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Direct Supervisor Influence on Nurse Engagement

Kelly Elaine Tapp
Walden University

Walden University

College of Health Sciences

This is to certify that the doctoral study by

Kelly E. Tapp

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Dr. Robert McWhirt, Committee Chairperson, Nursing Faculty
Dr. Patricia Schweickert, Committee Member, Nursing Faculty
Dr. Allison Terry, University Reviewer, Nursing Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

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Abstract

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Kelly E. Tapp

MSN, University of San Diego, 2010

BSN, Austin Peay State University, 2001

Project Submitted in Fulfillment

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Abstract

Nurse engagement is essential for organizational success. If organizations can engage nurses, they may be able to improve organization and patient outcomes. The purpose of the evidence-based practice project was to use current evidence of direct supervisor influence on nurse engagement to create an educational program for clinical leads to use in their interactions with direct reports. The relationship-based care model was used as a framework for the project, and concepts included work engagement, nurse engagement, recognition versus meaningful recognition, professional development, communication, transformational leadership, and authentic leadership. Before and after attending the education program, clinical leads were given a self-assessment on a 5-point Likert scale to assess their perception of their leadership skills. The data were analyzed using SPSS descriptive statistics to describe differences in pre and post education self-assessments. All of the questions had increased means following the education program. The most improvement was in the following areas: coordinating relationships among staff improved by50% and accepting and using constructive criticism improved by 50%. Clinical leads recognized that having the knowledge and tools would give them the ability to impact nurse engagement. Researchers should continue to study the leader's influence on nurse engagement in relationship to other environmental factors that influence nurse engagement; as well as, how to better prepare leaders to engage nurses in his/her professional roles.

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Section 1: Direct Supervisor Influence on Nurse Engagement

Introduction

Work engagement is critical to ongoing organizational success; however, most organizations perform poorly when it comes to nurse engagement. According to the Nursing Advisory Board, 7.4% of nurses are disengaged (Sherman, 2017b). A disengaged nurse may inadvertently cause patient harm. Nurse engagement must be a priority to maintain patient safety and improve patient outcomes (Keyko, 2014). Additionally, engaged, empowered nurses are informal leaders. Engaged nurses empower other nurses, participate in quality improvement, and improve organizational outcomes (Garcia-Sierra, Fernandez-Castro, & Martinez-Zaragoza, 2016; Kuykendall, Marshburn, Postone, & Mears, 2014). Crabtree, Brennan, Davis, and Coyle (2016) identified that providing frontline nurses with knowledge and clinical decision tools and actively involving them in evidence-based practice projects changed the culture among the frontline nurses, engaging them in practice changes that improved patient outcomes.

Poor nurse engagement is a problem for leaders of organizations. It is difficult for leaders to know where to begin and what direction to move in to address poor nurse engagement. Despite it being a relatively new concept in nursing practice, there is a significant amount of evidence on the factors that influence nurse engagement. The individual organization, leader, and workforce characteristics must be identified to effectively translate the evidence into practice. The purpose of this study was to describe poor nurse engagement at the national and local organization level and to discuss the

doctorate-prepared nurse, evidence-based practice project implemented to address the issue within a local health care organization.

Problem Statement

Work engagement is characterized by dedication, organizational and professional commitment, and emotional and cognitive connection to the organization and the profession (Keyko, 2014). As nursing enters another potential workforce crisis, organizations strive to improve nurse engagement (Spence Laschinger, Wilk, Cho, & Greco, 2009). The American Association of Colleges of Nurses (AACN; 2017) stated by 2024 there will be 1.09 million nurse job openings due to growth and replacements. Additionally, 40% of the nursing workforce is over the age of 50 AACN], 2017). The national average turnover of the bedside registered nurse (RN) is 17.2%, and the average vacancy rate is 8.5% (Nursing Solutions, Incorporated [NSI], 2016). Nurse engagement is related to nursing job satisfaction and retention (Garcia-Sierra et al., 2016; Keyko, 2014; Kuykendall et al., 2014). Organizational values and bureaucracy can create conflicting emotions in nurses, resulting in disengagement (Keyko, 2014). There have been changes in how nurses view job security. New nurses entering the workforce do not view it in the context of organizational commitment but rather an accumulation of experience that makes retaining them challenging (Dahinten et al., 2014). Organizations must come up with innovative ways to engage and retain these nurses.

Nurse engagement presents many other benefits to organizations and patients. Spence Laschinger et al. (2009) stated that nurses who are empowered are engaged in their profession, the care of the patient, and more satisfied in their jobs. Having an

engaged nursing workforce in value-based-purchasing health care system is essential for organizations to produce positive quality outcomes and deliver safe care; however, most organization continued to fall short in successfully engaging nurses. The practicum organization continues to struggle with patient satisfaction, meeting core measures, and nurse retention.

Increased nursing engagement has also been related to fewer symptoms of depression and psychosomatic symptoms among nurses. Engaged employees are emotionally and mentally connected to their role. Work that allows people to live their values is key to nurse engagement. Attention must be paid to increasing positive experiences congruent with employee values in the work environment. Workplace environment, quality of working life, low social dysfunction, and stress associated with patient care are predictors of nurse engagement. Improving nurse engagement could improve time lost from work due to illness and mitigate future nursing shortages (Garcia-Sierra et al., 2016; Kuykendall et al., 2014). It may also improve organizational quality and financial outcomes including patient satisfaction scores, quality care, and safety related incidents (Keyko, 2014; Kuykendall et al., 2014). Engaged nurses improve these outcomes because they are also engaged in self-care and remain healthy physically and emotionally.

Purpose Statement

The purpose of this project was to develop an education program for clinical leads within a nonprofit community hospital in the Southwest United States. Clinical leads are middle management or assistant managers. Their duties include direct supervision of

floor staff, daily department operations, and some administrative duties. In the education program, I followed the DNP Manual for Staff Education. The practice focused question was the following: Will an education program for clinical leads increase their perception of their ability to improve nurse engagement? The program provided clinical leads with evidence-based materials they could use during interactions with nurses to improve nurse engagement.

In most cases in the inpatient setting, the direct supervisor of the floor nurse is in a middle management position, such as an assistant manager, supervisor, or clinical lead. There was an identified gap in practice within the entity regarding how middle management interacts with the nurses under their direct supervision. There was a lack of knowledge and skill required by some clinical leads in professional interactions that motivates and engages staff. There was inconsistency in communication and the mode and method of communication. Nurses did not trust their concerns were being communicated up the chain of command or addressed timely or efficiently.

Because historically nurses have been promoted to leadership positions based on clinical skill or select leadership qualities, they may not have the skills or tools needed to manage and engage staff efficiently. The most studied factors related to nurse engagement are manager leadership styles and relationships with nurses. Being a leader requires a collection of abilities. Most people are not inherently born with all of the abilities required to be an effective leader, and most nurse managers or supervisors did not begin a management position with the skills required to manage people (Chappell & Willis, 2013; Gaiter, 2013). Leadership development requires self-awareness,

motivation, and education to develop leadership skills. Themes identified in personal leadership development include communication, conflict resolution, and career actions. Subthemes that have been identified are increased confidence, increased openness, change in communication, active listening, awareness of others' differences and impact on interactions, and remembering the relationship during negotiations (Miskelly & Duncan, 2014).

Nature of the Doctoral Project

In this project, I focused on the development of a staff education program (see Appendix D) based on evidence that supported promoting nurse engagement. The primary stakeholders involved included the clinical lead nurse, registered nurses, department manager and director, patients, hospital research and evidence-based practice committee, chief nursing officer, DNP nurse, and DNP preceptor. Stakeholders were involved at all stages of the project to insure applicability, success, and sustainability of the project. It was essential to include stakeholders in the process, keep them well informed, and address any potential barriers that could prevent implementation or success of the project (Palmhoj Nielsen et al., 2009). The clinical lead nurse requires education and commitment to stay engaged in the process. The RNs require information regarding the project to explain any changes they may witness in the delivery of communication and expectations from clinical leads. Buy-in was obtained from the department and hospital heads for implementation of the project.

A literature review was completed using the following data bases: CINAHL, MEDLINE, PubMed, ProQuest, and the Cochrane Database of Systematic Reviews.

Inclusion criteria included peer-reviewed articles and studies within 5 years and written in English. Key search terms included *work engagement, nurse engagement, leadership, retention, professional development, recognition, communication*, and *leadership style*. The identified data from the facility included employee opinion survey results, the Advisory Board's Employee Engagement Survey (modified), and a leadership competency self-assessment.

The education included tools that empower the leader to create improved relationships and communication with their direct reports using the relationship-based care model as a framework (see Appendix A). The relationship-based care model is used to improve quality care and patient outcomes by transforming relationships. The model I used to strengthen relationships and promote knowledge and self-care. It is also used to reinforce nurse engagement by reconnecting the nurse to their work (Rahn, 2017). In the education presented to clinical leads, I focused on relationship building, communication, meaningful recognition, professional development, transformational, and authentic leadership attributes.

The education included structuring communication hierarchies. Engagement can be improved through one-to-one and group dialogue. Nurses should be educated on the partnership they, their leaders, and the organization has in their involvement in nurse engagement (Sherman, 2017b). Clement et al. (2016) found that the nurses ranked support and teamwork from managers as the top two ranking facilitators to engaging them in the practice change. To improve the interactions promoting support and teamwork, scripting, using motivational interviewing skills, were provided to the leader

to use during one-to-one interactions and leader rounding. Motivational interviewing was used to characterize therapeutic communications to guide and support patients in making behavioral changes. It was initially used in the field of psychology with patients with substance abuse disorders; however, it has been applied to and can be used in any situation where a person is guiding someone in developing goals or making a behavioral change (Latchford, 2010; Rollnick, Miller, & Butler, 2008; Spoelstra, Schueller, Hilton, & Ridenour, 2014). During all interactions with their direct reports, clinical leads were educated to treat the employees with mutual respect and use open-ended questions to encourage nurses to express their feelings and thoughts. By using motivational interviewing skills, clinical leads will provide a structured method of communication that guides the employee in setting goals and decision making; empowering the nurse to set goals and make decisions, and engaging them in their profession, rather than the leader telling them what to do.

Both communication from leaders, and direct reports communicating to leaders, have been demonstrated to impact nurse engagement (Miskelly & Duncan, 2014; The Advisory Board Company, 2014). E-mail has become a common mode of communication in organizations. The number of e-mails staff receive can become overwhelming (The Advisory Board Company, 2014). Staff may not read e-mails timely, may not read them at all, or may become numb to the e-mails. They may not recognize what information holds immediate significance and what is just for their knowledge. The educational program provided a structure for e-mail communication to create compelling, nonthreatening, and nonoverwhelming communication. E-mails will only be sent for

correspondence of agreed upon information and will be color-coded for levels of importance of information. Red identifies urgent information. Green identifies good to know information, and black identifies everything else.

Staff sometimes feel that their suggestions are not heard. Forums for staff suggestions, discussion, and information on progress with ideas were developed. An electronic forum for the proposals was established. Recommendations were also be discussed in huddles and staff meetings. The advisory board company (2014) suggested use of an active daily management board to improve nurse engagement. An information board was posted for a visual representation accessible to all staff of progress on suggestions. Providing a visual representation for progress on suggestions, as well as key patient/department outcomes, improves staff engagement and ownership of outcomes.

Supervisors struggle with ways to meaningfully recognize staff. Pathways for meaningful staff recognition were developed. Triggers for staff recognition were identified. Development of triggers will make recognition meaningful (The Advisory Board Company, 2014). Staff desire the opportunities for meaningful professional growth and to become informal leaders within the organization. One way to assist staff in professional growth is to identify peer liaisons to champion and communicate information to staff (Crabtree et al., 2016; Garcia-Sierra et al., 2016; Kuykendall et al., 2014; The Advisory Board Company, 2014). The purpose of the education program was to help close the gap in practice by providing leaders with ideas to empower nurses through communication and relationship building in their professional growth, guide personalized customization of professional growth, and ensure potential role transition

training and role of peer-to-peer liaison for high performers. The education program provided leaders with tools to help them identify top performers and use those skills to improve frontline understanding of organizational changes and financial implications.

Significance

Nurse engagement is critical for organizations, communities, and patients as an anticipated nursing shortage draws near (AANC, 2016). Nurse turnover has continued to rise. The national nursing turnover rate was 17.2% in 2016 (NSI, 2016). Improving nurse engagement will improve nurse retention. Improving nurse engagement will lead to enhanced nurse performance, improved attitudes, empowered practice, and improved patient and organizational outcomes (Garcia-Sierra et al., 2016; Keyko, 2014; Spence Laschinger et al., 2009). Improving nurse engagement may also positively impact ethical practice (Keyko, 2014). The topic of nurse engagement is important for health care organizations.

Health care organizations must do everything they can to retain confident, healthy, competent, and innovative nurses. Improving nurse engagement and nursing sensitive outcomes within the organization is important to my practicum site's leadership. The project could impact other practice areas and other organizations experiencing similar issues with nurse engagement. Expanding the knowledge available to successfully retain and engage nurses is vital to health care organizations, nurse leaders, and patients receiving care. Providing leaders with tools that only help them from an organizational standpoint, and potentially create time and workflow issues, will not be successful.

Thought was put into how the education was delivered and who delivered it. Additionally, communication, recognition, and professional development efforts must be consistent with all nurses, so there are not perceptions that leaders only give time and attention to their favorite employees. As a manager within the system, I was invested in building the leadership skills of the clinical lead nurses and improving nurse engagement. As a professional nurse, I was invested in implementing and disseminating evidence-based practice and improving the profession and the future of health care delivery.

Summary

Poor nurse engagement is a problem many organizations face, and many leaders struggle to improve. Although the concept of work engagement has been around in other disciplines for some time, nurse engagement is still a relatively new concept. The most studied concept is direct supervisor influence on nurse engagement. In Section 1 of this study, I introduced the problem of poor nurse engagement; the purpose and nature of this project; and its significance on a local organization level, other health care organizations, and the nursing profession. In Section 2 of this study, I will discuss the concepts, model and framework used, the project's relevance to nursing practice, the local background related to the project, and the role of the I have as the DNP student.

Section 2: Background and Context

Introduction

In this project, I used the best current evidence available to develop an education program for nurses supervising other nurses to strengthen nurse engagement by building relationships and improving communication between nursing leadership and staff nurses. I answered the following practice question: Will an education program for clinical leads increase their perception of their ability to improve nurse engagement? In Section 2 of this study, I will review the concepts, model and framework used, the relevance to nursing practice, the local background and context, and the role of the DNP student.

Concepts, Models, and Theories

Concepts

There are several concepts addressed in this project including work engagement, nurse engagement, recognition versus meaningful recognition, professional development, communication, transformational leadership, and authentic leadership. Work engagement has been associated with improved organizational outcomes. It is defined as someone who is dedicated to their professional role and characterized with vigor, absorption, mental resilience, and enthusiasm in their work (Keyko, 2014; Kuykendall et al., 2014). Communication is defined as how information is transferred from one person to another (Habel, 2015). Nurse engagement is work engagement in relation to the nurse's role. Recognition is defined as recognizing someone for their acheivements or praising excellent work. When the recognition is attached to triggers, done by someone senior to the employee or recognized as an important person, and done as soon after the

event as possible, it becomes meaningful recognition (Zwickel et al., 2016). Professional development refers to professional growth, career management, continuing education, and professional advancement in nursing practice. Transformantional leadership and authentic leadership are different leadership styles. Transformational leadership is characterized by a leader who demonstrates a vision of the future; motivates and empowers others; treats employees as individuals by recognizing strengths, coaching and advising based on individual needs; and establishes trust and mutual respect (Deschamps, Rinfret, Claude Lagace, & Prive, 2016; Gaiter, 2013). Authentic leadership is characterized as a relational leadership style. It embraces softer skills, such as building relationships, being driven by an internal moral compass, transparency, self-regulation, and balanced decision making (Viona Mortier, Vlerick, & Clays, 2016). All of these concepts were addressed within the framework of the relationship-based care model.

Relationship-Based Care Model

Creative Health Care Management (2018) developed the relationship-based care model. The relationship-based care model is used to improve quality care and patient outcomes by transforming relationships. The model is used to strengthen relationships and promote knowledge and self-care. The relationships that are the primary focus of the model include the caregiver relationship with his or herself, caregiver relationship with family and patients, the relationship between patient and family, and the relationships between members of the health care team (Koloroutis, 2004; Rahn, 2017). Relationship-based care makes several assumptions. Those of importance related to nurse engagement are as follows. Safe quality care is based on the therapeutic relationship between the

nurse, patient, family, and other health care providers. Authentic relationships create caring and healthy work relationships. Leaders must role model and empower nurses in ownership, quality service, and in changing the culture through each connection. They can renew their connection to the profession and create bonds and better care for themselves, colleagues, direct reports, and patients. Empowerment and ownership create the commitment to work (Guanci, 2016; Wessel, 2016).

Some concepts related to change found in the relationship-based care model include the following:

- clarity- a clear understanding, competency- knowledge, and skill expanded through education
- confidence- having the knowledge, skill, and knowing what is expected
- collaboration- working together to achieve a goal
- commitment- is a combination of clarity, competency, confidence, and collaboration

Improving relationships through communication and respect could be the key to improving nurse engagement. There are many potential advantages to using the relationship-based care model as a framework. The model reinforces nurse engagement by reconnecting the nurse to their work. It encourages teamwork and commitment to a shared vision among health care providers. Authentic relationships are created among health care providers, patients, and families. People are treated as unique individuals. Employees are inspired by transformational leaders through guidance, infrastructure, mentoring, and education to make decisions that impact their work. The presence of

mutual respect can lead to collaborative relationships. Mutual respect, autonomy, and the trust the leader and organization show to the employee directly impacts the nurse's level of engagement. Trust is an essential component that nurses expect in their work environment. Trust creates support and openness needed for employees to speak up (Garcia-Sierra et al., 2016; Kuykendall et al., 2014; Miskelly & Duncan, 2014; Keyko, 2014; Spano-Szekely, Quinn Griffin, Clavelle, & Fitzpatrick, 2016; Van Bogaert et al., 2013). Self-care, accountability, autonomy, empowerment, healthy relationships, mutual respect, staff development, appreciative culture, and communication are aspects of relationship-based care (Guanci, 2016; Rahn, 2017; Wessel, 2016). The relationship-based care model holds significance for nursing leaders and created a framework for developing a program to improve engagement.

Relevance to Nursing Practice

A literature review was completed using the following data bases: CINAHL, MEDLINE, PubMed, ProQuest, and the Cochrane Database of Systematic Reviews. Inclusion criteria included peer-reviewed articles and studies within 5 years and written in English. Key search terms included *work engagement, nurse engagement, leadership, retention, professional development, recognition, communication, relationship-based care*, and *leadership style*. There were 59 peer-reviewed studies and articles reviewed from the literature search; 39 of the articles and studies were used in the review.

Relationship Based Care Model

Quality outcome measures (i.e., patient satisfaction, nurse engagement, staff satisfaction, and clinical outcomes) reinforce culture changes and changes in practice.

The relationship-based care model can be used to change the culture and improve collaborative interprofessional relationships (Guanci, 2016; Rahn, 2017; Wessel, 2016). The leader can improve nurse engagement by showing emotional support to the nurse within the structure of the relationship he or she is building with the nurse (Pohl & Galletta, 2017). Zealand, Larkin, and Shron (2016) examined if staff attendance at a relationship-based care workshop improved staff perceptions of nursing practice and staff/team behaviors and attitudes. Staff perceived an importance of having the same purpose, mutual respect, and were optimistic about conflict resolution (Zealand et al., 2016). Developing an environment of respect and openness provides an opportunity for nurse leaders to directly impact the engagement and retention of their employees.

It is necessary for leaders to establish relationships with their staff, understand their purpose as a leader, be empathetic, and display formidable character. Wessel (2016) discussed the impact of implementing a relationship-based care education program in a hospital in the Eastern region of the United States. Wessel stated that the manager's leadership style impacts the success of relationship-based care because he or she sets the tone of for professional interpersonal relationships. The facility reported significant changes in nursing sensitive indicators: patients reported communication with nurses improved by 34%, patients reported nurses treated them with courtesy and respect improved by 42%, patients reported nurses listened carefully to them improved by 50%, and patients reported nurses explain in a way you understand improved by 11% (Wessel, 2016). Improvement in nursing sensitive indicators is an indication of engaged nurses.

Nurse Engagement

Work engagement has been studied in other disciplines; however, nurse engagement is a relatively new concept. Although the body of knowledge continues to grow, leaders also continue to struggle with improving nurse engagement. Scholars have identified many areas affected by poor nurse engagement. Nurse and patient satisfaction and quality of care are poor in organizations that struggle with nurse engagement. Ethical nursing practice, retention rates, attendance, and nurse physical and mental health have all been related to nurse engagement (Garcia-Sierra et al., 2016; Keyko, 2014; Keyko, Cummings, Yonge, & Wong, 2016; Kuykendall et al., 2014). Nurse engagement is impacted by many factors.

Van Bogaert et al. (2013) investigated how the work environment and work engagement impacted nursing sensitive outcomes. Van Bogaert et al. identified correlations between work environment and nurse engagement. The work engagement mean scores were between 4.62 and 4.81 (Van Bogaert et al., 2013). The quality of care at the unit and shift level were rated favorably ranging from 80-90%; the quality of care by the interdisciplinary team was not as favorable with a mean score of 69% (Van Bogaert et al., 2013). The quality of care by the interdisciplinary team was found to be significantly correlated ($P<0.0001$) with nurse management at the unit level (Van Bogaert et al., 2013). Other researchers have found similar results regarding the impact of work environment.

Havens, Warshawsky, and Vasey (2013) described work engagement and identified predictors based on generational differences and found that there was no

statistical difference between age groups. Across generational cohorts, work environment, relational coordination, and decisional involvement were significantly corelated factors of nurse engagement (Havens et al., 2013). In addition to work environment, decisional involvement and relational coordination have been examined in relation to nurse engagement.

In addition to work environment, mutual respect, communication, professional growth, empowerment, autonomy, shared governance, recognition, and leader relationship and behavior are among the correlating factors that could improve nurse engagement. Keyko et al. (2016) reviewed and synthesized literature to produce a stronger foundation of information to direct nursing practice. The primary themes included organizational climate, job resources, professional resources, personal resources, and job demands (Keyko et al., 2016). The subthemes identified in the study related to organizational climate included leadership and structural empowerment (Keyko et al., 2016). The subthemes identified under job resources included organizational, interpersonal, social relations, and organization of work and tasks (Keyko et al., 2016). Professional resource subthemes included professional practice environment, autonomy, role and identity, and professional practice and development (Keyko et al., 2016). The subthemes identified under personal resources included psychological, relational, and skill (Keyko et al., 2016). Additionally, the subthemes identified in the study related to job demands included work pressure, adverse environment, physical and mental demands, and emotional demands (Keyko et al., 2016). The correlation of work engagement with performance, care, professional, and personal outcomes were also

identified in the study (Keyko et al., 2016). Keyko et al. (2016)identified similar factors in nurse engagement such as work environment, structural empowerment, social support, personal traits, professional characteristics, family issues, work orientation, and manager leadership style. Engagement affects both the performance of the nurse and the job satisfaction (Garcia-Sierra et al., 2016). In this study, work orientation was discussed which incorporated professional growth and development. Professional growth is also a factor to address when developing relationships with nursing staff.

Professional Growth and Development

Professional growth and development has a growing importance to nurses in respect to career development, mobility within the nursing profession, and promotion. Philippou (2015) examined the perceptions of professional career management in a cross-sectional survey. Philippou (2015) did not find a significant difference between employers and employees on short-term responsibilities, such as resources and time both groups identified the responsibility was primarily held by the employer. Medium-term responsibilities held a significant difference ($P<0.001$) between employers and employees (Philippou, 2015). Employers felt assessing strengths and weaknesses and determining job-related knowledge and skills were the employer's responsibilities; however, employees felt it was or should be a shared responsibility (Philippou, 2015). Long-term career management responsibilities such as developing individual career plans and planning future career development was seen by both groups as primarily an employee responsibility (Philippou, 2015). Philippou (2015) assumed employees who felt that their employers have responsibilities in their career development were looking to

remain with those employers if they were providing said career development. Ultimately, both employers and employees must take some responsibility in employee professional development.

It is sometimes difficult for nurse leaders to engage nurses in taking responsibility in their professional development. Viljoen, Coetzee, and Heyns (2017) identified challenges and barriers to nurses participating in professional development programs. Four themes and one central theme was identified during the study: communication, continuous professional development, time constraints, financial constraints, and attitude (Viljoen et al., 2017). There was a lack of adequate and timely information regarding professional development programs, making it difficult for nurses to plan to attend the programs (Viljoen et al., 2017). There was a lack of collaboration with the nursing staff to plan the professional development programs (Viljoen et al., 2017). The nurses identified that there was no needs assessment done to identify their individual learning needs (Viljoen et al., 2017). They did not see the importance of attending if the topics did not address their learning needs (Viljoen et al., 2017). Nurses saw attending the programs as giving up their time even if they were paid by the organization because the programs were often added hours onto a regular shift (Viljoen et al., 2017). The nurses wanted the time incorporated into their regular shift time (Viljoen et al., 2017). The nurses stated the professional development programs such as conferences are expensive and additionally take time away from work creating a financial loss (Viljoen et al., 2017). The central theme was a negative attitude toward attending professional development programs (Viljoen et al., 2017). The nurses had the perception there would be an

increase in their responsibilities such as implementing changes in practice (Viljoen et al., 2017). Despite these challenges, nurse leaders must strive to support and engage nurses in their professional development to improve nurse engagement.

Researchers have shown a correlation between nurse engagement and professional development in their studies. Nurses want to participate discussions with nurse leaders regarding their professional development options (Kuykendall et al., 2014). Garcia-Sierra et al. (2016) found nurse engagement was positively correlated with work orientation. Work orientation includes components of professional practice such as professional growth (Garcia-Sierra et al., 2016). Keyko et al. (2016) identified that professional resources were related to work engagement. Professional resources were divided into subthemes of professional practice environment, autonomy, role and identity, and professional practice and development (Keyko et al., 2016). Nurse leaders have a responsibility of creating a practice environment through supportive leadership styles that support nurses in professional growth and development.

Transformational and Authentic Leadership

Transformational and authentic leadership skills have positively impacted nursing practices, patient outcomes, and strengthened nurse engagement. Manager leadership style has been the factor that has the most influence on nurse engagement, and this concept can also be seen with the impact preceptor leadership styles have on nurses (Garcia-Sierra et al., 2016; Keyko, 2014; Kuykendall et al., 2014; Miskelly & Duncan, 2014; Spano-Szekely et al., 2016; Van Bogaert et al., 2013). Kuykendall et al. (2014) examined the engagement of nurses over the age of 45 with 10 or more years of

experience and identified significant differences between engaged and nonengaged nurses in relation to the leadership traits of the manager. Nurse engagement can be positively influenced if nursing supervisors have awareness of their leadership styles and education to support effective leadership skills.

Additionally, the relationship the nurse has with his or her direct supervisor directly affects, more than other factors, nurse engagement and nurse retention. Dahinten et al. (2014) that transformational leadership, emotionally intelligent leadership, authentic leadership, and leader empowering behaviors produce positive outcomes in employees. Emotional intelligence is a crucial trait in transformational leadership. Other attributes of transformational leadership include articulating a future vision, being committed and trustworthy, considering individual needs and abilities, facilitating staff expressing ideas, being confident and fair to direct reports, and communicating follow-up to staff (Deschamps et al., 2016; Spano-Szekely et al., 2016). Additional scholars examined other leadership traits congruent with transformational leadership and linked with nurse engagement.

Authentic leadership is well correlated with nurse engagement. In a mixed method study, Miskelly and Duncan (2014) stated leaders must utilize 'soft skills' or authentic leadership skills in their daily practice. They must provide leadership, support, and motivation to others. The study intervention included an educational leadership program that took place over a 6-month period. The sample size included registered nurses and midwives who had completed the entire program (n=60). Data were obtained through questionnaires, focus group interviews, and individual interviews. The results

found were increased confidence in leadership skills, aspirations, and maturity in professional practice. Some specific results reported by participants were improved knowledge and communication with others (Miskelly and Duncan, 2014). Viona et al. (2016) supported these findings with their cross-sectional design study where they identified a positive relationship between authentic leadership style and vitality in nurses. The researchers concluded that if managers use authentic leadership skills they can improve nurses thriving at work (Viona Mortier et al., 2016). Nurse engagement reinforces nurse and manager behaviors that create practice environments for safe and effective care (Garcia-Sierra et al., 2016; Keyko, 2014; Kuykendall et al., 2014). The direct supervisor's ability to manage people, communicate clear expectations, listen to, and recognize their employees, and follow-through on promises impacts the employee's commitment to his or her work and profession.

Communication

Communication style and delivery are vitally important to establishing healthy relationships with staff. Communication style has been characterized from passive, assertive, to aggressive (Habel, 2015). Nurse leaders must have awareness of their style of communication to convey mutual trust and respect to nurses. Sherman (2017a) stated leaders must be open and transparent with their communication, they must truly listen for understanding, they must follow through on what they say they will do. Sherman (2017b) stated leaders can increase nurse engagement through one to one dialogue with nurses. Using therapeutic communication techniques, such as open-ended questions, during the dialogue is a technique that has been found to encourage employees to express

their opinions and ideas. Additionally, the leader must communicate with clarity. Sherman (2017a) suggested communicating expectations and connecting the staff to the organization goals is a factor in improving nurse engagement. Rahn (2017) identified that the use of language which creates a shared purpose and ownership can improve the nurse's accountability in engaged nursing practice. Fields & Jenkins (2016) stated clinical nurses have acted as champions of clinical information communicating with other nurses as well as Magnet Surveyors. Identifying the strengths of individuals during one to one interactions with nurses can benefit the organization in conveying future communications to other nurses.

Additionally, leader awareness of the most appropriate form of communication for the situation is vital in reducing burnout and improving nurse engagement. Koppel, Virkstis, Strumwasser, Katz, and Boston-Fleischhauer (2015) stated nursing staff are overloaded with a large volume of emails. Researchers analyzed data from the Advisory Board engagement surveys to identify strategies to reduce overloading staff with emails. The suggestions included vetting emails through upper management to limit emails sent out to employees as only critically important information, using a standard email format, and identifying other forums for less urgent information (Koppel et al., 2015). Stream lining communication methods can both make conveying information more efficient and improve nurse job satisfaction by decreasing burnout.

Meaningful Recognition

Recognition becomes meaningful recognition when the recognition is tied to triggers, presented by someone important in the organization, and done in a timely

manner following the event the person is being recognized for (Zwickel et al., 2016). The Nursing Executive Center of the Advisory Board reviewed data form their 2014 engagement survey. The sample size included 343,000 employees from 575 healthcare organizations. After analyzing the data, they identified that a top area for improvement is recognition. Recognition can improve engagement and decrease burnout. Making recognition professionally meaningful was identified as an important aspect. Zwickel et al. (2016) identified strategies to meet the challenges leaders face in providing meaningful recognition. One strategy included linking recognition to specific criteria. Linking recognition to outcomes helped staff know what to work towards, and leaders knew what outcomes warranted recognition. Zwickel et al. (2016) also identified that giving leader's recognition toolkits could improve the leader's ability to provide meaningful recognition to others. The impact of meaningful recognition toolkits or programs has been explored in other studies.

Kelly and Lefton (2017) completed a quantitative descriptive study to examine the relationship between meaningful recognition, burnout, and compassion fatigue. The sample size consisted of 726 nurses who completed the Professional Quality of Life Survey and 410 nurses in a control group from a total of 24 hospitals. Those nurses in hospitals with meaningful recognition programs who participated in the survey had significant findings for the impact of meaningful recognition on burnout and secondarily the positive impact of reducing burnout on stress, satisfaction, and enjoyment (Kelly and Lefton, 2017). All the evidence reviewed supports that the proposed education program can fill the gap in practice using the supportive evidence reviewed under the headings of

relationship-based care, transformational and authentic leadership, communication, professional development, and meaningful connections.

Local Background and Context

There is growing evidence of what may improve nurse engagement. Magnet designated systems have engaged clinical nurses by including them in shared governance, distributing work at the unit-base level, providing education, and empowering and mentoring nurses in professional practice, and building professional relationships. Empowering clinical nurses has led to increased autonomy, professional development, nurse satisfaction, productivity, and research production (Berger and Polivka, 2015; Garcia-Sierra et al., 2016; Keyko, 2014; Keyko et al., 2016; Kuykendall et al., 2014). The problem is relevant at the organizational level.

In my practicum organization, there was a need to improve nurse engagement, leader confidence and skill, retention, and quality indicators. Improving nurse engagement, quality care, and patient satisfaction was a priority for the organization. There has also been significant turnover for directors, managers, leads and registered nurses. Additionally, the team currently has high vacancy rates and has struggled to improve patient satisfaction scores. Recent Employee Opinion & Nurse Engagement Survey results identified room to enhance engagement among floor nurses. Although some percentages were slightly above the overall healthcare standard, many were at or below average among respondents supervised by clinical leads and responses significantly varied between clinical leads (R. Giordano, personal communication, September 21, 2017). The areas

identified in the recent Employee Opinion & Nurse Engagement Survey are consistent with the areas being addressed in the education program.

Role of the DNP Student

I developed and presented this project as a high-level decision maker communicating with multiple disciplines and guiding decisions. Peirce and Smith (2008) stated the DNP student nurse must have a broad knowledge of evidence-based practice and multidisciplinary frameworks. The DNP student must lead the way through transformational leadership and setting an example for other nurses. She encourages other nurses in professional development and furthering their education. The DNP student provides guidance in identifying, analyzing, implementing, and evaluating research to transform into evidence-based practice while empowering bedside nurses in shared governance (Zaccagnini & White, 2014). The DNP scholarly project incorporated the competencies of the DNP curriculum while focusing on the practice problem identified in this paper. The project was a scholarly application of evidence-based practice. I have reviewed the evidence from research, translated it into practice through the development of the evidence-based practice educational program, presented it to the clinical lead nurses, and educated them in its use. Additionally, I will continuously evaluate the process and outcome measures following implementation of the project. I defined the problem and identified the measures. Following implementation, the data was analyzed, improvement measures have been implemented, and a control plan has been developed. As a manager within the system, I am invested in successfully strengthening nurse engagement and duplicating positive results.

Summary

Section 2 of this paper reviewed the concepts, model, and framework, the relevance to nursing practice, the local background and context, and the role of the DNP student in the DNP project. Although nurse engagement is a growing body of knowledge, it is still a relatively new concept within the nursing profession. There is a gap in practice at my practicum site in the ability of clinical lead nurses to engage nurses in practice. The evidenced-based DNP education project could improve the perception the clinical leads have in their ability to engage floor nurses in practice and continue to build on prior evidence expanding the nursing body of knowledge. In Section 3, I will explain the practice-focused question, sources of evidence, and the methods of analysis and synthesis used.

Section 3: Collection and Analysis of Evidence

Introduction

Nurse engagement is linked to quality outcomes, nurse retention, job satisfaction, physical and mental health, patient satisfaction, and ethical practice; however, health care organizations continue to struggle with nurse engagement (Garcia-Sierra et al., 2016; Keyko, 2014; Kuykendall et al., 2014). At my practicum facility, a nonprofit community hospital in the Southwestern United States, there continued to be problems with poor nurse engagement resulting in poor retention and quality outcomes. The DNP project could improve nurse engagement within one department and be replicated throughout the system. The purpose of the project was to develop an education program for clinical leads within a nonprofit community hospital in the Southwest United States. In Section 3, I will restate the practice-focused question, review the sources of evidence, and outline the approach that was used to analyze and synthesize the data.

Practice-Focused Question

There was a gap in practice within the entity in the middle management nurses' ability to effectively engage floor nurses. There was a lack of knowledge and skill required by some clinical leads in professional interactions that motivate and engage staff. There was inconsistency in how information is communicated. Nurses did not trust that their concerns were being communicated up the chain of command or addressed timely or efficiently (S. Maxin, personal communication, September 21, 2017). The practice focused question being answered was the following: Will an education program for clinical leads increase their perception of their ability to improve nurse engagement?

The project provided the clinical lead nurse with education that will focus on relationship building, communication, meaningful recognition, professional development, transformational, and authentic leadership attributes.

Sources of Evidence

Sources of evidence included a literature review, employee opinion survey results; results from use of a work engagement survey; the advisory board's Employee Engagement Survey that correlates with nurse engagement like communication, feedback, and recognition; and professional growth (The Advisory Board, 2014). Assessment of leadership competency was assessed using the Competency Inventory for Registered Nurses (Liu, Kunaiktikul, Senaratana, Tonmukayakul, & Eriksen, 2007a). Written permission was not needed to reproduce the tool for education or research purposes if the reproduction is limited to the participants involved in the study. The education program was based on the components of relationship-based care. The pre and postadministration of the above surveys was used by the participants for self-evaluation areas of strength and needs improvement. The collection and analysis of the data obtained from evidence may result in further education if indicated.

Operational Data

Clinical lead education needs were discussed with organization leadership. The education developed was verified with the organization leadership prior to implementation. Employee Opinion & Nurse Engagement Survey results data were obtained from organizational leadership and analyzed. The Employee Opinion & Nurse Engagement Survey was delivered electronically to all RNs in the organization in 2017.

Education was developed to improve the areas of need identified in the Employee Opinion & Nurse Engagement Survey. The recommendation to the organization will be to repeat the survey for comparison to evaluate the relationship between the education and changes in the responses to the survey.

Evidence Generated for the Doctoral Project

Participants. A total of six clinical lead nurses were educated in a classroom setting. The education consisted of the purpose, objectives of the program, and evidence-based tools to assist them in interacting and building relationships with the nurses they supervise. The clinical leads were chosen as a sample of convenience from the pilot department and were asked to complete a paper questionnaire. A convenience sample of unit RNs who are supervised by the clinical leads was obtained to complete an electronic questionnaire. All surveys were anonymous, free of any identifying information, and paper surveys numbered for pre/post comparison. All data obtained were kept in a secure location.

Procedures. A subjective survey style questionnaire was used for self-assessment of the clinical lead nurses. The clinical lead nurses were given a written self-assessment, the Competency Inventory for Registered Nurses, before being educated and following the delivery of the education (Liu et al., 2007a). The Competency Inventory for Registered Nurses was tested for validity and reliability using Cronbach's α and paired *t* tests (Liu, Yin, Ma, Lo, & Zeng, 2009). Liu et al. (2009) identified that the tool was reliable in evaluating the generic competencies of nurses following an educational program. Liu et al. identified the internal consistency of the tool with Cronbach's α

ranging from 0.718 to 0.903 for the subscales within the tool. The overall consistency of the tool was determined to be 0.908 for the scale, and the factor correlation validity was $p<0.001$ significant (Liu et al., 2009). Liu, Kunaiktikul, Senaratana, Tonmukayakul, and Eriksen (2007b) confirmed the overall tool reliability using Cronbach's α which ranged from 0.79 to 0.86, the criteria validity was $p=0.04$, and the contrast group validity was $p<0.001$.

I used a 5-point Likert scale that ranged from *never* to *always*. The following aspects of leadership were addressed through self-assessment using the Likert scale: delegation based on assessment of abilities of individuals; getting group consensus; developing an atmosphere of teamwork; recognition of staff; being a change agent; promoting cooperation, trust, and open exchange of ideas; coordinating the relationships; and use of constructive criticism, conflict resolution, and identifying strengths and weaknesses in others (Liu et al., 2007a; Liu et al., 2007b; Liu et al., 2009). Approval for providing Board of Registered Nursing continuing education credits was requested through the organization. The clinical lead nurses completed an evaluation of their learning based on an anonymous paper survey directly related to the identified learning objectives of the education.

The unit RNs whom are supervised by the clinical lead nurses were presented with an electronically delivered version of the advisory board's Employee Engagement Survey focused on communication and input, feedback and recognition, and professional growth measured on a 6-point Likert Scale, from *strongly disagree* to *strongly agree*, preintervention with the goal of receiving a 30% response rate for each of the lead's direct

reports. The validity and reliability of the subscales have been tested (The Advisory Board Company, 2014). A recommendation will be made to the organization to repeat the survey 3 months following the intervention.

Protections. Participants were voluntarily recruited from my practicum site. Participants' identity and privacy was protected. All questionnaires were anonymous. No identifying information was collected on questionnaires, and data were stored in a secure location. The organization and any operational information was generalized to protect the identity of the organization. The consent form for anonymous questionnaires was given to all participants prior to completing the questionnaires and receiving education. All participants were advised of the procedure for completing the questionnaires, risks, and benefits to participation in the project and privacy measures that were taken by the facilitator. Participants were informed that participation was voluntary, and they may withdraw from participation in the project at any time.

Ethics approval was requested through Walden University's Institutional Review Board (IRB) as indicated in the Manual for Staff Education Project. Form A was completed and submitted to Walden University's IRB as the project fell under the preapproved staff education project list. I awaited finalized IRB approval before gathering data or implementing the project. Simultaneously, I presented the project proposal to the organization's research and evidence-based practice committee for IRB approval at the site. The approval site waived IRB oversite. The determination of the site's IRB was submitted to Walden University's IRB.

Analysis and Synthesis

Descriptive statistics was reviewed from the pre and postsurveys using SPSS (International Business Machines, Corporation [IBM], 2015). Differences in responses between pre and postsurveys were analyzed. Descriptive and correlational statistics were done and displayed in charts to organize the data. An evaluation of the educational program was completed by the clinical lead participants, and the data obtained were summarized and analyzed. Outliers were evaluated, and any missing or incomplete information was declared. Based on the evaluations, participants did not require additional education. Results of the data will be shared with nursing administration. Information will be communicated throughout the organization and professional organizations as appropriate to support the dissemination of evidence-based practice.

Summary

Nurse engagement is an essential factor for quality outcomes and safe patient care. As the nursing workforce ages and turnover rates increase, the importance of nurse engagement will continue to improve. Researchers have shown that managers, specifically the person's direct supervisor, may have the most significant impact on nurse engagement (Garcia-Sierra et al., 2016; Keyko, 2014; Kuykendall et al., 2014). Providing clinical leads with an evidence-based educational program to support them when interacting with direct reports can improve communication, employee recognition, professional growth, feelings of being heard and belonging, building relationships, and strengthening nurse engagement. I used the best evidence to develop an educational program to impact the clinical lead's perception of their impact on nurse engagement

within an inpatient department in a community hospital in the Southwestern United States. The education included tools targeted at what was indicated as an opportunity for improvement on the employee opinion survey results. Expected outcomes consisted of an improved perception of competency to impact nurse engagement among clinical lead nurses. In Section 4, I will review the findings and recommendations of the evidence-based practice project.

Section 4: Findings and Recommendations

Introduction

At my practicum facility, there have continued to be struggles with nurse engagement negatively impacting organization and nursing sensitive outcomes. The DNP project could be used to improve nurse engagement within one department and be replicated throughout the system. In this project, I used the best current evidence available to develop an education program for clinical lead nurses who supervised other nurses to strengthen nurse engagement by building relationships between nursing leadership and staff nurses. I answered the following practice question: Will an education program for clinical leads increase their perception of their ability to improve nurse engagement?

The sources of evidence for the project included the Employee Opinion & Nurse Engagement Survey results for the pilot program for 2017. The results were reviewed to confirm the focus of the survey sent out to the RN staff supervised by the clinical leads. The unit RNs whom were supervised by the clinical lead nurses were presented with an electronically delivered version of the advisory board's Employee Engagement Survey sections focused on communication and input, feedback and recognition, and professional growth (The Advisory Board, 2014). The clinical lead nurses were given a written self-assessment, the Competency Inventory for Registered Nurses, before being educated and following the delivery of the education (Liu et al., 2007a). The clinical lead nurses completed an evaluation of their learning based on an anonymous paper survey directly related to the identified learning objectives of the education. In Section 4 of this study, I

will report and analyze the findings and discuss implications, recommendations, strengths, and limitations.

Findings and Implications

Employee Opinion and Nurse Engagement Survey Results

The Employee Opinion & Nurse Engagement survey identified room to enhance engagement between floor nurses within the pilot department. Although some percentages were slightly above the health care overall normal, many were at or below normal among respondents supervised by clinical leads, and responses significantly varied between clinical leads. Some areas identified as areas of opportunities for improvement were engagement (average 80%), recognition (average 61%), manager effectiveness (average 71%), communication (average 80%), growth and development (average 75%), high reliability organization (average 66%), and involvement and belonging (average 71%; IBM, 2017). The areas identified were consistent with the concepts included in the project.

The Advisory Board's Nurse Engagement Survey

Because it had been a year since the employee opinion survey, I focused on staff input, communication, recognition, feedback, and professional growth from the Advisory Board's Nurse Engagement survey to the RNs who were supervised by clinical leads. All of the participants were given informed consent and were given instructions that the purpose of the survey was in relationship to his/her interactions with the clinical lead. The results were mostly consistent with the Employee Opinion and Nurse Engagement survey delivered in 2017. Table 1 describes the demographic makeup of the sample

group. There were 24 respondents (*n*=24), a 54.5% response rate. In addition, 75% of the responses came from female nurses. The youngest age range of respondents was 21- to 29-years-old (1.00). The oldest age range of respondents was greater than 60-years-old (5.00), and the age range mean was 2.7083. The respondents reported that bachelor's degree was the mean level of education (2.00). Only 20.83% of respondents had a current American Nurses Credentialing Center (ANCC) certification. These questions were not a part of the validated questions of the nurse engagement survey.

Table 1

Demographics: Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. deviation	Variance
What is your gender?	24	1.00	2.00	1.2500	.44233	.196
What is your age?	24	1.00	5.00	2.7083	1.08264	1.172
What is the highest level of school you have completed or the highest degree you have received?	24	1.00	3.00	2.0000	.51075	.261
Do you have a current ANCC Certification?	24	.00	1.00	.2083	.41485	.172
Valid *N* (listwise)	24					

Table 2 describes the minimum, maximum, mean, and standard deviation of the responses to the survey questions. The questions with the lowest means were "My manager helps me learn new skills" (mean=3.500; *SD*=1.17954), "I receive regular feedback from my manager on my performance"(mean= 3.7083; *SD*=1.08264), "I am interested in promotion opportunities in my unit/department" (mean=3.8333; *SD*= 1.20386), and "I have helpful discussions with my manager about my career" (mean=3.9167; *SD*=.71728). Although the overall response to the survey was positive,

these questions carried more negative responses (always disagree, disagree, somewhat) than other responses to questions on the survey. These findings were consistent with the previous Employee Opinion and Nurse Engagement survey results, validating the need for the education program to improve leader/staff relationships to impact nurse engagement.

Table 2

Employee Engagement: Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. deviation
My ideas and suggestions are valued by my organization.	24	3.00	5.00	4.0000	.65938
My manager communicates messages that my coworkers need to hear, even when the information is unpleasant.	24	3.00	5.00	4.2917	.62409
My manager is open and responsive to staff input.	24	3.00	5.00	4.2083	.58823
My manager stands up for the interests of my unit/department.	24	3.00	5.00	4.1667	.70196
I have helpful discussions with my manager about my career.	24	3.00	5.00	3.9167	.71728
I know what is required to perform well in my job.	24	3.00	5.00	4.1250	.61237
I receive regular feedback from my manager on my performance.	24	1.00	5.00	3.7083	1.08264
My organization recognizes employees for excellent work.	24	3.00	5.00	4.1250	.53670
I am interested in promotion opportunities in my unit/department.	24	1.00	5.00	3.8333	1.20386
I have the right amount of independence in my work.	24	3.00	5.00	4.3333	.56466
My manager helps me learn new skills.	24	.00	5.00	3.5000	1.17954
Training and development opportunities within my organization have helped me to improve.	24	3.00	5.00	4.0833	.77553
Valid *N* (listwise)	24				

There were two exceptions to the expected results. "My ideas and suggestions are valued by my organization" (mean=4.0000; *SD*=.65938), and "My manager is open and responsive to staff input" (mean=4.2083; *SD*=.58823) had a higher positive responsive than expected in comparison to the Employee Opinion and Nurse Engagement response rate. In speaking to leadership within the organization, it was suggested that the positive response may be due to forums to improve staff input and feedback that have already been put in place, such as unit-based reliability huddles and employee forums with the executive team. Many communication forums had already changed to improve the staff/leader communication between the Employee Opinion and Engagement survey delivered by the organization the previous year and the Advisory Board Survey questions delivered during this project. In addition, 20.83% of the nurses who responded to the survey were ANCC certified. It is possible that those nurses who were ANCC certified were nurses who are more interested in having conversations about their careers, making it easier for the clinical lead to engage them in conversation. This could have skewed the results and should be further studied to determine correlations. These findings supported the importance of implementing an education program to improve leader skills of relationship building and communication despite previous changes. Analyzing the data from the nurse engagement survey prepared me to further develop the education presented in the education program for the clinical lead nurses. I wished to improve the perception of their ability to improve nurse engagement from the preeducation survey to the posteducation survey.

Competency Inventory for Registered Nurses

The clinical leads were given the pre and post self-assessment using the Competency Inventory for Registered Nurses. The clinical leads were given informed consent and explained the purpose of the self-assessment prior to completing. Like the engagement survey, the self-assessment was answered on a Likert scale, but on a 5-point scale ranging from *never* to *always*. The surveys had no identifying information; however, the pre and postsurveys had corresponding numbers for comparing differences in results following the program.

Preeducation self-assessment. There were three demographic questions included with the preeducation self-assessment but not the post because the pre and postsurveys were numbered to group the responses. One of the clinical leads who responded to the self-assessment did not complete the three demographic questions. A gender question was not included on the leader self-assessment because all clinical leads, except for one male, were female. Based on the data of those who answered, most of the clinical leads held a bachelor's degree or less (2.2000; see Table 3). The clinicals leads who responded had a mean experience of 2.6, falling between the ranges of 3 to 5 years and 5 to 10 years of experience (Table 3). Only 60% of the clinical leads held an ANCC certification (Table 3). The demographic questions were not part of the validated self-assessment.

Table 3

Clinical Lead Demographics: Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. deviation
What is the highest degree you have received?	5	1.00	3.00	2.2000	.83666
How many years of leadership experience do you have?	5	1.00	5.00	2.6000	1.51658
Are you ANCC certified?	5	.00	1.00	.6000	.54772
Valid **N** (listwise)	5				

The clinical leads' responses to the validated self-assessment questions had relatively low to moderate means. The highest mean identified was with the question about resolving conflict in a positive way (3.3333; see Table 4). The lowest mean was recognizing others' achievements (2.1667; see Table 4). Most responses fell into the "sometimes" or "most of the time response". There was noted improvement in the post-education self-assessments.

Table 4

Preeducation vs Posteducation Clinical Lead Self-Assessment: Descriptive Statistics

	N	Mean	Std. deviation	Std error mean
1Preeducation: Delegate responsibility for care based on assessment of abilities of individuals	6	2.3333	1.03280	.42164
Posteducation: Delegate responsibility for care based on assessment of abilities of individuals	6	3.0000	.63246	.25820
2Preeducation: Get group approval in important matters before acting	6	2.8333	.75277	.30732
Posteducation: Get group approval in important matters before acting	6	3.5000	.54772	.22361
3Preeducation: Act to develop an atmosphere for teamwork and cooperation	6	2.8333	.75277	.30732
Posteducation: Act to develop an atmosphere for teamwork and cooperation	6	3.3333	.81650	.33333
4Preeducation: Recognize other's contributions and achievements	6	2.1667	.75277	.30732
Posteducation: Recognize other's contributions and achievements	6	3.1667	.75277	.30732
5Preeducation: Act as a change agent for the integration of new concepts into clinical practice	6	2.5000	1.04881	.42817
Posteducation: Act as a change agent for the integration of new concepts into clinical practice	6	3.1667	.98319	.40139
6Preeducation: Promote cooperation, trust, and open exchange of ideas	6	2.8333	.40825	.16667
Post-education: Promote cooperation, trust, and open exchange of ideas	6	3.5000	.54772	.22361
7Preeducation: Coordinate the relationship between nurses and all related personnel	6	2.3333	.51640	.21082
Posteducation: Coordinate the relationship between nurses and all related personnel	6	3.5000	.54772	.22361
8Preeducation: Accept and use constructive criticism	6	2.3333	.81650	.33333
Posteducation: Accept and use constructive criticism	6	3.5000	.54772	.22361
9Preeducation: Resolve conflict in a positive way	6	3.3333	.51640	.21082
Posteducation: Resolve conflict in a positive way	6	3.5000	.54772	.22361
10Preeducation: Identify and understand others' personal strengths and weaknesses	6	3.1667	.75277	.30732
Posteducation: Identify and understand others' personal strengths and weaknesses	6	3.5000	.54772	.22361
Valid *N* (listwise)	6			

Post-education self-assessment. The post-education self-assessment was completed immediately following the educational program. The means for post-education self-assessments were all higher with less variation in the standard deviation for each question (see Table 4). The lowest mean posteducation was delegating based on someone's abilities (3.000), but higher than the previous mean of 2.3333 (29% improvement). Getting group approval on important matters increased from 2.8333 preeducation to 3.5000 posteducation (24% improvement). Developing an atmosphere of teamwork increased from 2.8333 preeducation to 3.3333 posteducation (18% improvement). Recognizing others' achievements increased from 2.1667 preeducation to 3.1667 posteducation (46% improvement). Acting as a change agent for integrating new concepts into practice increased from 2.5000 preeducation to 3.1667 posteducation (27% improvement). Promoting trust and an open exchange of ideas increased from 2.8333 preeducation to 3.5000 posteducation (24% improvement). The most improvement was identified in coordinating relationships and accepting constructive criticism. Coordinating relationships among staff increased from 2.3333 preeducation to 3.5000 posteducation (50% improvement). Accepting and using constructive criticism increased from 2.3333 preeducation to 3.5000 posteducation (50% improvement). Although there was noted improvement, the least improvement was seen in resolving conflict in a positive way. The mean increased from 3.3333 preeducation to 3.5000 posteducation (5% improvement). Identifying strengths and weaknesses in others increased from 3.1667 preeducation to 3.5000 posteducation (11% improvement; see Table 4). The perception of the leader changed in all areas following the education.

The education was successful in that it improved the leads' perception of their ability to improve relationships. Improving relationships was the key of the education program. Improving relationships leads to improved communication, trust, input, and recognition of others. Each of the improved areas was related to improving nurse engagement. Clinical leads recognized that having the knowledge and tools would give them the ability to impact nurse engagement.

Summative Evaluation of the Education

There were six clinical leads who took part in the education program and completed the Competency Inventory for Registered Nurses; however, there were two additional participants in the education program: a lead licensed clinical social worker and a therapy supervisor. Therefore, there were a total of eight participants in the summative evaluation of the education program, and all participants received four continuing education units (CEU) for their participation in the education program. The overall response on the evaluation of the course was positive. Table 5 describes the responses to the evaluation of the education program. All means to the questions were 5.0000 ("very well") except for the instructor demonstrating knowledge of the subject and quality of instruction both had means of 4.8750.

Table 5

Summative Evaluation of Education Program: Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. deviation
This course met all objectives:	8	5.00	5.00	5.0000	.00000
The instructor demonstrated knowledge of the subject:	8	4.00	5.00	4.8750	.35355
The teaching methods were appropriate:	8	5.00	5.00	5.0000	.00000
Quality of instruction:	8	4.00	5.00	4.8750	.35355
Organization of presentation:	8	5.00	5.00	5.0000	.00000
I will be able to use this information in my current role:	8	5.00	5.00	5.0000	.00000
Valid *N* (listwise)	8				

Strengths and Limitations

There were many strengths and limitations to the doctoral project. The project had a strong theoretical framework aligned with the project's focus. The evaluation tools were reviewed for reliability and validity. The concepts were defined throughout the project and in the education program. The sample size obtained for the nurse engagement survey was large (n=24) equating to a 54.5% response rate; however, the sample size for the self-assessment completed pre and posteducation by the clinical leads was small (n=6). Additionally, one of the clinical leads did not answer the demographic section of the survey. Both samples were samples of convenience. Both sample populations were informed of the nature of the project, the voluntary and anonymous nature of surveys. Although participants of both surveys were well informed, it is possible some participants of the nurse engagement survey did not understand whom the

questions they were answering referred to. Regarding the self-assessment completed by clinical leads, there was improvement from the pre to postresults. It could, however, be argued that the clinical leads felt there was an expected improvement following the delivered education, and they answered in a way that was expected. However, at the time the clinical did not have the preeducation assessment to refer to when answering the posteducation assessment. The results were analyzed using SPSS statistical software. Results may be generalizable to a broader population. From the results of the project one can infer several future recommendations.

Implications and Recommendations

The education program presented to the clinical leads was successful in that it improved the leads' perception of their ability to improve relationships. Improving relationships was the focus of the education program. Improving relationships leads to improved communication, trust, input, and recognition of others. Each of the improved areas is related to improving nurse engagement. Clinical leads recognized that having the knowledge and tools to build and improve relationships with nurses would give them the ability to impact nurse engagement. The clinical leads saw the way they can use different methods of communication to communicate with nurses more effectively, depending on the information they are conveying or requesting. They found they can use therapeutic communication skills and motivational interviewing techniques to engage nurses, even those reluctant to interaction. They learned the impact that transformational and authentic leadership skills have on nurse engagement and how they can embody those qualities as a leader to build trusting, mutually respectful relationships with nurses. They

learned how recognition can have greater impact when done meaningfully by tying triggers or achievements to recognition, as well as effective ways to receive input and appropriately give and receive feedback. Additionally, they now understand the importance of recognizing the strengths and ideas of others and different ways of evaluating those strengths. Building the knowledge and skills of the clinical leads has strengthened the confidence they have in their ability to impact nurse engagement and could potentially improve nurse engagement. I recommend reassessing the future impact on nurse engagement after the clinical leads have used their new-found knowledge and skills.

If providing the tools and knowledge to a group of middle management nurses in one department can improve the perception of they have on their ability to impact nurse engagement, it could be generalizable to other departments. Because the sample size of the clinical leads in this project was small, the recommendation is to replicate the project in other departments and evaluate the impact not only on the leaders of those departments but future impact on nurse engagement. Additionally, there are many factors that influence nurse engagement; it should continue to be studied to grow the body of evidence-based knowledge regarding the most impactful factors. Studying factors nursing leadership can influence how to improve the leader's knowledge, skills, and confidence in his or her ability to impact nurse engagement.

Section 5: Dissemination Plan

Introduction

The purpose of the project was to develop an education program for clinical leads within a nonprofit community hospital in the Southwest United States. After improving the perception of the clinical leads in one department, this DNP project could be replicated throughout the entity, the system, and potentially within other organizations. The education, knowledge, and tools can be used by leadership at all levels. Because the nature of the project is leadership focused, dissemination of the project and its results should be directed at the nursing leadership group. Dissemination can begin by presenting to the nursing leadership committee at the entity. Beyond that it will be shared as a best practice with the rest of the health care system. It will also be shared through nursing organizations, such as American Nurses Association, via podium and/or poster presentations. The project will be shared through publication in a professional journal.

Analysis of Self

The DNP scholarly project incorporated the competencies of the DNP curriculum while focusing on the practice problem identified in this study. The project was a scholarly application of evidence-based practice. As a DNP student, I have reviewed, evaluated, summarized, and used the evidence to develop an educational program. I set an example of transformational and authentic leadership qualities through the development and implementation of the DNP project and role modeling these qualities for clinical leads. I obtained and shared an extensive body of evidence-based knowledge and transformed that knowledge into practice. I supported the professional development

and growth of colleagues by developing an educational program and offering continuing education credits.

There were insights identified during the project but also several challenges. The main insight was both the nursing staff and the clinical leads were invested in improving the communication with each other. Additionally, the clinical leads were invested in making changes and learning new skills to improve nurse engagement. Having investment in the project from both groups was encouraging. The challenges were primarily in the technical processes. One challenge was in getting documentation from the site organization stating the project did not require IRB oversite. The organization required detailed submission of the project, all of which had to be submitted in a different format than required by the school. The next challenge was in getting participation in the electronic nurse engagement survey. It took time and commitment talking up the project in face-to-face interactions. There were also challenges in scheduling the education and getting attendance from all clinical leads. Also, there was concern that if some of the leads attended the education and others did not there would be inconsistency in the communication to staff. To ensure attendance, the education was made mandatory but participation in all surveys remained voluntary and anonymous. The clinical leads were invested in the project, so getting them to the classes turned out to not be a difficult task.

Summary

In the inpatient setting, the direct supervisor of the floor nurse is in a middle management position. In the site facility, this middle management role was a clinical lead nurse. There was an identified gap in practice regarding knowledge and skills

required by some clinical leads to lead effectively, motivate, and engage staff. Organizations need nurses to be engaged to improve organization and patient outcomes.

Although there are many factors that impact nurse engagement, the most studied factors related to nurse engagement are manager leadership styles and relationships with nurses. The gap in practice within the organization included lack of developed relationships and trust, ineffective communication, lack of leader awareness of the nurses' professional goals, and the absence of meaningful recognition. In this project, I provided clinical leads with knowledge and tools to improve the skills needed to build relationships and motivate and engage the staff they supervise. After the education program, the clinical leads showed improvement in their perception of their ability to impact nurse engagement based on improved means for each self-assessment question. Recognizing others' contributions and achievements; promoting cooperation, trust, and open exchange of ideas; and coordinating the relationship between nurses and all related personnel had improvements in the post self-assessment. It was discussed and decided at the end of the education program with the clinical lead staff that the changes they will be implementing will be discussed with all staff in the staff meetings. Transparency with the staff will set the stage for changes and open the door for communication. The staff will help hold the clinical leads accountable because they will have an expectation of what is to come. The effects of the changes in the leaders' knowledge, skills, and use of the tools they were educated about will be assessed in upcoming nurse engagement surveys.

The project should be replicated in other areas to evaluate the impact on the leaders' perception on a grander scale. Additionally, further research should be done of leader influence on nurse engagement allowing for influence of other factors on the leadership group. Further research may include the impact of the leaders' professional environment, goals, as well as the leaders' level of engagement. It is essential to continue to build the body of knowledge around the leaders' influence on nurse engagement and to implement evidence-based practice. The impact on organizational and patient outcomes could be priceless.

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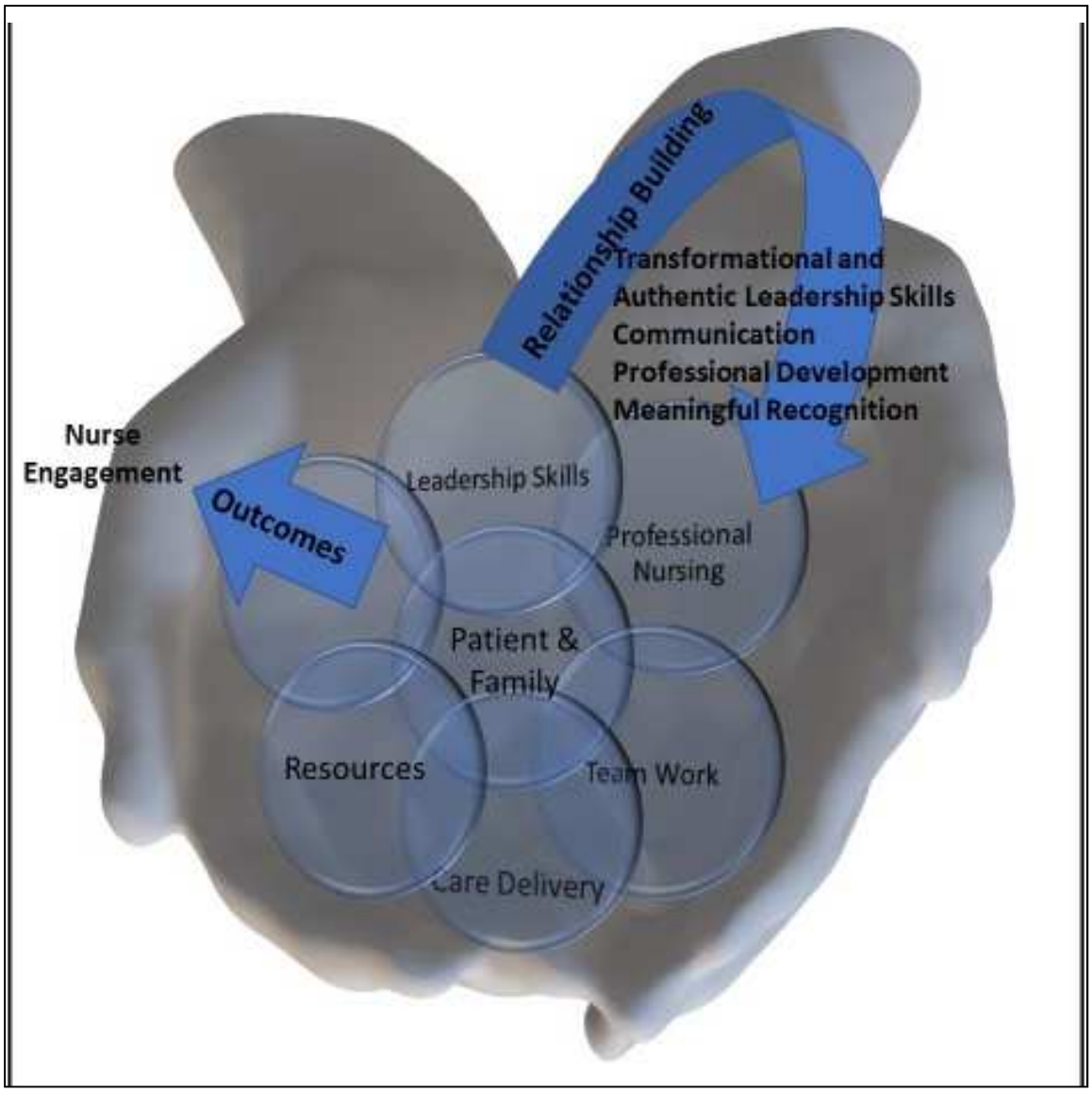
Appendix A: Relationship-Based Care and Factors Influencing Nurse Engagement Model



Communication and Input	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
1. My ideas and suggestions are valued by my organization.						
2. My manager communicates messages that my coworkers need to hear, even when the information is unpleasant.						
3. My manager is open and responsive to staff input.						
4. My manager stands up for the interests of my unit/department.						
Feedback and Recognition						
5. I have helpful discussions with my manager about my career.						
6. I know what is required to perform well in my job.						
7. I receive regular feedback from my manager on my performance.						

8. My organization recognizes employees for excellent work.						
Professional Growth						
9. I am interested in promotion opportunities in my unit/department.						
10. I have the right amount of independence in my work.						
11. My manager helps me learn new skills.						
12. Training and development opportunities within my organization have helped me to improve.						

Appendix B: The Advisory Board's Employee Engagement Survey Modified

(The Advisory Board Company, 2014)

Appendix C: Competency Inventory for Registered Nurses

Component 3	Never	Occasionally	Sometimes	Most of the time	Always
Delegate responsibility for care based on assessment of abilities of individuals					
Get group approval in important matters before acting					
Act to develop an atmosphere for teamwork and cooperation					
Recognize other's contributions and achievements					
Act as a change agent for the integration of new concepts into clinical practice					
Promote cooperation, trust, and open exchange of ideas					
Coordinate the relation between nurses and all related personnel					
Accept and use constructive criticism					
Resolve conflict in a positive way					
Identify and understand others' personal strengths and weaknesses					

(Liu, Kunaiktikul, Senaratana, Tonmukayakul, & Eriksen, 2007)

Appendix D: Education Outline

TOOLS TO STRENGTHEN NURSE ENGAGEMENT

The purpose of this education is to support the clinical lead nurse in building relationships, communication skills, and developing leadership attributes to improve nurse engagement.

OVERVIEW

The Relationship-Based Care Model builds relationships, promotes knowledge, and self-care. It also reinforces nurse engagement by reconnecting the nurse to their work (Guanci, 2016; Rahn, 2017; Wessel, 2016). *Nurses who are empowered are engaged in their profession, the care of the patient, and more satisfied in their jobs (Spence Laschinger, Wilk, Cho, & Greco, 2009). The evidence suggests the relationship the nurse has with his or her direct supervisor directly affects, more than other factors, nurse engagement, and nurse retention (Dahinten, McPhee, Hejazi, Laschinger, Kazanjian, McCutcheon, Skelton-Green, & O'Brien-Pallas, 2014).*

Leadership

Leadership traits the leader must embody include:

- Transformational leadership skills
  - Articulate a future vision
  - Be Committed and trustworthy
  - Consider individual needs and abilities
  - Facilitate staff input
  - Be confident and fair to others
  - Demonstrate emotional intelligence
- Authentic leadership skills
  - Establish relationships
  - Display excellent character
  - Treat employees with mutual respect

    - Support and motivate others (information, resources, professional/emotional/cognitive growth)
    - Listen
    - Show empathy
    - Be purposeful
- Communicate expectations
- Promote teamwork
- Display problem-solving skills
- Display critical thinking skills

(Dahinten et al., 2014; Deschamps et al., 2016; Garcia-Sierra et al., 2016; Miskelly & Duncan, 2014; Keyko, 2014; Kuykendall et al., 2014; Spano-Szekely et al., 2016; Van Bogaert et al., 2013; Viona Mortier, Vlerick, & Clays, 2016)

1. Establish Relationships

Nurses should be educated on the partnership they, their leaders, and the organization has in their involvement in nurse engagement (Sherman, 2017b). Motivational Interviewing is a collaborative conversation guiding someone to engage in their motivation.

- Leaders will meet with staff who report directly to them one-to-one at least quarterly and will round on staff daily.
- Utilize the following motivational interviewing skills during staff interactions.
    - Assess the person's ability and willingness to be motivated and/or make a change.
    - Express empathy by listening and being aware of non-verbal communication.
    - Do not interrupt or ask too many closed-ended questions.
    - Explore ambivalence by illuminating conflicting ideas.
    - Empower by encouraging the person's own beliefs and choices, connect with values, and reinforce confidence.
    - Use open-ended questions: "Tell me about _____." "I would like to hear your perspective. Tell me your thoughts." "Explain the expectations required in your role." "Tell me how I can support you to succeed in this change." "Tell me about your short-term/long-term goals." "Tell me about how I can help you to accomplish your goals." "What questions do you have for me?"
    - Give affirmations: "I recognize your strength/skill in _____."

- Restate what the person said to convey understanding without infliction in your voice or judgement. "Here's what I perceive is happening." "This is what I heard you express."
- One-to-one Scenario:
  - Leader: "Come in Jane. How are you today? *(broad open-ended question, shows interest in the employee)*
  - Nurse: "I'm all right but feeling a little overwhelmed."
  - Leader: "Tell me about what is making you feel this way." *(validate the nurse's feelings and encourage expression of feelings)*
  - Nurse: "There's so much work. I can't seem to get everything done without staying late."
  - Leader: "It is important to take care of yourself as well as get the work done. Tell me about what you feel is most important for you to accomplish during your shift." *(show the leader cares about the nurse and encourage more expression of what is important to the nurse)*

(Latchford, 2010; Rollnick et al., 2008; Pohl & Galletta, 2017; Spoelstra, Schueller, Hilton, & Ridenour, 2014; Zealand, Larkin, & Shron, 2016)

2. Restructuring Communication Delivery & Staff Input

Provide efficient effective communication and encourage staff to express their ideas.

- Limit emails.
- Utilize mass emails for important information only.
- Use color coded font in emails for efficiency: **Red**=important/action item; **Green**= good to know; **Black**= all other information.
- Develop a central electronic communication hub for non-urgent information and make it fun to encourage use.
- Utilize the communication hub for staff to share ideas/suggestions. Format it to guide employees to provide constructive information.
- Discuss ideas/triage ideas and reinforce information in huddles, leader rounding, and meetings. Require staff to provide a possible root cause by going through the 5 why's with them when identifying an opportunity for improvement.
- Create a progress board to share progress on ideas and initiatives.

(Habel, 2015; Koppel et al., 2015; Rollnick, Miller, & Butler, 2008; Sherman, 2017a; Sherman, 2017b; The Advisory Board, 2014)

3. Provide Meaningful Recognition

Employees want to know that their supervisor recognizes the uniqueness of their role and shows appreciation in of their efforts.

- Identify reward & recognition triggers for meaningful recognition. Update consistently so triggers are aligned with organizational goals.
- Develop a recognition kit and update consistently.
    - Utilize available resources such as cards, ecards, care grams,
    - Recognize staff in front of others for incremental achievements to encourage continued growth.
- Post progress on quality measures in areas visible to all staff.
(Crabtree, Brennan, Davis, and Coyle, 2016; Garcia-Sierra et al., 2016; Kelly and Lefton, 2017; Kuykendall et al., 2014; The Advisory Board Company, 2014; Zwickel et al., 2016)

4. Professional Growth

Staff desire the opportunities for meaningful professional growth and to become informal leaders within the organization (The Advisory Board Company, 2014; Garcia-Sierra et al., 2016; Kuykendall et al., 2014).

- Have a planned structure to the interaction to produce the greatest benefits.
    - Use the time for discussion rather than updates
    - Get to know the employee
    - Talk through challenges
    - Give and get feedback
    - Debrief projects/incidents
- During interactions with staff discuss their needs and goals for professional development. Utilize the following examples of motivational questions.
    - "Describe what you see as your strengths."
    - "Describe what new ways you can use your strengths to foster continued growth."

    - "Tell me about any additional skills, knowledge, or experience you are interested in."
    - "What values are most important to you as a nurse?"
    - "How can we support you in continued professional development?"
    - "Describe your short-term and long-term professional goals."
    - "Tell me about what you enjoy most about your job."
    - "Describe anything you are lacking in being able to effectively do your job."
    - "Tell me about what gets you excited about nursing."
- Stay up to date on resources to provide to staff as needed.
    - If you come across an article/conference/in-service with a topic you think a nurse may be interested in, provide them with the information personally.
- Identify peer liaisons with skills and interest to help communicate and champion information to unit staff.

(Cohen, 2006; Latchford, 2010; The Advisory Board Company, 2014; Garcia-Sierra et al., 2016; Keyko et al., 2016; Kuykendall et al., 2014; Philippou, 2015)