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Improving Employee Engagement on an Inpatient Unit: A Quality Improvement Project

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Abstract

BACKGROUND: Engaged employees are paramount to the success of an organization. They are more invested in their organization and the unit on which they work. This investment in the organization results in higher patient satisfaction and safety, less staff turnover, and improved quality. According to the literature, generational differences may be necessary to consider when improving employee engagement. To successfully lead a multigenerational workforce, nurse leaders should consider these differences and incorporate them into their strategic plan for employee engagement.

METHODS: A pilot survey was conducted on a medical-surgical unit to assess a perceived lack of engagement. Subsequently, work engagement was evaluated utilizing a validated tool called the Utrecht Work Engagement Scale. This quantitative tool was combined with four qualitative questions to assess the demographics of the respondents. Eighty-six staff received the link for the anonymous survey; 28 staff responded to the survey, a 32% return rate.

INTERVENTIONS: A Think Tank, via the Zoom platform, was organized as a method that enabled a broader reach to a larger audience. Nursing leaders from two participating organizations were invited to attend. The Think Tank provided an opportunity to collaborate on employee engagement and the recommendations surrounding the issue. Generational implications of employee engagement were a highlight. Including the project lead, eight nursing leaders participated in the Think Tank.

RESULTS: The Utrecht Work Engagement Scale demonstrated an average employee engagement at each participating organization. The additional qualitative questions showed a

trend in generational response and participation in the engagement survey. These responses provided the subject matter for the ensuing Think Tank with the hospital nursing leaders.

CONCLUSION: The Utrecht Work Engagement Scale demonstrated that the respondents to the survey were engaged at an average level. The demographical questions suggested that there may be a link between the generational cohort and survey response. This link is essential for nursing leadership as the Baby Boomer and Generation X nurses exit the workforce. Additional research on this topic is warranted. Utilizing a Think Tank to collaborate on shared experiences and recommendations for improving employee engagement of a multigenerational medical surgical staff is an effective strategy for reaching a broad audience.

Keywords: employee engagement generational cohort, nursing, generations, quality improvement, medical-surgical, think tank

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Improving Employee Engagement on an Inpatient Unit: A Quality Improvement Project

Introduction

Work engagement is defined as a fulfilling positive state of mind characterized by three dimensions: vigor, absorption, and dedication (Suomaki et al., 2018). According to Lepisto et al. (2017), engagement refers to a persistent and pervasive affective-cognitive state that is not focused on any individual event or behavior. The authors say that it is a positive, fulfilling, work-related state of mind. Engaged employees strive for higher patient satisfaction and have more motivation and interest in department activities that increase patient safety (Macauley, 2015). Garcia-Sierra et al. (2015) also concluded that employee engagement is not a personality trait. It is a result of interactions, personal learning throughout one's professional career and work environment. For these reasons, engagement is thought to be susceptible to modification.

Problem Description

Upon evaluating one rural critical access hospital, the inpatient director noted that staff meeting attendance and attendance at educational in-services were consistently low, and staff appeared to be less engaged with work-related activities. The project lead sent an anonymous survey to 55 staff members. This group included nurses, nursing assistants, unit coordinators, and social workers employed full-time, part-time, and per diem capacity. Staff was surveyed to assess if they regularly attended staff meetings and, if not, why. Out of the 55 surveys sent, eight staff members responded that they did attend regularly, five said no, and two felt it was not a job requirement. The lack of participation in the survey is indicative of the lack of involvement in

staff meetings and in-service training. The lack of involvement was concerning as this is the primary means of distributing information, education, and policy updates.

Rivera et al. (2011) noted that organizations with higher employee engagement levels improved employee retention, patient satisfaction, and overall success. The authors note that information collected in the Development Dimensions International Database of 30,000 employees found that only 19% of employees were highly engaged. The authors also shared data from the Nursing Executive Center (NEC). The NEC surveyed 4,000 hospital-based nurses in the United States and found that 26% were engaged, 43% were content, 22% were ambivalent, and 9% were disengaged. What does this mean? Synthesize with one to two sentences.

In a study by Austin et al. (2019), nurses who are not engaged are more apt to leave the organization while 17.5% of new nurses quit their job within one year of starting, and 33% to 62% will change position or leave nursing all together within five years of employment. These statistics must be considered as registered nurse turnover costs organizations \$40,038 per bedside registered nurse (RN) (Nursing Solutions Incorporated, 2021). Magnet hospital research has demonstrated that better patient outcomes can be attributed to a qualified, educated nursing workforce. This demonstration highlights the need to understand engagement to improve retention, patient care, and outcomes (Keyko et al., 2016).

Available Knowledge

The available literature discusses the importance of engaged employees in delivering high-quality healthcare. King et al. (2020) state that the nurses' work environment plays a vital role in nurse engagement. The authors describe a healthy work environment as having an elevated level of trust between employees and management, a culture that supports communication and

collaboration, and a climate where employees feel physically and emotionally safe. McCauley (2015) states that nursing leaders significantly impact how employees feel about their organization. Each leader must ensure that their employees understand the mission of their organization. The environment must be safe, physically and psychologically.

Most importantly, employees must feel valued by their leader as well as the organization. Rivera et al. (2011) studied RN's perceptions of drivers of engagement and their workplace engagement. The study utilized a 64-question electronically administered tool. The tool was meant to be completed in 10 minutes or less. 510 of 1,592 eligible (32%) nurses from a large academic medical center participated in the study. The study found that the manager action index was the most significant difference between engaged nurses and not-engaged nurses. The most negligible difference was the salary and benefits index (Rivera et al., 2011). This study found that of the 510 participants, 31% were engaged, 46% content, 17% ambivalent, and 6% disengaged. This data is higher than the national average. This study shows the importance of the role of the nurse manager as well as some key elements. These include autonomy and input, control over the practice environment, professional growth, teamwork, and nurse-physician collaboration. This study also supports implementing a shared governance model as a means to improve organizational engagement and collaboration.

Havens et al. (2013) assessed a group of 747 direct care registered nurses working in five rural hospitals. The group deployed a non-experimental survey design. Utilizing the Utrecht Work Engagement Scale-9, Decisional Involvement Scale, Relational Coordination Survey, and the Practice Environment Scale of the Nursing Work Index, engagement was evaluated using descriptive, correlational, and regression analyses. This work assessed engagement as well as a generational cohort. The authors noted varying levels of engagement amongst the cohorts. This

study looked at Veteran nurses born (1925-1945), Baby Boomers (born 1946-1964), Generation X (1965-1980), and Generation Y (1981-2000). Overall, Veterans were found to be most engaged and Generation X, least engaged. Veterans, Baby Boomers, and Generation Y were found to be engaged at least once per week. Generation X was engaged only a couple of times per month (Havens et al., 2013). The findings indicate that generational cohorts may respond to different strategies to improve engagement. This finding begs the question posed by Suomaki et al. (2018), how can one lead a group of employees with very different perspectives? While this study did note generational differences, the authors felt that the nursing practice environment was still one of the most critical influences in engagement. The authors recommended that this study may need to be replicated with different nurses in different practice settings.

Park & Gursoy (2012) also studied the correlation of work engagement and generational cohorts, but this time in US hotel workers. The pair looked at Baby Boomers (1946-1964), Generation X (1965- 1980), and Generation Y (1981-1999) to show that distinct work values are common to a generational cohort and have an effect on work engagement. In Park & Gursoy's study, the Utrecht Work Engagement Scale was distributed voluntarily to 1577 employees of North American hotels, and 677 useable responses were returned. The results demonstrated that engaging employees is essential to overall job satisfaction. The importance was most notable for Millennial employees (Generation Y). Park & Gursoy (2012) advise that engaging them is critical to retaining them. A particular focus should be placed on incorporating meaningful and fulfilling jobs into relevant policies. If attention is paid to these vital characteristics and the work environment and appropriate resources, employers will be more successful at retaining the younger employees.

Lyons & Kuron (2013) conducted a comprehensive review of research around generational relationships and the workplace. The authors posit that the study is primarily descriptive and call for additional qualitative research to explore the theoretical underpinnings of generational nuances. They note the importance of expanding research beyond just birth cohorts to include the social forces that affect each generation with the socio-historic context of the times. Lyons & Kuron (2013) say that managers should regard generational differences as a form of diversity. Managers also need to recognize that management techniques that worked in the past may not work presently, and present methods may not work in the future. The authors call for a "balanced approach" to the research and avoidance of "fanning the flames" of unfounded stereotypes (Lyons & Kuron, 2013).

The evidence shows that high levels of employee engagement lead to increased productivity, growth, and revenue for an organization (Macauley, 2015). Organizations with highly engaged employees not only have a 26% higher revenue per employee, but they also have a 49% safer environment (Macauley, 2015). This correlation demonstrates that improved engagement is essential to enhanced quality within organizations and why there needs to be a proactive strategic plan to address employee engagement.

Rationale

The literature suggests in numerous studies that the Social Exchange Theory (SET) explains the phenomenon of employee engagement. Tulane School of Social Work (2021) describes SET as a relationship between two people based on cost-benefit analysis. SET is a give and take based on four assumptions. First, humans seek rewards and avoid punishments. Second, a person begins an interaction to gain maximum profit at a minimal cost. Third, people tend to calculate the cost before engaging. Finally, people know that the payoff will vary by person. This variability is why you can expect to see differences in engagement (Tulane, 2021). Macauley

(2015) notes that social exchange relationships produce positive work behaviors and employee relationships. The relationships build trust, loyalty, and enthusiasm for their job. Davey et al. (2009) draw a direct connection between a social exchange perspective and absenteeism. It is believed that absenteeism can be correlated with negative managerial behaviors. This trend has been dubbed as absence culture.

Other articles attribute employee engagement to Self Determination Theory (SDT). Onyishi et al. (2018) state that SDT can explain how meeting basic needs at work will be integral in determining career satisfaction and commitment. The needs are for autonomy, competence, and relatedness. The literature also notes that there is some confusion about the opposite of engagement. SDT distinguishes autonomous regulation (engagement) from controlled motivation and amotivation (withdrawal). SDT helps explain engagement and psychological states and behavioral reactions when engagement is lacking (Meyer & Gagne, 2008). SDT has also demonstrated that engaged employees experience greater well-being than employees that are not motivated. This concept is essential as employers have many implications, such as decreased health insurance costs (Meyer & Gagne, 2008). Stevanin et al. (2018) report generational differences in well-being, with baby boomers reporting greater well-being than generation Y and generation X. In addition to well-being, the concepts of autonomy, competence, and relatedness also link closely with the research associated with generational implications of employee engagement.

Specific Aim

The aim of this quality improvement project was to improve quality outcomes on a medical-surgical unit by improving employee engagement. The Utrecht Work Engagement Scale (UWES) was utilized to assess the level of engagement on two medical-surgical units in similar rural critical access hospitals. The UWES is a validated tool that consists of a 17-item scale. The tool assesses employee engagement by evaluating three dimensions: vigor, dedication, and absorption. Use of the UWES is free and does not require permission for non-commercial scientific research (Schaufeli & Bakker, 2004).

A Think Tank was facilitated for the nursing leadership in both facilities. The UWES results were shared along with the demographic data that was collected. Recommendations were provided to the leaders that could be implemented in the organizations. Four questions were posed to the Think Tank group to help facilitate discussion. The questions were as follows:

- Do you consider the generational characteristics of those you lead?
- Do you think these generational influences affect the work environment or culture in your organization?
- What are employee engagement techniques currently being utilized?
- How could you apply this information to your organization?

Methods

Context

The quality improvement initiative took place in a 35-bed rural Critical Access Hospital located in Northern New Hampshire. The hospital serves 26 towns on either side of the Connecticut River in New Hampshire and Vermont. There are 25 beds in the Inpatient Unit. This unit cares for patients of varying acuity, including skilled level of care, often referred to as "Swing Beds," medical inpatient, surgical inpatient, observation, telemetry, and intensive care. The average daily census is twelve patients, and this is a mix of the acuity levels noted above. The hospital's payor mix is approximately 48% Medicare and 12% Medicaid patients. The facility is highly dependent on government payors.

There are 33.7 total full-time equivalents (FTE's) allocated to the Inpatient Unit. The staff of the inpatient unit is comprised of 15.4 FTEs for registered nurses (RNs), 1.8 FTEs for licensed practical nurses (LPNs), 9.7 FTEs for licensed nursing assistants (LNAs), 2 FTEs for Masters prepared social workers, and 2.2 FTEs for unit coordinators. At the time of the survey, 9.0 FTEs dedicated to registered nurses were vacant. 2.7 of those open FTE's are allocated to international RN's who have been delayed arriving due to the Covid-19 pandemic. 6.3 FTEs of the open 9.0 RN vacancies currently have a travel RN onsite.

At the time of the survey, the Inpatient Director (1.0 FTE) was a master's prepared registered nurse who had been a hospital staff member for approximately ten years. He had been the Director of Inpatient Services for three years, and previously he had served as a house supervisor and clinical leader. The Inpatient Director routinely holds monthly staff meetings at 7:30 am on the third Wednesday of the month. Prior to the pandemic, these meetings were held

in person in the solarium on the inpatient unit. Most recently, a Zoom option has been added. While some have utilized the Zoom platform, the employees who chose this option previously attended in person, thus not increasing overall attendance.

The meeting agendas are comprised of updates on the unit's strategic plans, certification preparedness topics, review of any new hospital-wide initiatives, and typically an educational topic or in-service. If there were any issues identified by occurrence reporting or chart audits, that feedback is generally provided in this setting. The agenda is not typically shared before the meeting. Meeting minutes are placed in a binder following the meeting; staff who did not attend the meeting are expected to review the minutes. The director requires staff to attend at least nine out of twelve of the staff meetings per year. On occasion, a meeting is deemed mandatory. There is no documented policy relative to consequences to those staff who do not attend the mandatory meetings. It is also unclear if the travel staff and per diems are expected to attend staff meetings or how information is presented to them if they do not attend.

In terms of quality metrics, the hospital has an average profile. The hospital's most recent star rating on the CMS Care Compare website is a three-star for quality and a three-star for patient satisfaction survey. CMS.gov (2021) reports that 30.34% of hospitals received three stars, 29.45% received four stars, 13.56 received five stars, 20.57% received two stars, and 6% received one star. The hospital has earned the seal for promoting interoperability of certified electronic health records. The star rating is the most publicly available measure of quality. This system is based on data reported and extracted from claims. The methodology for computation can be found on the CMS website at qualitynet.cms.gov. The hospital has a turnover rate of 14% for registered nurses. The median national turnover rate is 18.8% (Nursing Solutions Incorporated, 2021)

An additional inpatient unit at a similar-sized rural critical access hospital was included in the survey. This addition was essential to the survey and intervention for several reasons. First, the additional inpatient unit increased the sample size by 56%. Thus, allowing for a more statistically relevant survey. Also, the additional inpatient unit provided an additional opportunity to engage other nurse leaders in addressing employee engagement issues and staffing concerns in our region.

Cost/Benefit Analysis

Carnegie, 2015, as cited by Macauley (2015), states that organizations that have higher engagement have less turnover. In the United States, turnover costs organizations \$11 billion each year (Macauley, 2015). Austin et al. (2019) note that 17.5% of new nurses quit their first job within the first year, and 33%-62% will change or leave the occupation within five years of employment.

The project lead provided the nursing leadership of both facilities with overarching and generational-specific recommendations aimed to improve employee engagement. The recommendations provided did not require capital outlay as they are mainly predicated upon communication, leadership, and well-being. Lepisto et al. (2017) note that enhancing the well-being of an organization provides a competitive advantage in retention, employee health, and job satisfaction. The authors also note that work engagement indicates employee well-being. Smith et al. (2020) attribute employee satisfaction with their position and that their role may lead to a better position in the future is directly correlated with well-being.

The Think Tank venue utilized for sharing recommendations with leadership as well as sparking discussion was conducted using the Zoom platform that was already in place at the institution.

Interventions

The initial intervention of this project was a pilot study to assess the perceived issue of disengaged staff. The Qualtrics platform was utilized to create a qualitative survey distributed to 55 total inpatient unit staff. The survey consisted of five questions. The questions are as follows:

1. Do you regularly attend staff meetings?
2. How often do you attend staff meetings?
3. If you do not regularly attend staff meetings, why?
4. Do you feel there is a connection between staff meetings and employee engagement?
5. Is there anything else you would like to share regarding the staff meeting?

The total response rate of the pilot study indicated that there might be a lack of engagement, as evidenced by a lack of participation in staff meetings and a lack of response to the pilot survey.

After conducting a review of literature on employee engagement, the Utrecht Work Engagement Scale was chosen as a validated quantitative tool to assess the engagement of the staff on the inpatient unit. Due to the low response rate in the pilot study, another rural critical access hospital was contacted. The Chief Nursing Officer agreed to include the inpatient unit in the engagement study as well. The seventeen-question assessment was loaded into the Qualtrics survey platform. The UWES uses a six-point Likert scale ranging from Never (0 points) to

Always (6 points). The UWES (Appendix A) was scored in entirety and via the three dimensions. The higher scores indicate a higher degree of engagement. This tool uses a series of questions to assess the three dimensions of vigor, dedication, and absorption. In addition to the UWES-17, four additional questions were asked:

1. Position within the facility
2. Facility name
3. Employment status
4. Age at the time of the survey

The survey was distributed to 55 staff at the initial hospital and 31 staff at the additional critical access hospital via email. Each staff received a link to access the survey. The results were compiled anonymously.

A Think Tank was chosen as the platform to discuss the survey findings with the nursing leaders at both facilities. Think Tanks are a real-time solution that allows colleagues to network and troubleshoot contemporaneous problems. Conducting the Think Tank via the Zoom platform was a safe and efficient way to bring the teams together safely in the face of the Covid-19 pandemic. This modality encouraged sharing of ideas and sparked innovation within the leadership teams of two similar organizations.

The presentation began with an overview of the problem. The UWES-17 was reviewed with the leaders, including the results. The concept of generational taxonomy was introduced to the leadership. The project lead provided some recommendations that were general in nature as well as recommendations specific to generational taxonomies (Table 2). The second half of the Think Tank was reserved for discussion. Four articles were provided to the participants, in a

bibliography, ahead of the Think Tank (Appendix B). The project lead referred to the articles throughout the discussion. Four questions were also included to help guide the conversation.

Table 2

RECOMMENDATIONS FROM THE LITERATURE	
<p>General Recommendations</p> <ul style="list-style-type: none"> • Manager/Senior Leader support is crucial. Foster these relationships and be aware of own generational influences • ANA Code of Ethics • Significant relationship between transformational leadership and employee engagement • Self-Determination Theory • Develop strategic plan to address generational issues 	<p>Generation X</p> <ul style="list-style-type: none"> • Provide a family context • Value earned time off and monetary awards-structure programs to support • Creative thinkers- prefer less rules- allow autonomy- invite to think tanks, empower to spearhead initiatives • Feel that advancement should be based upon merit
<p>Generation Y</p> <ul style="list-style-type: none"> • Use out of the box approaches (i.e. non traditional schedules vs every other weekend rotation) • Unit based councils- Shared governance models may be preferred • Expect coaching and mentoring- set up regular check ins • Immediate feedback and replies to emails/texts is important- discuss expectations • Employee wellness is important- anxiety and depression is higher for this group • Rewards need to equal effort 	<p>Generation Z (less information in the literature)</p> <ul style="list-style-type: none"> • Just entering the workforce • Need to start the onboarding process at the time the job offer is made to minimize fears • Provide check lists • Have communication sessions with senior leadership- a great opportunity for think tanks or roundtables

Study of Interventions

This project aimed to identify reasons for the lack of engagement in the medical-surgical units. While the UWES is a validated tool, its results are commensurate with the participation of the respondents who agree to participate in the survey. The results of the UWES-17 indicated an average level of engagement. The additional qualitative questions provided insight into the demographics of the respondents. These responses illuminated the participation of specific generational cohorts.

The Think Tank format provided a platform to share the survey results and recommendations for improving engagement and an opportunity to exchange dialogue with colleagues working in similar settings. To study the intervention, the Think Tank was recorded with the participants' permission. This qualitative approach allowed the project lead to participate in the Think Tank actively and subsequently review the conversation to evaluate the contributions made by the nursing leaders who participated.

Measures

At the start of the project, the UWES-17 was administered to staff voluntarily. The link for the UWES was accessed by staff via an anonymous link distributed in an email. The email was forwarded to the potential participants via the department leaders. The score demonstrated an average degree of employee engagement across the three dimensions for the 28 employees that participated.

The UWES-17 has been the subject of many validity studies. The relationship of work engagement and burnout, work engagement and workaholism and possible causes of work engagement, potential consequences of work engagement, work engagement as a mediator in the motivation process, and work engagement overall (Schaufeli & Bakker, 2004). These validity studies show work engagement is associated with burnout. They also demonstrate that work engagement is not always specific to one individual but may cross over to a collective (Schaufeli & Bakker, 2004). The UWES-17 has a high level of internal consistency. Cronbach's α N=2,313, Total 0.93, Median 0.94, Range 0.91-0.96 (Schaufeli & Bakker, 2004). Garcia-Sierra (2016) analyzed 27 engagement studies. Twenty-two of these studies utilized the UWES tool. Cronbach's alpha was between 0.72 and 0.93, indicating high reliability.

As a result of the UWES-17 and the Think Tank, the project's goal was to encourage nursing leadership to implement the recommendations provided, including an update of the strategic plan to include clear objectives dedicated to improving employee engagement with a generational focus. After six months, the UWES-17 will be distributed again to assess for an improvement in two metrics: the UWES-17 score and the overall participation rate in the UWES-17. The time constraint was a limiting factor for determining the effectiveness of the Think Tank.

Analysis

The project utilized a 17-question quantitative tool to assess employee engagement. This tool is called the Utrecht Work Engagement Scale. A quantitative tool is used to collect data that is structured and represented numerically. Quantitative tools help answer "what" or "how" questions (Goertzen, 2017). In this case, "how engaged are the employees?". The project lead also included four questions, demographical in nature, to gather additional information on the survey participants. These questions were posed in an open-ended qualitative format, requiring the participant to fill in the blank. The quantitative scores for the two critical access hospitals were compared to the norms published in the UWES manual.

The Think Tank format was then utilized to provide a venue for collaborative and collegial conversation around the issue of employee engagement and its effect on the quality of care. A think tank was used versus the traditional questionnaire format, as the think tank platform allows for dynamic conversation. People in similar worlds facing similar challenges can come together to network, share and discuss the challenges in real-time.

Ethical Considerations

This quality improvement project focused on improving the overall quality of a medical-surgical inpatient unit based upon the staff's level of engagement. All staff who participated in the survey were aware of the purpose of the study. All participants were volunteers, and there was no direct patient interaction or involvement. The quality indicators reported in this project are publicly available on the Centers for Medicare & Medicaid Services website.

Results

Pilot Study

The pilot study (Figure 1) was conducted to ascertain the degree of employee engagement related explicitly to staff meeting attendance. An anonymous Qualtrics survey link was shared via email. The link was distributed to 55 inpatient staff of varying roles. The questions were qualitative and quantitative. The response rate was mixed as the participants did not answer all of the questions. This pilot study indicated a varying degree of staff engagement on the inpatient unit. Ferinia & Hutagalung (2017) concluded in their study that motivation will form engagement, and engagement will improve performance. They also found that engaged employees are emotionally attached to their organization, highly involved in their jobs, and tend to go the extra mile. These concepts directly correlate to the three dimensions studied by the UWES-17, dedication, absorption, and vigor.

Figure 1

Results from the pilot study

Do you regularly attend staff meetings?	
Yes	8

No	5
Other	2-Comment: Not required for my capacity Comment: As long as it is on my calendar

How many times a year do you attend staff meetings?	
12 times	4
11 times	1
10 times	2
0	1
Other	2 Comment: 1. Only Mandatory 2. Monthly if scheduled

If you do not regularly attend staff meetings, why?
<ol style="list-style-type: none"> 1. Not required in my capacity 2. Due to driving distance (live 50 min from the hospital) 3. Sleep schedule interference 4. I lived an hour away. Pre-k for my daughter was always every Weds. Meetings in earlier years were also commonly 5. I have missed occasionally because I am too busy with time-sensitive work that needs attention 6. Wednesdays are my only day off 7. I'm per diem

Do you feel there is a connection between employee engagement and staff meetings?
<ol style="list-style-type: none"> 1. Definitely much more information 2. Nope 3. Yes (6 yes responses) 4. Somewhat 5. Depends on the self-motivation of the employee 6. Absolutely (2 responses) 7. If a staff member is an active, holistic member, meeting participation would be important, among other things

Is there anything else that you would like to share regarding staff meetings?
<ol style="list-style-type: none"> 1. Used to be some evening ones. Maybe more people could attend 2. Add Zoom (4 responses) 3. The approach is less than amicable 4. Meetings are canceled last minute. Positivity and discussion are always nice 5. No (5 responses)

The next phase of the project was to assess the engagement level of the inpatient staff. The UWES-17 was used for the assessment. The link was distributed to 55 staff members at the critical access hospital and an additional 31 staff members in another critical access hospital via an email link. The link was contained within an email drafted by the project lead stating the purpose. That email was forwarded to bulk email groups via the stakeholders at the participating hospitals. The second facility was added to increase the response rate. The survey remained open for two weeks. A reminder email was sent to the staff via the stakeholders one week and 48 hours before closure.

The UWES-17 was scored using the UWES Manual. The scores indicated average engagement in all three dimensions, as shown in Table 1. The scores for each category are displayed in the table below in the row labeled AVE. The results of the critical access hospitals (CAH) are in parentheses. The score for dedication was on the higher end of the average parameters.

Table 1

	VIGOR	DEDICATION	ABSORPTION	TOTAL SCORES
VERY LOW	<2.00	<1.33	<1.17	<1.77
LOW	2.01-3.25	1.34-2.90	1.18-2.33	1.78-2.88
AVE (CAH RESULT)	3.26-4.80(4.3)	2.91-4.70(4.7)	2.34-4.20(3.7)	2.89-4.66(4.24)

HIGH	4.84-5.65	4.71-5.69	4.21-5.33	4.67-5.50
VERY HIGH	>5.66	>5.70	>5.34	>5.51
M	4.01	3.88	3.35	3.74

These results did not indicate an overt issue with employee engagement at the two facilities. The data from the four additional questions can be viewed in the appendices. The four further questions provided some interesting information. The respondents were allowed to self-identify in terms of the position held within the facility. 27 staff responded to this question: 17 registered nurses, 4 licensed nursing assistants, one respiratory therapist, a unit coordinator, one social worker, one support staff, one allied health worker, and one respondent indicated that they preferred not to share. 78.6% of the responses work full-time, 3.6% work part-time, 7.1% work per diem, and 10.7% were travel staff. Of the 28 respondents to the study, 27 chose to indicate their age. The median age of those who responded was 50 years old, the youngest being 19 years old and the oldest 65 years old.

The project's overarching goal was to assess employees' engagement on an inpatient unit to improve employee engagement, in turn improving quality. The UWES-17 did not highlight a lack of engagement. The four additional questions asked did bring to light some interesting information. Our survey respondents' median age is 50. Only 33% of staff responded. Begging the questions 1) do disengaged staff take engagement surveys and 2) If the median age of respondents is 50, should we focus our energy on engaging staff in the younger generations? Stevanin et al. (2018) make the point that nursing leaders have the responsibility to create

healthy work environments. A healthy work environment includes social and psychological. In order to do so, there is an increased need to assess the evidence related to generation-oriented strategies (Stevanin et al., 2018). Nursing has a reputation for lateral violence as well as "eating their young." Are these issues a result of generational implications? Kupperschmidt (2006) describes problems with communication among generational groups. The author states that if treating each other with mutual respect was a regulatory mandate, nurses would find a way to do it. It is worth noting that the American Nurses Association (ANA) has established the American Nurses Association Code of Ethics (Kupperschmidt, 2006). Kupperschmidt reiterates ANA provision one, stating that all nurses in professional relationships practice with respect for the inherent dignity, worth, and uniqueness of all individuals (*View the Code of Ethics for Nurses / ANA Enterprise*, n.d.).

Discussion

Summary

This quality improvement project utilized the UWES-17 to assess work engagement and was followed by a leadership Think Tank to allow for discussion and sharing of ideas related to the results. The Think Tank was attended by the project lead and seven other registered nurses from varying generational backgrounds and varied positions within the two nursing departments. There were two Chief Nursing Officers, one graduate-level student, two director-level leaders, one doctorate-level nursing professor, and a house supervisor with a diploma background. The conversation was robust. The topic of employee engagement with a generational correlation was well received, and some interesting points were made. These included a reminder that each

individual has their own generational bias that tints the lens in which they see. Delegation, work-life balance, and task-centric approach to care were also common themes.

Due to time constraints, the leadership group could not implement changes from the recommendations or reassess staff engagement before writing this paper. By virtue of the collaborative nature of the Think Tank, it has been proposed that the nursing leaders attempt to conduct this type of collaborative session regularly to share information and spark conversation related to essential topics in nursing leadership. This potential reoccurrence was an unintended positive outcome.

Interpretation

Implementing a Think Tank to discuss challenges with employee engagement is an effective way to reach a broad audience and share evidence-based practices. The topic of employee engagement needs to be prioritized within organizations, and particular attention should be given to the generational implications. The Think Tank participants indicated that the Think Tank format was a meaningful and positive experience that will be utilized in the future as a platform for sharing ideas and adding to professional practice.

Havens et al. (2013) remind us that leaders must be vigilant to avoid compassion fatigue which is closely associated with burnout. Havens et al. (2013) noted that vigor and dedication were statistically similar in all age groups, but generational trends and differences may be significant. Haven et al. (2013) finding aligns with the results of this quality improvement project. The UWES-17 scores within the subject organizations were average.

Limitations

Four factors limited this quality improvement project. First, the length of time in which this study was conducted. The amount of time was insufficient to implement the recommendations in the practice settings and re-administer the UWES-17 to measure a change. Another limiting factor is the sample size. A second hospital was added to increase the sample size from 55 to 86, with a response rate of 33%. A larger sample size could provide for more generalizability. Limitations three and four are somewhat intertwined. With the current Covid-19 pandemic and its effect on the workforce, there is an extraordinary amount of travel staff working within hospitals. The degree of expected engagement of travel staff is difficult to quantify as the core components of engagement are vigor and dedication (Lepisto et al., 2017). Dedication can be to an organization, but it can also be to one's career. Finally, the Covid-19 pandemic did not allow for in-person discussion with the nursing leadership. This inability to meet in person was countered by utilizing the Zoom platform for the Think Tank, thus allowing the project lead to reach a broader audience.

Conclusions

Employee engagement can be affected by many variables. Generalizations of generational cohorts are essential to consider when approaching the subject, and it is also important to remember that individual characteristics should be regarded as within generational cohorts. Creating practice environments that are thoroughly engaging and supportive to nurses' work-life balance is critical to the nursing profession and patient safety (Bargagliotti, 2011).

This project identified gaps in engagement and participation that generational cohorts may explain. Further assessment of the participating organizations is necessary. The future goal

is to see if implementing the recommendations, focused on generational cohorts discussed within the Think Tank, would indeed improve the UWES-17 scores of the organizations.

Finally, with a dramatic increase in workforce limitations and, more specifically, the nursing shortage, nursing leaders must strive to increase the engagement of their employees. This need for improved engagement will require the leaders to be aware of their own generational bias and focus on incorporating strategies to address the needs of all generational cohorts presently represented in the workforce. Fostering conversations and sharing experiences will help to build the bridge spanning the generation gap. In conclusion, while there were no sources of funding associated with this quality improvement project, the financial implications of a disengaged staff are expansive.

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Appendix A

UWES results

Q1 - Please rank the following on a scale of 0 to 6

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	At my work, I feel bursting with energy	1.00	6.00	4.25	1.15	1.33	28
2	I find the work that I do full of meaning and purpose	1.00	6.00	4.82	1.10	1.22	28
3	Time flies when I am working	3.00	6.00	4.29	1.03	1.06	28
4	At my job, I feel strong and vigorous	1.00	6.00	4.18	1.10	1.22	28
5	I am enthusiastic about my job	3.00	6.00	4.57	0.86	0.74	28
6	When I am working, I forget everything around me	0.00	6.00	2.75	1.70	2.90	28
7	My job inspires me	2.00	6.00	4.50	1.15	1.32	28
8	When I get up in the morning, I feel like going to work	0.00	6.00	3.71	1.39	1.92	28
9	I feel happy when I am working intensely	2.00	6.00	4.75	0.95	0.90	28
10	I am proud of the work that I do	3.00	6.00	5.25	0.78	0.62	28
11	I am immersed in my work	1.00	6.00	4.39	1.11	1.24	28
12	I can continue working for very long periods of time	1.00	6.00	4.43	1.27	1.60	28
13	To me, my job is challenging	2.00	6.00	4.39	1.14	1.31	28
14	I get carried away when I am working	1.00	6.00	3.36	1.23	1.52	28
15	At my job, I am very resilient, mentally	1.00	6.00	4.32	1.31	1.72	28
16	It is difficult to detach myself from my job	0.00	6.00	2.78	1.62	2.62	27
17	At my work I always persevere, even when things do not go well	3.00	6.00	5.04	0.87	0.75	28

Q2 - Position held within hospital (RN, LPN, LNA, MD etc.)

Position held within hospital (RN, LPN, LNA, MD etc.)

LNA

RN

RN

RN

RN

Respiratory therapist

RN

RN

prefer not to say

LNA

Allied Health

Unit coordinator

RN

rn

RM

RN

RN

LNA

RN

Social worker

RN

LNA

RN

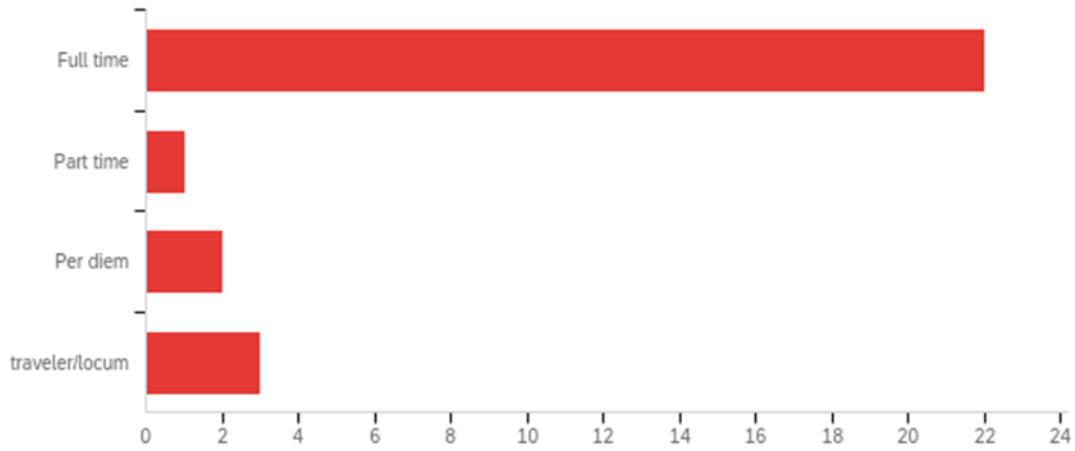
support staff

RN Med Surg Days

RN

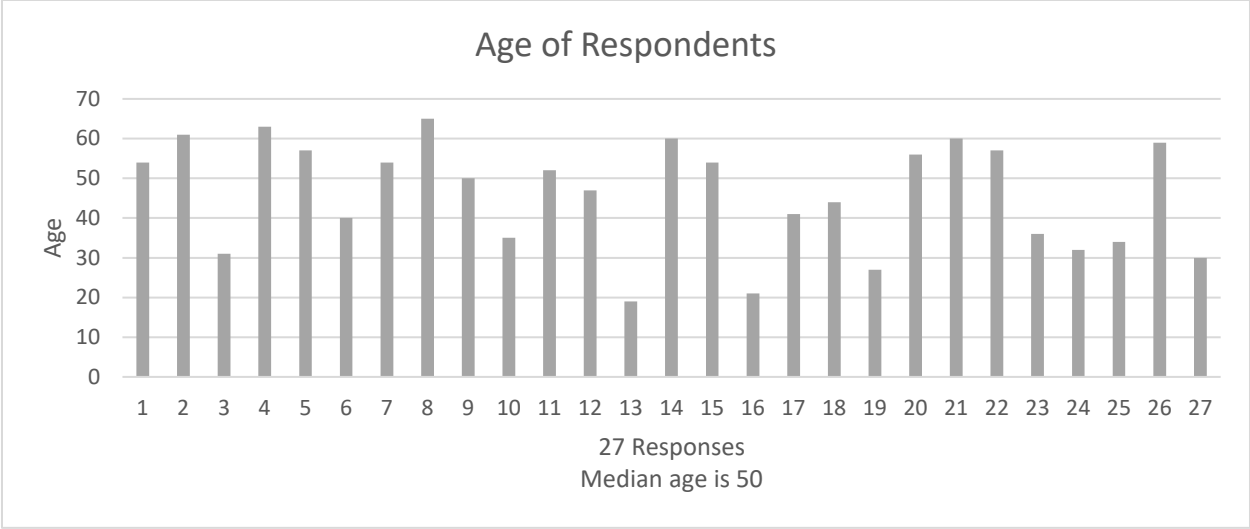
RN

Q3 - Employment status



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Employment status	1.00	4.00	1.50	1.02	1.04	28

#	Answer	%	Count
1	Full time	78.57%	22
2	Part time	3.57%	1
3	Per diem	7.14%	2
4	traveler/locum	10.71%	3
	Total	100%	28



Appendix B

Recommended Think Tank Reading List

Closing the RN Engagement Gap: Which Drivers of Engagement Matter? | Ovid. (n.d.). Retrieved May 20, 2021, from <https://oce-ovid-com.unh.idm.oclc.org/article/00005110-201106000-00008/HTML>

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Appendix C

Think Tank Summary

Topic	Comments/Discussion points
Definition of "freedom"	Autonomy vs Schedule input (work/life balance) Not wanting to get frequent calls
Personal generational influence	Need to discuss expectations
Recruiting	Generation Y values immediate call backs. Makes great first impression
Do you consider generational characteristics in your leadership style?	<ul style="list-style-type: none"> • Baby boomers (bb) and others have a difference in how they view each other • No appreciation of the work ethic of the other generations • "newer" "younger" nurses are task oriented...looking to complete tasks.....less passionate.....not a "calling" • The differences affect the culture of the unit • "newer" generation have a "not my job mentality" • Increased delegation in younger nurses • Perhaps the increased delegation is due to increased awareness so staff delegate sooner so that they don't feel overwhelmed instead of asking for help once already in the "weeds" • The goal used to be to do the best work not to complete the work. Now nurses want to do X, Y, and Z so that they can stop. • Task focused vs. Care focused.....Is this tied to nursing programs? Is it related to technology influences? • Covid has had an impact on new nurses. Recent graduates had less hands on due to clinical placement cancellations • Also need to consider the effect that travelers have on a unit. They are not engaged. Task oriented. No passion for patients as they are not part of the community • Fairness of schedule and fairness of assignment. Nurses saying "I don't have to do that" • Nurses refusing to care for patients • Patients are becoming more demanding. "Customer is always right". Nurses are worried about their licenses. This leads to increased anxiety. Is this increased anxiety in younger nurses related to the way patients now treat/speak to doctors and nurses? • The younger generation if taught to verbalize displeasure • Patients are savvier. Patients question more...internet influence
Do you do any activities to improve employee engagement?	<ul style="list-style-type: none"> • I always get staff input • We just implemented clinical ladders for our bedside nurses. We also implemented a nurse practice council

	<ul style="list-style-type: none">• Staff prefer teamwork. But also, a large proportion of nurses who want to delegate to assistants
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