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Proactive Strategy to Improve Staff Engagement

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Staff engagement improves outcomes for an organization. In the ever-changing world of health care, it is a challenge for a nurse leader to motivate nursing staff to be involved in the organization’s initiatives. Such initiatives can promote culture, structural empowerment, and professional growth, ultimately leading to clinical excellence. Leader visibility, 2-way communication, and promotion of recognition called the VCR (Visibility, Communication, Recognition) strategy can lead to robust staff engagement. Application of the VCR strategy improved participation of nursing staff in the shared governance activities of a mid-sized Magnet®-recognized health care organization. VCR has become a focused strategy to improve staff involvement, resulting in meaningful and sustainable engagement.

Staff engagement is a challenge for health care organizations. It is the goal of all nurse leaders to have a highly engaged team that initiates innovative strategies to create a healthy work environment. Such an environment can lead to a satisfied workforce, which in turn leads to exemplary outcomes in patient care and customer satisfaction. Staff engagement can be defined as improved trust, communication, and satisfaction.1 In the ever-changing world of health care, it is a challenge faced by nurse leaders to motivate nursing staff to be involved in the organization’s initiatives for clinical excellence.

A highly engaged workforce in a health care institution is more likely to provide personalized patient-centered care. A nursing leader can engage their teams by using effective behavioral and leadership styles that will be received favorably by staff.2 This article details the efforts by an organization’s nursing leadership that resulted in the successful creation of a practical strategy based on assessment, gap analysis and a work plan leading to staff engagement among nurses at every level across the care continuum.

BACKGROUND

The American Nurses Credentialing Center’s 2019 Magnet® application manual has placed greater emphasis on registered nurse (RN) satisfaction as an essential standard of excellence in nursing practice.3 The need for staff engagement and a strategic initiative was identified by the Magnet steering committee and shared governance councils (SGC) at a mid-size Magnet-recognized acute care health care organization (the term organization is used here for this facility), belonging to a large multihospital health care system (the term system is used in this article for the parent company) in the North Texas area.

The 2019 RN survey revealed many low scores indicating the seriousness of the problem in staff engagement in the organization. The chief nursing officer (CNO) and clinical excellence program manager who is the designated Magnet program director (MPD) convened a special task force, which included senior nursing leaders, Magnet champions, and the Magnet steering committee to develop a strategy to promote staff engagement and improve RN satisfaction. The task included assessment and implementation of best practices from other system hospitals and to work with the system’s clinical excellence department (CED) to develop a working plan that would be easily acceptable and adaptable in the organization.

KEY POINTS

- Leader visibility is a key factor for a leader to connect with team members and staff to maintain a meaningful connection.
- Concise, clear 2-way communication between a leader and staff should be established for staff engagement.
- Recognition is an important tool for leaders to promote culture of excellence in an organization.
ASESSMENT

The newly formed special task force was committed to finding the root cause of the lack of staff engagement. The task force initiated periodic clinical excellence rounding to assess the problem, the perception, and the needs of nurses. Rounding revealed that constant changes in the way nursing is practiced, including frequent changes in the electronic health record and new organizational initiatives, were time-consuming to learn and difficult to keep up with. A communication problem, especially information overload, was mentioned by many nurses due to not knowing how to prioritize their patient care activities and time commitment to read all the information via e-mails and intranet announcements.

Lack of recognition was another major issue that nurses perceived as a cause of lack of motivation regarding participation in unit and hospital activities. There was also the surprising revelation that many did not recognize their senior nurse leaders in their service line and the organization. These findings were discussed and shared by senior nurse leaders. The final problems that needed to be addressed urgently were condensed into 3 major issues: lack of visibility of leaders, the efficacy of communication, and lack of rewards and recognition. Once the problems were identified, a discussion emerged to address these and develop a solution that would work for the organization and would be acceptable to both leaders as well as nursing staff.

PLANNING

Nursing leadership wanted to ensure that the solution to the problems aligned with the organization’s mission, vision, and the nursing professional practice model. The nursing department practiced nursing care that focuses on the patient and family-centered care encompassing the organizational values of respect, integrity, compassion, and excellence. These values are supported by professional development, shared decision-making, teamwork, and the quality care model. Based on this exemplary professional practice model, the CNO identified gaps in connection to leadership and nursing staff. Practicing transformational leadership and shared decision-making, this issue was discussed in many forums including SGC, Magnet steering committee, and the Magnet champions committee—all consisting of leaders and nursing staff as members.

Based on the recommendations proposed, the Magnet steering committee identified the need to work strategically on the 3 major issues. A plan was constructed to work in the direction of having a conscious effort to increase leader visibility, promote 2-way communication, and encourage more rewards and recognition at all levels. The planned strategy was called the visibility, communication, and recognition (VCR) strategy. Leaders brainstormed ideas and sought influential best practices recommended by the CED and other hospitals in the system. Eventually, many remarkable steps were taken to implement the VCR strategy.

VCR STRATEGY AND STEPS TAKEN FOR IMPLEMENTATION

V—Visibility

A nurse leader must be willing to learn and grow with time. Lifelong learning is critical for leaders in order to be change agents, collaborators, innovators, and mentors. Consequently, a leader must be present and visible. The opportunity here was to learn from the assessment results: the staff perceived a lack of senior leader visibility. In other words, the CNO and other senior leaders needed to be more present among nursing staff. Rounding by the CNO, senior nurse leaders, and clinical managers was made a priority to connect with nursing staff. Executive leaders implemented a no-fly zone, which resulted in no scheduled meetings between 9:30 a.m. and 11:00 a.m. This time block was left open so leaders could schedule department rounds in their area. Senior nursing leaders who were in the administration wing of the facility moved their offices to clinical areas to be near their department and team.

The organization implemented the new SGC structure, designed and promoted by the system CED, with the intention of meaningful and outcome-based council meetings. According to the new structure, the CNO became the mentor and attended the major council meetings that were led by nursing staff.

The CNO also performed periodic rounding and attended events that included nursing staff. The CNO’s visibility was also ensured through digital media where major announcements and e-mails were sent by the CNO, which also included a picture of the CNO. A nurse leader and resource card highlighting the department leader organization structure and nursing resources were displayed and shared on the unit’s unit-based council (UBC) communication board. All these were implemented to highlight the presence and support of nurse leaders in all aspects of the care continuum throughout the nursing department.

C—Communication

Research states that staff engagement affects organizational performance, recruitment, retention, customer service, satisfaction rates, and profitability of an organization. Several studies show effective organizational communication practices improve staff engagement. Organizational communication satisfaction has the most significant relationship with employee engagement, and innovative ways using information communication technologies (ICTs) to communicate
between leaders and staff can be efficient and are inexpensive but can also lead to information overload and miscommunication.3

With all this in consideration, the included communication strategy gives importance to meaningful, 2-way communication. The organization limited information “to all” and focused on sharing valuable information to those who needed the specific information. Major initiatives and information from the organization were to be sent only by the president if it was meant for the entire hospital staff, and by the CNO if it was meant for the entire nursing department. A restriction was placed on who can share the important information to all nurses to avoid e-mail overload.

Two-way communication was established between leadership and nursing staff. The SBAR (situation, background, assessment, and recommendation) format was encouraged to state clear, concise, and productive communication using the chain of command. Important information from the system’s nursing congress (a quarterly meeting of system executive leaders and delegates representing the nursing staff of different hospitals in the system) and the organization’s SGC meetings were shared using a 1-page format highlighting 2 or 3 main points to avoid overload of information.

The UBC and SGC also established goals based on their unit needs and council responsibilities to stay on track and yield outcome-based actions. This helped members work as a team and focus on achieving goals instead of becoming overwhelmed with many issues. Working with specific goals yielded achievable results, and members appreciated their participation in important and meaningful work that promoted clinical excellence for patients, staff, and the organization as a whole.

R—Recognition
Recognition is an important tool for leaders as it is about acknowledging someone, highlighting excellence with accolades and rewards. Rewards do not have to be expensive yet have major impact on staff engagement.4 Despite many internal and external recognition and award programs available in the organization, it was noted these were not utilized to their full potential as there were not many nominations from nursing staff or leaders. When assessment revealed a lack of recognition as a perceived problem, nurse leaders reached out to nursing staff and communicated this issue with them in the SGC and Magnet champions committee meetings.

In an interview, Dr. Patricia Hickey, an internationally renowned nurse researcher stated, “The health of the work environment includes authentic leadership, true collaboration, meaningful recognition, and effective decision-making; when leaders are working through problems, the nursing staff need to be involved.”5 The inclusion of nursing staff in recognition and award nominations improved the number of internal and external award nominations and winners. The award nominations and recognitions were announced through e-mail and the system’s intranet communication board. The winners were featured on various platforms including mass e-mails, recognition ceremonies, and the system’s intranet news.

Along with regular existing internal and external awards, a new award was started by the senior leaders: Magnet Nurse of the Quarter. These award winners, along with other achievements such as promotions, publications, career ladder recognition, and certification achievement, etc., were recognized in the organization’s quarterly Magnet newsletter. Personal appreciation was encouraged through the system’s applause card, a digital method of appreciation and recognition.

Senior nurse leaders organized appreciation rounds with gifts and snacks for all shifts and service lines during special days such as Thanksgiving, Christmas, and so on. The CNO sent personal notes and cards during certification day and personal shout out e-mails to the nurses who were recognized for their outstanding work by patients and their families.

Many creative and engaging contests were organized during nurse’s week, and a special recognition ceremony was organized exclusively to give clinical excellence awards for different nursing and interprofessional categories. More collaborative efforts with the organizational and system-wide community publication departments led efforts highlighting the achievements of nurses on the system’s news network and organization’s Facebook page.

ONGOING EFFORT AND EFFECTS
The CNO regularly used a collaborative approach to engage nurse leaders and clinical nurses in shared decision-making and teamwork within the nursing department. As the leaders became more visible, communication was meaningful and focused, recognition and rewards were given importance, a grassroots level of appreciation and engagement were noted. SGC meetings were attended regularly by leaders and nursing staff. The units that were lagging with their UBC structure and function gained momentum. More clinical nurses started applying for Nurse Career Advancement Program (NCAP) and Evidence-Based Practice (EBP) fellowship programs. There was an increased interest in pursuing specialty certification.

The award nominations and winners for internal and external awards increased significantly. From 0 to 5 awards a year for nurses, the organization saw 20 to 25 awards given a year. The organization boasted proudly the most award winners in the system for prestigious external awards such as the DFW
Great 100 Nurses and D-Magazine Nurse Excellence awards in the region. The organization’s nurses are now regularly featured in the internal system-wide intranet news for their outstanding achievements and recognitions.

The VCR strategy is an ongoing tactic at the organization that has resulted in increased nurse engagement and satisfaction seen through informal evaluations and appreciation messages received by senior leaders. The fact that even through the COVID-19 crisis, the staff is still involved in meetings and recognition events through digital and virtual media, which are both great displays of staff engagement. A formal evaluation of this effort is awaited at the end of the year’s external RN satisfaction survey.

CONCLUSION

The inclusion of nursing staff in major organizational initiatives can promote a positive and healthy culture at work. Structural empowerment, professional growth, transformational leadership, and teamwork lead to professional development and ultimately, clinical excellence. It is important to recognize that both leaders and nursing staff play key roles in the organizational initiatives collectively.

Leadership visibility, 2-way communication, and promotion of recognition through the VCR strategy have proved to be effective in this organization. It is recommended that this practice-based evidence be explored further to develop into EBP by conducting a more organized study in the future. VCR has become a focused strategy to improve staff involvement, resulting in meaningful and sustainable engagement for this organization. The organization is progressing in its clinical excellence journey and is moving forward to obtain its fourth designation for Magnet recognition.

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