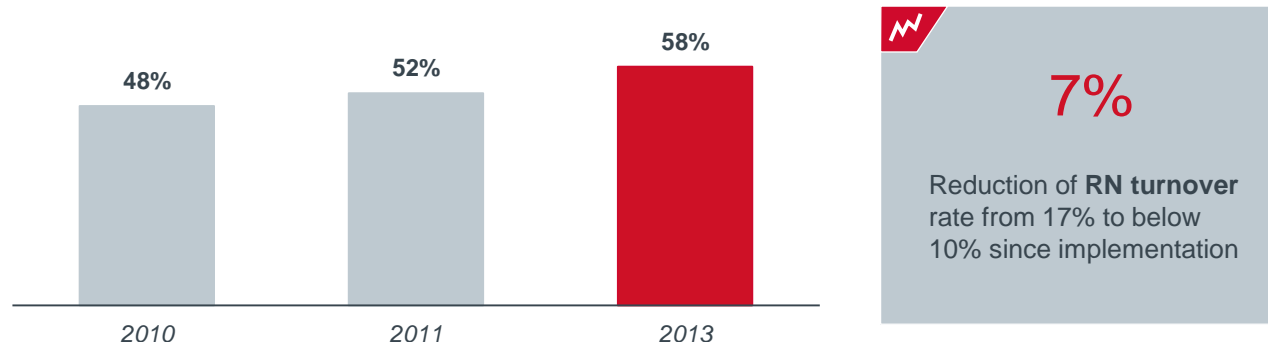
King Faisal not only attends to improvements made at the nursing process level. They have also been tracking engagement and broader, organisational outcomes and have seen positive results.

In fact, Saudi Arabia faces constant nurse turnover due to the transient nature of their workforce. Nursing leaders largely attribute their seven-point reduction in turnover to improved nurse engagement due to their increased involvement in decision making through Shared Governance.

To implement or reinvigorate Shared Governance at your organisation, visit the *Cultivate Frontline Ownership of Decisions: Shared Governance Tool Suite*, which is available for download on the Advisory Board website.

Tracking Both Engagement and Organisational Outcomes

Nurses Satisfied with Decision Making¹



Ownership Yields Empowerment, Engagement

“Shared Governance is really about staff empowerment, staff engagement and decision making within their scope, and within their units...the [frontline staff] now own their practice and own their work environment, that’s why we had good outcomes.”

*Sandy Lovering, Executive Director of Nursing Affairs
King Faisal Specialist Hospital and Research Centre—Jeddah*



Visit the *Cultivate Frontline Ownership of Decisions: Shared Governance Tool Suite*

Enable truly staff-driven decision-making through nursing Shared Governance. Access our Shared Governance tools:

- Shared Governance readiness assessment
- Tips and lessons learned from international organisations utilising nursing Shared Governance
- Related resources from the Advisory Board, and more

advisory.com/international/gcne/sharedgovernance

1) Results based on King Faisal Specialist Hospital and Research Centre's RN-Satisfaction T-Scores from NDNQI-Nurse Work Index RN survey.

Source: King Faisal Specialist Hospital and Research Centre, Jeddah, Saudi Arabia; Advisory Board interviews and analysis.



Coda

Cultivating Engaging Leaders

Leadership Plays an Integral Role

An engaged unit literally hums with positive energy. But most organisations report pockets of strong engagement within specific units, with lacklustre engagement across the entire organisation.

A primary reason for this inconsistency across units is the direct impact that unit-level managers have on engagement. While executive leaders build structures to elevate engagement across the organisation, frontline managers can consistently fulfil the emotional needs of their staff on a routine basis.

Some of this report's practices require orchestration at the executive level. Yet, although spearheaded at the executive level, many of the practices are implemented by nurse managers.

Therefore, the frontline manager plays a crucial role in frontline nurse engagement. Just as leaders are trying to set the culture across their organisations, they need managers who are capable of fostering that culture from the bottom up.

Frontline Engagement Hinges on Strong Leaders at All Levels



Source: Advisory Board interviews and analysis.

Manager Impact Proven Through Data Analysis

Organisations will likely not achieve breakthrough engagement without an intentional focus on elevating frontline manager effectiveness.

According to an analysis of Advisory Board nurse engagement data, staff's ratings of their manager's effectiveness significantly impact their engagement. People who rate their manager's effectiveness as excellent are five times more likely to be engaged than people who rate their manager as problematic. At the same time, it is nearly impossible for staff to be disengaged if they have an effective manager. Please note these data reflect staff's perception of their own managers effectiveness. What's crucial for engagement is not whether leaders deem managers effective, but rather whether the front line do.

Additionally, these data focus on manager effectiveness, not manager engagement. While managers' own engagement is correlated with staff engagement ($r=0.39$), their effectiveness is most strongly correlated with staff engagement ($r=0.67$). Therefore, engaged managers do not necessarily translate into engaged staff.

Impact of the Perception of Manager Effectiveness on Staff Engagement¹



Advisory Board Survey Solutions: Manager Effectiveness Index

- My organisation helps me deal with stress and burnout
- My manager stands up for the interests of my unit/department
- My most recent performance review helped me to improve
- Conflicts are resolved fairly in my unit/department
- My manager is open and responsive to staff input
- My manager communicates messages that my coworkers need to hear, even when information is unpleasant
- My manager helps me learn new skills
- I have helpful discussions with my manager about my career
- I receive regular feedback from my manager on my performance
- My manager helps me balance my job and personal life

¹) Based on multivariate regression of the impact of the drivers within the Manager Effectiveness Index on engagement score.

Source: Advisory Board interviews and analysis.

In Essence, Engagement a Measurement of Effective Leadership

Truly effective managers recognise that managing people is not just about budgets and bureaucracy, but rather leading people towards a common goal. Rather than simply using power and authority to affect change, leaders inspire those around them to move in their desired direction.

Engagement can essentially be seen then as an output of effective leadership. An effective leader inspires others towards a common goal, and engaged employees are inspired to do their part to help the organisation succeed.

To be engaging leaders, though, managers must be adept in several key competency areas. In fact, measuring engagement drivers can in effect help leaders measure their prowess in specific leadership competencies, as shown through the mapping exercise to the right.

To proactively assess managers' leadership competencies, members can access the Global Centre's Leadership Competency Diagnostic, available on the Advisory Board website.

Mapping Engagement Drivers to Key Leadership Competencies



Leading

- Managing Vision and Purpose
- Taking Initiative

Sample Engagement Drivers:

- *I believe in my hospital's mission*
- *My hospital's administration acts in accordance with its stated mission and values*
- *I understand how my daily activities contribute to the hospital's mission*



Managing Standards and Accountability

- Accountability
- Service Orientation and Patient Focus

Sample Engagement Drivers:

- *My nursing program is recognised for excellence*
- *Over the last 12 months I have never been asked to do something that compromised patient care*
- *My manager's actions demonstrate clinical quality is a top priority*



Managing Relationships

- Strengthening Relationships
- Upward Management

Sample Engagement Drivers:

- *My manager stands up for the interests of my unit/department*
- *Conflicts are resolved fairly in my unit/department*
- *My manager is effective advocate for staff nurses*



Planning and Decision Making

- Process Management
- Prioritising and Delegating

Sample Engagement Drivers:

- *My organisation helps nurses deal with stress and burnout*
- *I have sufficient flexibility in scheduling shifts*
- *I am assigned a manageable number of patients per shift*



Developing People

- Identifying and Recruiting Talent
- Developing and Retaining Talent

Sample Engagement Drivers:

- *I have experienced professional growth over the past year*
- *I am interested in promotion opportunities in my ward/department*
- *My most recent performance review helped me to improve*



Communicating

- Giving Feedback
- Communicating Effectively

Sample Engagement Drivers:

- *My ideas and suggestions are valued by my organisation*
- *I receive positive recognition for providing excellent care*
- *My manager communicates messages that my coworkers need to hear, even when information is unpleasant*



Introducing the Leadership Competency Diagnostic

Pinpoint Manager Strengths and Development Needs Through Online Tool

Currently available to all Global Centre members at
advisory.com/international/gcne/energisingtoolsuite

Enhancing Frontline Leadership Requires Long-Term Ambition

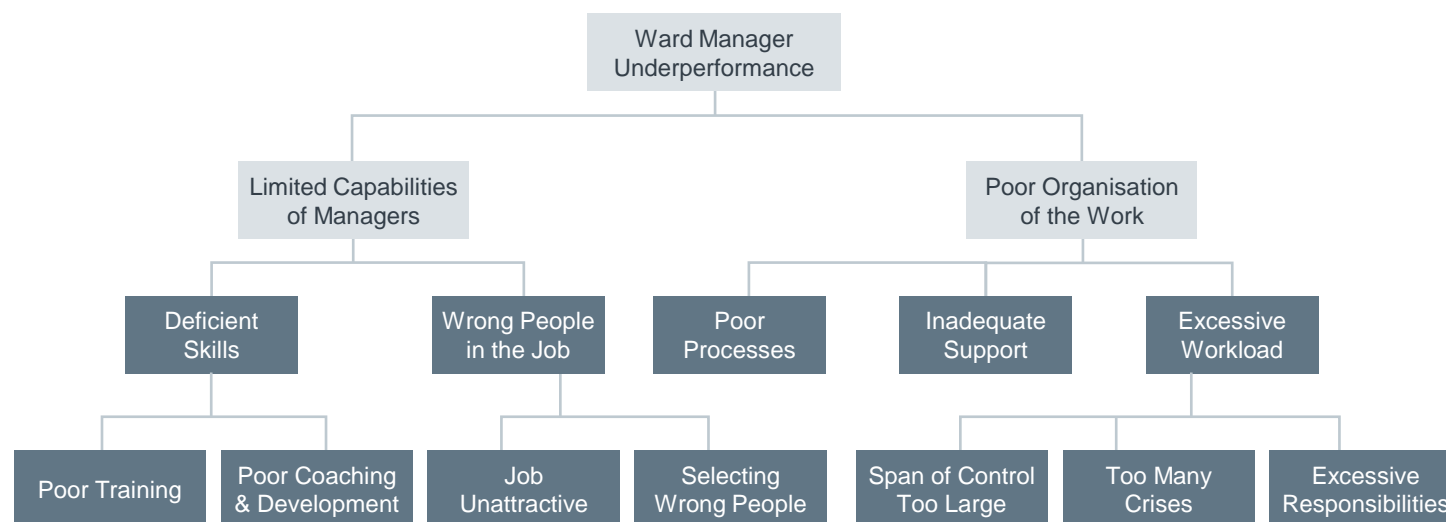
Unfortunately, many unit level managers currently fall short of effectively balancing their administrative responsibilities with hands-on leadership. In a recent global survey of 75 nurse executives, not a single participant rated their organisation's performance as 'Excels' on this metric, and nearly one in five executives reported they were failing.

Oftentimes, managers lack the necessary capabilities to excel in the role. All too often, nurses move into leadership positions due to their clinical excellence and then do not receive the adequate training to develop their leadership skills.

But even with the right people and training in the roles, today's challenging work environment threatens managers' ability to effectively carve out time to spend working directly with their staff. In order to truly cultivate engaging leaders, executives must not only enhance the capabilities and competencies of their managers, but also potentially redesign the organisation of their work.

Need Not Only to Upskill Managers, but Also Carve Out Time to Lead

Root Causes of Manager Underperformance



Additional Global Centre Studies on Elevating Nursing Leadership

Elevating Frontline Leadership

Best Practices for Improving Nurse Manager Performance

Provides practices to elevate frontline leadership through better management training, better organisation of nurse manager jobs, and better selection of nurse manager candidates

Unlocking Unit Excellence

Migrating Good Units to Exceptional Performance

Contains lessons from real-world outstanding units to help leaders increase the number of truly exceptional nursing units within their institutions

Cultivating Leadership Ambition

Building a Foundation for Effective Nursing Succession Planning

Presents 12 best practices designed to help nurse executives market the nurse manager role, identify and invest in rising stars, and mitigate job-specific demands

Direct links to each of these studies available at advisory.com/international/gcne/energisingtoolsuite

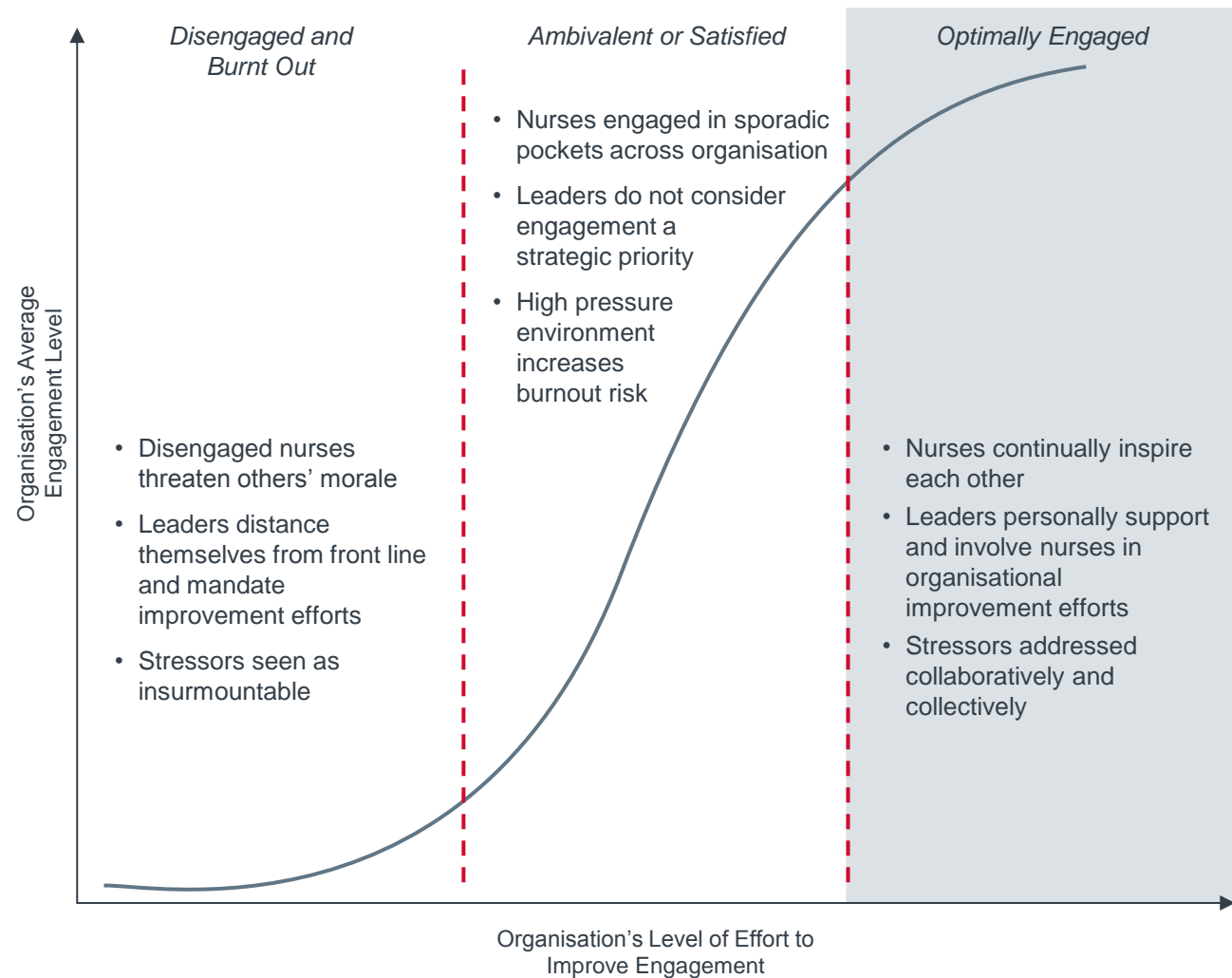
Source: Advisory Board interviews and analysis.

Adopting an Engagement Mentality

In conclusion, to truly inspire breakthrough engagement, organisations must adopt an engagement mentality, first demonstrating support for the frontline workforce and then involving the front line in organisational strategy. Success on both of these objectives requires strong leaders at all levels within the organisation.

Ultimately, engagement requires a partnership—one that's always in need of strengthening. While true engagement requires a long-term, comprehensive strategy, voicing genuine intentions to improve engagement matter to staff. When leaders signal strong commitment to staff engagement, they can begin to see immediate results based on their positive intentions, alone.

The Engagement Continuum Within a Health Care Organisation



Source: Advisory Board interviews and analysis.