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Inspiring Nurse Leader Connectedness to Improve Patient Experience

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Abstract

Objectives:

1. Interventions targeted at improved communication, retention, empowerment, and encouragement will be utilized to enhance the practice environment of incumbent and future nurses in the emergency department. Nurse connectedness will be improved 25% over baseline following implementation of interventions to positively augment practice environment.
2. Patient experience scores in the emergency department will be sustained at benchmark, or greater, following efforts to improve nurse connectedness.

Design: Prospective, single-center, non-randomized, pre- vs. post-

Data Sources: Scholarly, peer-reviewed journal articles and texts, results from pre- and post-intervention completion of Utrecht Work Engagement Scale, Press Ganey patient experience scores

Review Methods: Review of patient experience scores for the previous four quarters from Angel Medical Center Emergency Department to establish a baseline. The Utrecht Work Engagement Scale was utilized as the pre- and post- intervention survey, followed by development and completion of a six-session coaching plan outlined through the review StandOut® Strengths. Patient experience scores for the most recent quarter post-intervention were then evaluated for improvement.

Results: A customized coaching intervention based on participant strengths improved engagement in the daily activity of the work of nursing. This was reflected through the improvement in pre- and post-intervention Utrecht Engagement Scale assessments,

however, patient experience did not improve secondary to the intervention. There were many compounding factors which the researcher determined impacted patient experience scores.

Conclusions: The use of a coaching intervention, which is customized to the individual, will improve nurse leader connectedness and engagement. When considering the impact to patient experience, long-term, consistency in nurse leader coaching and further future development has to potential to have impact to patient experience and requires further project with continual evaluation and development of program on a larger scale.

Key Words

Nurse, Leader, Connect, Engagement, Patient, Experience

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Aims

The goal of this project was to provide an excellent patient experience by strengthening nurse connectedness. Interventions were developed and implemented with the intent to promote a culture of positivity with fully engaged nurses empowered by a unified group of colleagues and nurse leaders. The intervention was carried out such that direct positive impact and enhancement to the practice environment would inspire nurse connectedness. The interventions will further support a sustainable state of well-being and holism for nursing personnel at the acute care facility which will improve the patient experience through engaging the patient and family in excellent patient care. Dr. Jean Watson's Theory of Human Caring and John Maxwell's (1998) *The 21 Irrefutable Laws of Leadership* provided framework for these interventions with a central focus on respect building.

Background

The patient experience is the perceived quality of the care provided during an acute care interaction between patients and nurses. As nursing has evolved throughout the years, caring has been a central theme and despite having increasing demands that seemingly disconnect the nurse from the patient, the need to provide a personalized experience in which the patient is satisfied with their care is essential. Patient experience is quantified through the use of both internal and external benchmarking tools in the healthcare field. The patient experience may also be provided to nurse leaders through qualitative descriptions in such a manner that satisfaction, and/or dissatisfaction, with care is described. Through the development and improvement of nurse leader

connectedness the patient experience may be improved. The nurse leader will inherently enhance performance through continual dedication to the provision of a practice environment with transparency and presence, opportunities for engagement and development, and initiatives devoted to improving role satisfaction and empowerment.

Nurse-patient connectedness is achieved by creating an environment of mutual respect, transparency, and quality-driven, competent and confident care. Nurses inherently seek to provide caring compassion to patients, but often get lost in the proverbial weeds by a task-driven culture that is no longer focused on the patient. Arguably, nurse connectedness is a direct reflection of engagement and performance of the nurse leader (Dempsey & Reilly, 2016; Wei et al., 2018). The magnitude of this problem is great, as when assessing the impact to patient experience those nurses whom are disengaged and dissatisfied with their position may not deliver optimal patient-centered care.

In order to attain peak performance, organizational culture and climate must be given considerable weight, as the empowerment of nurses is a direct reflection of these factors (Trus et al., 2018). Nurses must be able to trust their leader while having an environment which encourages knowledge sharing and feedback, provides motivation and encouragement, and seeks to improve professional accountability, adequacy of resources, and equity (Connolly et al., 2018; Masood & Afsar, 2017). The innovative nurse leader is vital to the success of any organization, as they directly influence positive patient experience by employing transformational characteristics focused on the creation of an atmosphere based on inclusion, respect, honesty, communication, and emotional intelligence (Asif et al., 2019; Corder & Ronnie, 2018; Lucas, 2019). Nurse leaders that

engage and empower nurses, improve connectedness through supporting teamwork and giving meaningful purpose to nursing care.

Methods

This project was quantitative, prospective, single-center, non-randomized, and pre- vs. post- intervention. The investigator received approval from both the university and organization Institutional Review Boards (IRB).The sample included Emergency Department leaders at rural, critical access hospital and completed from July 2021 through September 2021. Nurse leaders were defined as any nurse functioning within a leadership role in the Emergency Department at the time of the research. Inclusion criteria were a nursing leadership position within the Emergency Department; there were 11 participants eligible for participation.

E-mails and fliers were utilized to recruit participants to complete the pre- and post-intervention survey. The baseline nurse leader engagement data was collected through the use of the Utrecht Work Engagement Scale (Schaufeli & Bakker, 2004). The Utrecht Work Engagement Scale is a 17 question, Likert-type scale assessment. Reliability, through establishing internal consistency and stability, was evaluated with a Cronbach's alpha = 0.93 (Schaufeli & Bakker, 2004). Items on the Utrecht Work Engagement Scale are scored from 0 to 6 (0 = never, 6 = always, every day) in three categories related to work engagement: vigor, dedication, and absorption. Items on each sub-domain are summed to create a composite score which then can be added together to obtain a grand total; composite scores are then averaged to produce a mean work engagement score. Information from the completion of the Utrecht Work Engagement

Scale at baseline was utilized to determine baseline engagement and participation was optional, anonymous, and administered through Survey Planet.

Concurrently, the DNP project student used the StandOut® Strengths (strengths-based leadership tool used at the research site) to identify leader strengths which were utilized to customize coaching for maximal benefit for all nurse leaders. The StandOut® platform was reviewed to determine which coaching tools and strategies to utilize to provide maximum benefit to the research participants; this data was available prior to the start of the research project. StandOut® strengths with embedded coaching tools then guided leader coaching in the Emergency Department over the 12-week period. Each participant attended six-one hour coaching sessions, which were conducted one to one with the investigator. Coaching sessions focused on opportunities for professional growth and development, motivation, department and organizational engagement, and attitudes/abilities.

Theoretical underpinnings framed coaching sessions focused on Dr. Jean Watson's Theory of Human Caring with central focus on respect building and John C. Maxwell's (2007) *The 21 Irrefutable Laws of Leadership,* which supports engagement and connectedness amongst those who received coaching (Watson, 2021). The Strategies for Greatness Leadership Development Plan was utilized to document sessions and provide continuum between sessions. The coaching intervention was designed to produce data to impact leader connectedness. Following completion of the coaching intervention, the Utrecht Work Engagement Scale was administered to determine if coaching had improved the engagement of nurse leaders.

Once again, completion of the survey was optional, anonymous, and administered through Survey Planet.

Patient experience data was collected from Press Ganey. Emergency department patients receive a survey following each visit; response is elective and third party data is anonymous unless the patient elects to share demographics and identifying information. Quarterly patient experience scores from before the intervention were compared with quarterly patient experience scores data after the 12-week coaching intervention to determine the impact of nurse leader engagement and connectedness on patient experience. The data was analyzed following completion of the intervention and the post-survey completion period.

Because the investigator is the nurse manager of the Emergency Department, additional steps were taken to protect potential participants from coercion, pressure to participate in the project, concerns regarding reputation, and privacy. Strategies to minimize risk to project participants included:

1. During recruitment someone other than the investigator will describe the project to potential participants at Emergency Department meetings to minimize potential pressure to participate. This description will include a clear written description of project and a thorough explanation of voluntary participation.

2. All descriptions of the project when, whether in writing or verbal, emphasized the impact of participation, or lack thereof, would not impact job performance and would not be included in formal evaluations

Results of the engagement scale surveys were anonymous and did not contain any options for narrative responses; project participants were encouraged to complete this survey alone and away from the work environment.

Results

The optional Utrecht Work Engagement Scale was completed pre-intervention (n=3) with mean scores calculated in three areas: vigor, dedication, and absorption (Schaufeli & Bakker, 2004). Project participants scored lower in vigor and dedication with a higher score in absorption pre-intervention; this suggested that participants experienced lower levels of engagement and higher risk for burnout. Following the intervention, post-intervention scores were higher in vigor and dedication, and lower in absorption, which suggested that leaders that were more engaged in work with a lower affinity for burnout (Table 1).

Table 1

Data – Utrecht Work Engagement Scale, pre-intervention & post-intervention

	Utrecht Work Engagement Scale Mean	Pre-Intervention Mean	Post-Intervention Mean
Vigor	3.99	3.78	4.63
Dedication	3.91	4	4.86
Absorption	3.56	3.88	3.45

Cronbach's alpha = 0.93
(Schaufeli & Bakker, 2004)

Nurse leaders in the project group were found to be less vigorous, dedicated and absorbed than participants in the landmark study which included nurses and hospital workers and established validity of the tool. After collection of the baseline Utrecht

Work Engagement Scale, all Emergency Department nurse leaders participated in the coaching intervention. The leaders included team leaders (n=4) and charge nurses (n=7). Nurse leader StandOut® data did not correlate to specific needs as result of coaching, rather, central themes were identified across all nurse leaders removed from specific strengths and coaching strategies. Central themes included improvement in teamwork, recognition for excellence, improvement in retention strategies, communication, and opportunities for engagement.

Nurse leaders were open in discussion and honest with feedback regarding opportunities for self-, leader, colleague, and organizational opportunities. Strategies to improve the organizational work environment were communicated to senior level administrators, while departmental strategies were implemented concurrently with coaching sessions.

Following the completion of coaching, the optional Utrecht Work Engagement Scale was completed (n=6) with mean scores calculated in the same three aforementioned areas (Table 1). Mean scores in the areas of vigor, and dedication reflected improvement, while absorption scores decreased.

The patient experience outcomes were evaluated prior to beginning the project and following the completion of the intervention. Four quarters pre-intervention were evaluated and a composite score for all quarters, third quarter 2020 (July 2020-September 2020), fourth quarter 2020 (October 2020-December 2020), first quarter 2021 (January 2021-March 2021), and second quarter 2021 (April 2021-June 2021), was calculated and compared to third quarter 2021 (July 2021-September 2021). An overall decrease in patient experience following the intervention was found when the data points were

compared. The overall rating of care, friends and family overall, doctors overall, nurses overall, and waiting time to treatment area scores decreased respectively following the intervention, despite improvement in vigor and dedication (engagement) and decrease in absorption (risk for burnout) (Table 2).

Table 2

Patient Experience Data

	Composite Score July 2020-June 2021 - Pre-intervention	Score July 2021-September 2021 - Post-intervention
Overall Rating of Care	70.52	62.2
Family or Friends Overall	64.79	54
Doctors Overall	69.74	61.35
Nurses Overall	77.1	71.9
Waiting Time to Treatment Area	70.16	57.05

This was thought to be largely in part due to compounding factors that were outside the investigators realm of control, secondary to the COVID-19 pandemic.

Discussion

Initial Utrecht Work Engagement Scale scores are indicative of less energy, zest and stamina, find work less meaningful, without inspiration or challenge, and negative immersion with workplace detachment concerns across all nurse leaders. This is concerning for a probable increase in burnout, decreased resiliency, and lack of work-life balance, all of which may compromise patient outcomes and experience. Following the intervention, mean scores in the areas of vigor, and dedication reflected improvement, while absorption scores decreased. There was enhanced nurse leader engagement when compared to pre-intervention survey completion. Nurse leaders exhibited more stamina

and energy at work, while experiencing less burnout and higher level of resiliency, and are better able to detach from work while achieving work-life balance as noted by the investigator and as revealed in post-intervention survey results. Collectively, the improvement in vigor and dedication coupled with decrease in absorption is reflective of traits which stand to improve the patient experience and perception of care.

The coaching intervention was conducted such that it directly positively augmented the practice environment and supported the enhancement of nurse connection and compassionate care (Trus et al., 2018). At completion of the coaching sessions, nurse leaders stated they felt empowered, and had experienced improvements in teamwork, felt recognized for excellence in care, and that accountability and clinical excellence had improved within the Emergency Department (Asif et al., 2019). The coaching sessions also supported development of a trust-building relationship between the nurse leaders and investigator as each participant saw improvements in the Emergency Department via feedback provided during coaching sessions.

Although patient experience scores decreased, the nurse leader can determine that nurses who are connected to purpose and engaged in the workplace provide a higher level of care, which may impact the patient's perception of care (Dempsey & Reilly, 2016; Trus et al., 2018). Limitations to the project include overall sample size (n=11), pre-intervention survey completion (n=3), and post-intervention project completion (n=6). There were many compounding factors that potentially impacted patient experience during the timeframe of the project including increase in average daily census from 40 patients average daily census during the pre-intervention period to 50 patients average daily census during the post-intervention period. This coupled with increase inpatient

holds patient acuity lead to an overall decrease in patient experience, despite improvement in nurse leader engagement.

Nurse leader engagement and patient experience were utilized to determine effectiveness of intervention and evaluation planning for future, ongoing intervention. Continual evaluation of the coaching intervention will occur to determine if there is additional opportunity to improve based on this data. The coaching intervention will be utilized in ongoing leadership development in the Emergency Department, and improvement of intervention will be achieved through continued review and evaluation of the literature for current evidence based (Zaccagnini & White, 2017). The investigator also plans to glean qualitative data from future coaching sessions to evaluate effectives of content, and determine opportunities for improvement.

Conclusions

The nurse leader is vital in improving nurse connectedness. There is much literature that suggests a correlation between nurse connectedness and patient experience. The nurse leader is integral in sustaining a practice environment in which all nurses may flourish while establishing a caring, connected relationship with patients. The emphasis on the development of engaged, trustworthy leadership in the connection between the engagement and improved perception of care is essential to high-quality, compassionate care delivery.

Implications for Nursing Management

The goal of this project was to improve patient experience by inspiring nurse connectedness. The interventions promoted a culture of positivity with fully engaged nurses empowered by a unified group of colleagues and nurse leaders. The intervention supported a sustained state of well-being and holism for nurse leaders. Although not

currently reflected in patient experience scores due to compounding limitations, with continued development and nurse leader support, coaching and improvements in nurse leader connectedness may stand to improve the patient experience through engaging the patient and family in excellent patient care.

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