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TITLE OF THE STUDY:

Assessment of Work Environment and Nurse Engagement
as Related to Recruitment and Retention in an Emergency Department

Submitted to the Faculty
Yale University School of Nursing

In Partial Fulfillment
of the Requirements for the Degree
Doctor of Nursing Practice

Anata Kanevsky

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This DNP Project is accepted in partial fulfillment of the requirements for the degree
Doctor of Nursing Practice.

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March 22, 2019

**Assessment of Work Environment and Nurse Engagement
as Related to Recruitment and Retention in an Emergency Department**

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Abstract

Finding new and innovative strategies to improve nurse retention is a focus of every nurse leader. Applying a Magnet® structural empowerment strategy by implementing Professional Governance has an impact on nurse retention by fostering nurses' involvement in decision making and engaging their participation in the improvement of nursing standards and practices. The findings of this project demonstrated that if the hospital is not Magnet® designated, and if professional governance has not been implemented throughout the organization, a unit can still implement a Professional Governance council to improve retention and the professional practice nursing environment.

Introduction

Recruitment and retention of nurses is a key issue facing all practice areas. In a 2013 report,¹ the Bureau of Labor Statistics projected nursing as the largest growth field until 2020, with a workforce expansion of 26%. Buerhaus et al (2000) predict that there will be at least 400,000 fewer nurses available to provide care than will be needed by 2020.²

In addition, the failure to retain nurses has the potential to contribute to the shortage, and Dotson et al (2014) identify this as a priority.³ According to a (2016) report by Nursing Solutions, Inc., the national turnover rate for acute care nurses for 2015 is 17.2%, up from 16.4% in 2014.⁴ A Joint Commission report documented nurse departures increase hospital costs while driving down quality, efficiency, and profitability.⁵ Research also indicates that each turnover costs the employer approximately \$90,000 and an average of 68.3–95.6 days to replace, depending on specialty.⁴

The Magnet® Framework

Although nurse recruitment and retention is a problem that has long distressed health care organizations,⁶ organizations that have achieved “Magnet®” designation from the ANCC have reduced turnover and retention.⁷ Best known for the recruitment and retention of nurses during the shortages of the 1980s,⁸ the Magnet® model is useful for health care organizations seeking high-quality nursing care and improved patient outcomes.⁹

In the early 1980s, The American Academy of Nursing (AAN) identified and studied 41 hospitals that were able to recruit and retain nurses more effectively than other facilities, to determine the organizational features explaining their success.¹⁰ The term “Magnet” described the characteristics of the nursing practice identified by the study that accounted for hospitals' success in attracting and retaining nurses.¹¹ The “Magnet” hospitals featured flat organizational structures, unit-based decision-making processes, influential nurse executives, and investment in nurse education. The Magnet® Hospital Recognition Program is a voluntary form of external professional nurse peer review. ANCC Magnet® Hospital designation is based on the hospital's ability to meet 14 standards described in the original 1983 AAN study. These Forces have been refined and grouped into five concepts that represent the current framework that distinguishes Magnet® organizations.

There is a strong correlation between the Magnet® concept of structural empowerment and job satisfaction. Hauck et al (2011), found that the nurses who feel empowered demonstrate higher levels of organizational commitment, and that structural empowerment increases engagement and reduces turnover.¹² ANCC Magnet® designation has been associated with positive work environment.¹³ Subsequently, the Magnet Recognition Program® can serve as a road map for excellence in nursing services by providing a framework for organizing a hospital

nursing delivery system that supports nurses as professionals and by demonstrating improved outcomes.

Literature Review

Published studies have concluded that hospitals employing Magnet® strategies significantly improve nurse retention.^{7,14} Force (2005) investigated the correlation between leadership behaviors and nursing job satisfaction, as well as nurse turnover.¹⁵ Although not every study identified Magnet® strategies as the primary reason for nurse retention, the elements that impact nurse retention are similar. Recently-published primary studies by Siller et al (2016) and Sawatsky & Ennis (2012) show nurse engagement is a primary factor affecting burnout, lack of job satisfaction, and nurse retention in the ED.^{16,17} Damsey & Reilly (2016) defined nurse engagement as nurses' commitment to, and satisfaction with, their jobs. They also described engagement as the opposite of burnout.¹⁸ Therefore, when developing strategies for retention, it is critically important to focus on the influencing factors of engagement: nursing management, professional practice, collaboration with physicians, staffing resources, and shift work.

Nurses' sense of engagement directly correlates to practice environment. Galuska et al (2018) described how nurses experienced meaning and joy in their practice when they had autonomy, opportunities to connect with patients and families, and environments characterized by teamwork.¹⁹ Gess et al (2008) included discussions of evidence-based nurse driven protocols that improve nurse retention by facilitating autonomy and improving communication.²⁰ A systemic review of the published research on nurse retention strategies suggest that the development of retention protocols focusing on autonomy, recognition, and communication find success.

Recruitment and Retention at Trinitas Regional Medical Center

Trinitas Regional Medical Center (TRMC) is a 554-bed not-for-profit private acute care hospital in Elizabeth, the fourth-largest city in New Jersey. It is a non-union hospital without Magnet® designation. In the last three years, an average of 70,000 patients received treatment in the Emergency Department (ED) annually.²¹ TRMC nurses receive competitive benefits. TRMC has a solid 401K pension program and health insurance benefits with low deductibles and broad coverage. TRMC provides full tuition reimbursement for BSN and MSN programs for nurses attending St. Elizabeth College. They are eligible for \$2,500 annual tuition reimbursement if they choose to attend a school other than St. Elizabeth.

Several nurses expressed that the designation of TRMC's registered nurses as salaried employees as a source of their dissatisfaction. All nurses are required to work an extra shift every month and an extra shift every three months due to being paid 40 hours per week (salaried) and working 12-hour shifts. Construction of a new Emergency Department in 2015 was disruptive and stressful for nurses, and continued through August 2017. There were few applicants; even candidates from the affiliated Trinitas School of Nursing were not applying.

TRMC Human Resources Department provided ED nurse attrition data for the period from January 1, 2014 to December 31, 2017. From January 1, 2014 to December 31, 2017 turnover rate continuously remained high: 25% in 2014, 22% in 2015, 23.2% in 2016, and 25.6% in 2017. The nurses who left had an average tenure of service below two years, 86% had an Associate Degree, and none held specialty certification. In 2014, prompted by the high turnover rate, the ED nursing leadership team created a 5-step recruitment and retention plan

which included a flexible schedule program; monetary incentives; an ED-specific orientation process (ED boot camp); a leadership selection of preceptors based on clinical expertise; and weekly meetings with new nurses, managers, and educators. Despite implementation of the 5-step program, nurse turnover did not improve.

Project Goal

The overall goal of this project is to evaluate the TRMC emergency department's current state of nursing practice environment and engagement of registered nurses as the basis for a new recruitment and retention strategy. The project focuses specifically on addressing structural empowerment—which has a direct correlation with nurse retention—by fostering nurses' involvement in decision making and encouraging their participation in improvement of nursing standards and practices.

Method

The TRMC performance improvement facilitator, the performance improvement coordinator, and a scribe conducted focus groups using the Kruger & Casey (2009) method to assess clinical nurse engagement in July 2018.²² Participants were encouraged to speak freely and reassured that analysis was to be reported as aggregate themes to administration and not by the individual's name. Questions were developed from Lake's (2002) widely-used Practice Environment Scale quantitative survey,²³ and the facilitator initiated dialogue with open-ended questions from the Lake scale (Table 1). The facilitator also encouraged elaboration from the participants by asking clarifying questions.

Table 1: Focus Group Questions

- | |
|---|
| <ol style="list-style-type: none">1. Where can staff nurses participate in policy decisions?2. What in-service/continuing education programs are available for nurses?3. Who recognizes you for a job well done?4. How does the current number of registered nurses provide quality patient care?5. What kind of teamwork is seen between nurses and doctors? |
|---|

Data Analysis

The analysis used "key concept" methodology described by Krueger & Casey (2009) as a classic constant comparative approach to assure that what is reported reflects the perspectives, ideas, and opinions expressed by the participants. Steps in the thematic analysis include: reading through transcripts to gain insight, re-reading to highlight significant statements, comparing statements, and grouping statements according to the theme. A descriptive summary of quotes is selected to illustrate themes.

Findings Focus Groups

Five themes emerged from the discussion that stemmed from the focused questions (Table 2).

Themes	Participants' responses
<i>Autonomy</i> —the level of nursing staff engagement in policy decisions	“currently staff is not included, and they would like to be” and “when they do offer input, it falls on deaf ears.”
<i>Professional Development</i> —ongoing education and in-services	“current staff report of not having an educator, not having in-services, not feeling encouraged to learn” and “new nurses report not having combined classroom and computer education.”
<i>Staff Recognition</i> —recognition for a job well done	“Staff feels that management is looking for negatives.”“Staff is not recognized for a job well done.”
<i>Staffing</i> —staffing impacts on quality of care	“high turnover; high RN-to-patient ratio negatively impacts on patient care” and “staff feels that they provide good care with the available resources.”
<i>Difficulties with teamwork</i> —teamwork between nurses and doctors	“lack of communication with nurses and patients” and “some doctors you avoid because they will ‘flip out,’”“bullying, condescending, and raise voices at nurses.”

The findings highlighted opportunities for the Trinitas Emergency Department to improve nurse engagement. Unfortunately, none of the nurses provided positive comments over the course of three focus groups. There were a total of 17 participants in pre-intervention focus groups.

The Project Plan Interventions

Based on the data analysis, a project plan aligning with the ANCC Magnet® values was created to improve nurse engagement in a professional practice nursing environment. The project plan included significant financial investment by the organization in the areas of nurse staffing, education, and Professional Governance.

Professional Governance

In September 2018, an external expert presented an overview of professional governance to the TRMC ED nurses and management team. The ED clinical nurses shared professional governance bylaws with ED leadership and all ED staff, and finalized these in November 2018. The professional governance council members included clinical nurses, the ED Director, the ED Associate Director, and the ED educator. The latter three facilitators are present in the first part of the council meetings. There are 10 nurses on average around the table at each Professional Governance meeting. The goal of TRMC Emergency Department Professional Governance meetings is to empower clinical nurses to have ownership and accountability of their practice, and to develop a nursing practice environment that ensures delivery of the highest quality care for patients and families.

Due to the nurses' initial positive response and enthusiasm, a decision was made to have weekly meetings. Additionally, the council identified two projects as important priorities. The first addressed nurse inclusion in policy, specifically the development of an ED nursing lower back pain order set to allow nurses to carry out nursing interventions without physician approval.

The back pain order set was developed based on the latest evidence-based recommendations to include a pain scale and nursing assessments. The second project addressed the third focus group theme of recognition for a job well done, by developing an ED staff recognition program.

Professional Development

In October 2018, a new ED educator was hired. The Elsevier Emergency nursing courses were purchased to align nurses' education with latest Emergency Nurse Association (ENA) recommendations. The educator developed and completed ED nurse competencies based on ENA standards. By the end of December 2018, 70% of nurses completed ED-specific competencies that included didactic and clinical components. In January 2019, an inaugural Boot Camp class gained access to the Elsevier Emergency Nursing orientation course, and this was combined with classroom sessions. The new Boot Camp class will start on April 8, 2019, and will include joint orientee/preceptor sessions and a formal evaluation of the program.

Nurse Staffing Ratio and Scheduling

The ED hired travel nurses to improve the nurse-to-patient ratio and therefore improve patient satisfaction and retention of nurses. The TRMC committed to keep one of the lowest nurse-to-patient ratios in New Jersey—one nurse to six med-surg treat-and-released patients. It is a significant improvement from the previous TRMC nurse-to-patient ratio of 1:8.

During daily huddles, clinical nurses expressed dissatisfaction with hallway beds because it created chaos for the nurses and anxiety for the patients. All hallway beds were eliminated, which helps limit the nurse-to-patient ratio to 1:6.

In October 2018, the new scheduling software "Humanity" was purchased. Nursing staff gave positive feedback to the program during daily huddles, as the new software allowed nurses to view and manage their schedule, trade shifts, and request days off, resulting in better work-life balance. Not all TRMC employees have a TRMC email account, and Humanity became a communication bridge between staff and management.

Teamwork Difficulties

The nurses' concerns regarding poor communication between doctors and nurses were brought to the doctors' attention. The first ice breaker program meet-and-greet to develop trust and open communications scheduled for March 2019. Professional governance can work on an inter-professional project in the future to improve teamwork and patient outcomes, but there is more work to be done. Future plans include exploring team simulations, inter-professional social events, and team recognition.

Results

To evaluate the impact of the implementation plan, three focus groups took place in the ED conference room in February 2018. A total of 19 nurses participated in post-intervention focus groups. Five themes emerged from the discussion that stemmed from the focused questions (Table 3).

Table 3 Emerging Themes from Post-Implementations Focus Group Discussions	
Themes	Participants responses
<i>Autonomy</i> —the level of nursing staff engagement in policy decisions	“Nurses feel like they can participate in policy decisions” “Shared Governance helps ask RNs for their input” “Everyone should feel encouraged to participate in Shared Governance”
<i>Professional Development</i> —ongoing education and in-services	“Staff happy with TNCC (trauma course) Been happening a lot more lately” “Management is into the nurses growing in their education” “Big transition—communication needs improvement” “New nurses should get more education and more organization”
<i>Staff Recognition</i> —recognition for a job well done	“Shared Governance is working toward better recognition” “Management provides more positive feedback” “A lot of negative feedback to the staff”
<i>Staffing</i> —Staffing impacts on quality of care	“Staff reports improved nurse-to-patient ratio” “Agency nurses help shortage” “Staffing could be improved” “Number of PCAs should be increased”
<i>Difficulties with teamwork</i> —Teamwork between nurses and doctors	“Night shift has more teamwork than day shift” “Night shift entire staff has a family environment” “Day shift is fending for yourself” “Hardly any teamwork between RNs and MDs” “Teamwork has been improving slowly”

Emergency Department Outcome Metrics

In addition to the improvements highlighted by the focus group interviews, ED quality indicators improved. The median triage time decreased from 25 minutes in January 2018 to 10 minutes in April 2018, and was continuously below 10 minutes for the rest of 2018. The left-without-being-seen rate continuously decreased from 3.3% in January 2018 and 5.5% in February to 1.4% in December 2018. Code sepsis compliance with 3-hour bundle improved from 25% in January 2018 to 83.8% in December 2018. Nurse suggestions at professional governance meetings positively impacted on these improvements.

The nurse retention rate for 2018 reached an all-time low. Although in 2018 the annualized nurse turnover rate was 26.5% compared to 25.6% in 2017, from July 2018 to December 2018 the turnover rate was 4.1% and for the period from July 2018 to November 2018 the rate was 0%.

Discussion

Focus groups highlighted many challenges that nurses shared regarding the nursing practice environment in the TRMC ED at the beginning of 2018. These ranged from practice, professional development, staffing, and teamwork challenges. After plan implementation, the significant finding is that the nurses view the Professional Governance council as an essential mechanism to facilitate involvement of practice changes and to improve quality of care by allowing them to help to determine policies and by increasing staff recognition. This was the missing link in previous attempts to improve recruitment and retention. This council has the power to give nurses a voice in making changes, as well as the autonomy to grow as professionals. In addition to the positive comments, nurses acknowledged the need to improve teamwork between themselves on the different shifts, as well as with doctors, and the continued need to improve staffing and communication.

Conclusion

Although it has been only seven months between focus group surveys, and there are still many opportunities for improvement, it is evident that the introduction of nursing professional governance has a positive impact on the ED nurse practice environment. With continued nurse engagement, this structure provides an environment for nurses to thrive and impact patient quality. This project demonstrates that if the hospital is not yet Magnet® designated, and if professional governance has not been implemented throughout the organization, one unit can still implement a professional governance council and have positive results. It would be a goal to use a nationally benchmarked engagement survey in the future. Although TRMC supported change through significant financial investments in staffing and education, its commitment to nursing Professional Governance was the catalyst for culture change in the ED. Nothing stops us from implementing proven models, but it's up to us to be innovative leaders, take risks, and to not be afraid of failure. We have to support nurses and adjust course with available resources. Waiting for all conditions to be ideal may never happen. This project demonstrated that listening to staff and empowering them through Professional Governance improves nurse and patient outcomes, changes the work culture, promotes nurse retention, and improves institutional outlook.

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