

The Impact of Nurse Engagement on Quality, Safety, and the Experience of Care

What Nurse Leaders Should Know

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To lead others in achieving exemplary outcomes, nurse leaders need to understand the vital and interdependent connection between quality, safety, the patient and RN experience of care, and RN engagement. The triple aim of improving population health, enhancing patient experience, and reducing cost cannot be accomplished without a robust and engaged workforce that finds joy and meaning in its work. This is especially true for the nursing workforce. The vital connection of nurse engagement to the experience of care, and ultimately to nurse and patient outcomes, is clear. Quality improvement efforts that equally emphasize initiatives to improve patient experience and create and sustain a highly engaged nursing workforce are key to achieving desired outcomes.

Key words: *NDNQI, nurse engagement, nursing workforce, quality, safety*

INTRODUCTION

To lead others in achieving exemplary outcomes, nurse leaders need to understand the vital and interdependent connection between quality, safety, the patient and RN experience of care, and RN engagement. The triple aim of improving population health, enhancing patient experience, and reducing cost cannot be accomplished without a robust and engaged workforce that finds joy and meaning in its work. This is especially true for the nursing workforce. With the many generations present in today's health care environment along with the challenging and complex nature of the work, understanding the

key drivers of joy and meaning is critically important.

FOUNDATIONAL SOURCES OF DATA

The publication of the early 1980's nurse retention study by the American Academy of Nursing revealed meaningful insights into the importance of nurse engagement in the context of the practice work environment.¹ To support ongoing research and quality improvement efforts, the American Nurses Association instituted the National Database of Nursing Quality Indicators[®] (NDNQI[®]) in 1998 to collect and monitor data from hospitals and health care organizations relative to nurse-sensitive indicators that are essential to quality patient care.² The NDNQI[®] nursing database provides quarterly and annual reporting of structure, process, and outcome indicators to evaluate nursing care at the unit level. The database includes clinical outcomes and staffing data as well as survey responses from RNs in direct patient care roles. Currently, the NDNQI data

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represent more than 2000 hospitals nationally. Approximately 350 000 nurses respond to the annual RN survey, and more than 20 000 nursing units submit data quarterly.

Combining NDNQI's measurement of multiple facets of the nurse experience, including nurse-sensitive clinical indicators, nurse engagement, nurse job satisfaction, and the nurse work environment with advanced analytics using data from a consulting firm's hospital database, has greatly enhanced the insights attainable from these multiple data sources. Cross-domain analyses of nursing and patient experience data provide exceptional normative comparisons and allow for expanded linkages to quality, safety, and experience outcomes.

INTEGRATION OF DATA AND ADVANCED ANALYTICS: ENGAGEMENT IS CRITICAL TO OUTCOMES

Cross-domain, advanced analytics provide clear and convincing evidence that nurse engagement and patient experience are not “nice to haves,” nor are they considerations to address “when we have time.” Rather, the data demonstrate that nurse engagement is critical to the patient experience, clinical quality, and patient outcomes. Nurse engagement with the organization and the profession reduces compassion fatigue, burnout, and turnover, while improving teamwork, the patient experience, and organizational outcomes across multiple clinical, operational, cultural, and behavioral measures.

Researchers have analyzed data across multiple domains including NDNQI, Consumer Assessment of Healthcare Providers and Systems (CAHPS) programs, and patient and caregiver experience surveys. These and other findings have affirmed what many nursing leaders have known for some time:

- When nurses are likely to recommend the organization for employment, patients are more likely to recommend the organization for care (Figure 1).
- When nurses enjoy their jobs, patients are more likely to recommend the organization (Figure 2).

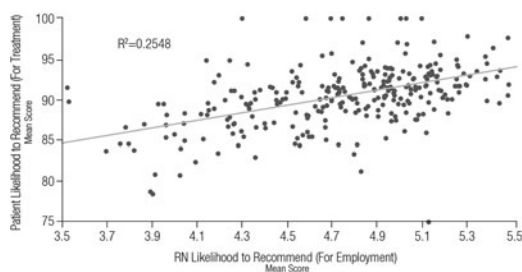


Figure 1. Patient loyalty and nurse loyalty: patient likelihood to recommend versus RN likelihood to recommend. Reprinted with permission from Press Ganey Associates.⁸

- Nurses are most engaged when they have been with an organization for less than 6 months (Figure 3).³

THE BUILDING BLOCKS OF NURSE ENGAGEMENT

Measures of nurse engagement include autonomy, professional development, leadership access and responsiveness, interprofessional relationships, quality of nursing care, resources and staffing, and nurse-to-nurse teamwork and collaboration. To attain and maintain an engaged nursing workforce, leaders must ensure that the inherent rewards of the job—saving lives, helping families, important work—and the added rewards of compensation, privileges, and benefits outweigh the inherent stresses of the job that result from its complexity, the sense of

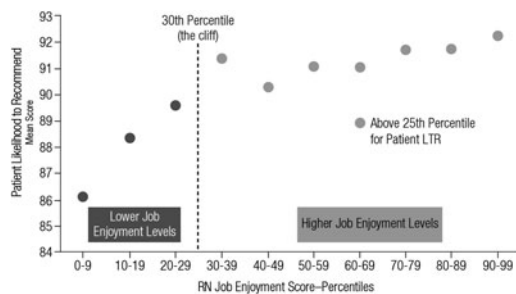


Figure 2. Nurse job enjoyment and patient loyalty: patient likelihood to recommend versus RN job enjoyment. LTR indicates likelihood to recommend. Reprinted with permission from Press Ganey Associates.⁸

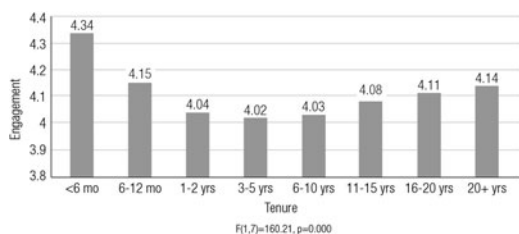


Figure 3. RN engagement by tenure. Reprinted with permission from Press Ganey Associates.⁸

responsibility, scheduling and productivity requirements, and, sometimes, dysfunctional systems. If indeed the rewards outweigh the stressors, engagement is likely. If the stressors outweigh the rewards, burnout is likely.

PATIENT AND NURSE EXPERIENCE ARE INEXTRICABLY LINKED

Recent analyses of one engagement database indicate that 15 out of every 100 nurses are disengaged and lack commitment and/or satisfaction with their work.⁴ This is not only expensive for an organization (conservative estimates suggest that a disengaged nurse costs an organization more than \$22 000 in lost revenue due to lost productivity), it exacts a toll on the patient experience. The findings of the cross-domain analyses linking patient and caregiver experience suggest that a disengaged nursing workforce contributes to reduced reimbursement under payment reform. The patient and caregiver experience of care/care coordination, which includes the following key Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) domains, makes up 25% of the value-based purchasing score for the current federal fiscal year and subsequent years⁵:

- Communication with nurses
- Communication with doctors
- Responsiveness of hospital staff
- Communication about medicines
- Hospital cleanliness and quietness
- Discharge information
- Care transition
- Overall rating of hospital

All of these domains are influenced by the experience of the people who care for patients every day. An analysis of more than 1.5 million responses to inpatient surveys during the 2013 calendar year, including items from the HCAHPS survey with additional proprietary items, identified teamwork, nurse communication, and room cleanliness as top drivers of HCAHPS global ratings. Yet, the findings from the 2015 National Healthcare Average employee engagement database demonstrate low engagement among direct caregivers, including nurses, which has been linked to poor teamwork and lack of effective communication. Furthermore, loyalty is lowest for those employees aged 25 to 39 years, who represent approximately 38% of the workforce.

Turnover is another engagement threat that can influence communication and teamwork. In an April 2017 survey of 852 participants that included C-suite executives, clinical and nonclinical administration, physicians, and nurses, the findings were stark. Nearly 43% had been with their hospital for less than 2 years, and 65.7% fewer than 5 years. Alarmingly, 37% said that they plan to leave their current organization within the next 2 years, and 68.6% plan to leave in 5 years. The reasons cited for leaving include longer work hours and burnout. Fewer respondents cited promotional opportunities or compensation as their reason to leave a job. The number of retirees is growing, with fewer people to take those vacated roles. The evidence to build an engaged workforce has never been more compelling: More than 47% of survey respondents indicated they planned to retire within the next 10 years, with 22.1% planning to exit their jobs within the next 5 years.⁶ This implies that the time to build an engaged workforce is now.

BUILDING A CULTURE OF ENGAGEMENT

To address engagement in an effort to improve both patient and caregiver experience, leaders must understand the perceptions of both groups of constituents. By measuring

engagement at the work unit level and assessing the readiness of each work group, action planning can best be initiated by identifying the unique key performance drivers for each unit. Celebrating high-performing units and leveraging their success to educate and support less engaged groups are strategies that high-performing organizations consistently deploy. While every organization is unique, agreements by survey participants with the following statements have been identified as key drivers of engagement:

1. This organization provides high-quality care and service.
2. This organization treats employees with respect.
3. I like the work I do.
4. The environment at this organization makes employees in my work unit want to go above and beyond what is expected of them.
5. This organization provides career development opportunities.
6. My job makes good use of my skills and abilities.
7. I get the tools and resources I need to provide the best care/service for our clients/patients.
8. My pay is fair compared with other health care employers in this area.
9. This organization conducts business in an ethical manner.
10. I respect the abilities of the person to whom I report.

COMPASSIONATE CONNECTED CARE FOR THE CAREGIVER

The Compassionate Connected Care framework is a tool developed to address the inherent and avoidable suffering of patients across the health care continuum.⁷ It defines the patient experience as inclusive of clinical, operational, cultural, and behavioral aspects of care provided every day and in every setting. Qualitative analysis of more than 117 responses to what compassionate and connected care means to clinicians, nonclinicians, and patients has led to 6 themes that provide insight

into how to tangibly and tactically address suffering. These include the following:

- Suffering should be acknowledged.
- Body language matters.
- Care must be coordinated.
- Anxiety is suffering.
- Autonomy preserves dignity.
- Real caring transcends medical diagnosis.

Providers of care have also noted that they are under stress. As a result of cross-domain analyses of engagement utilizing NDNQI and other nurse surveys, further qualitative analysis was performed. More than 180 caregiver responses were included in this analysis. Responders were both clinicians and nonclinicians. As a result, tangible and tactical ways to address caregiver stress and distress can be shared on the basis of identified themes:

- Acknowledge the complexity and gravity of the work.
- Support caregivers with emotional, material, and human resources.
- Foster teamwork as a vital component for success.
- Model empathy and trust.
- Reduce compassion fatigue through a positive work/life balance.
- Communicate to all levels. This is foundational to everything else.

THE INFLUENCE OF THE NURSE MANAGER ON ENGAGEMENT AND OUTCOMES

In many health care settings, nurses have more contact with patients than other caregivers and are major drivers of outcomes related to safety, quality, and the experience of care. There is a large body of literature that supports the existence of strong relationships between work environment and both nurse and patient outcomes. The data also indicate that a healthy work environment is critically important to the ability of the nurse to deliver safe and quality care.

Understanding that a primary function of unit nurse managers is to create an environment that leads to great outcomes, a 2017 Nursing Report⁸ focused on the influence of

unit nurse managers on patient and nurse outcomes within the context of the nursing practice environment. This report examined performance across measures of safety, quality, and patient experience, as well as indicators of nurse engagement, such as nurse job satisfaction and retention. This research had both quantitative and qualitative components. Nurse managers were included in the sample if their units participated in the 2016 RN Survey, they were rated in the top decile by their unit RNs, and their selected outcomes data were in the top half of all units surveyed. Of 610-unit managers invited to participate, 195 completed the study survey and 12 participated in the qualitative interview.

Key quantitative findings related to nursing outcomes and engagement were derived from the “Eyes of the Workforce” RN Survey subscale measures. These measures are as follows:

- In my job, I am treated with dignity and respect by everyone.
- I have what I need in my job, so I can make a contribution that gives meaning to my life.
- I am recognized and thanked for what I do in my job.

Other measures included were those about job enjoyment and intent to stay, differentiated by unit types (CC—critical care; SD—same day surgery; MS—medical surgical; Rehab—inpatient rehabilitation; ED—emergency department; Amb—ambulatory; periop—perioperative). The results of the analyses indicate that across most units, high-performing nurse managers have a strong positive impact on nurse outcomes (Figure 4).

Findings from qualitative interviews of top-performing nurse managers revealed, in general, a strong focus on implementing foundational structures and sustaining consistent processes related to quality and safety. Recurring themes from nurse manager interviews included descriptions of multiple behaviors that participants have found to be important in building and sustaining a positive work en-

Nurse Manager Impact On	CC	SD	MS	Rehab	ED	Amb	Periop
Through the Eyes of the Workforce	*	*	*	*	*	*	*
Job Enjoyment	*	*	*	*		*	*
Intent to Stay	*	*	*		*		*
RN-rated Quality of Care							
Missed Care		*	*				
Falls						**	
Pressure Ulcers/Injuries				*			

* Indicates statistically meaningful relationship in positive direction.
** Indicates statistically meaningful relationship in negative direction.

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Figure 4. Direct effects of nurse manager on nurse and patient outcomes by unit type: through the eyes of the workforce. Amb indicates ambulatory; CC, critical care; ED, emergency department; MS, medical surgical; Periop, perioperative; Rehab, inpatient rehabilitation; SD, same day surgery. Reprinted with permission from Press Ganey Associates.⁸

vironment. Managers with engaged nursing workforces believe that establishing meaningful connection with staff is a key factor to success. Their emphasis is on:

1. an unwavering focus on quality and safety of care;
2. a culture of respect;
3. nurse manager relationships and visibility;
4. promotion of autonomy;
5. support of professional development;
6. interprofessional rounds and team building;
7. huddles to improve communication and teamwork;
8. the use data and evidence to support decisions and practice;
9. safe and appropriate staffing; and
10. a bundle that includes bedside report, white boards, pain management, communication, peer review, and auditing.

SUMMARY

The vital connection of nurse engagement to the experience of care, and ultimately to nurse and patient outcomes, is clear. Quality improvement efforts that equally emphasize initiatives to improve the patient experience and create and sustain a highly engaged nursing workforce are key to achieving desired safety and quality outcomes. A nurse manager

interviewee summed it up well when talking about the importance of supporting her staff: *Staff who feel supported and who are en-*

gaged will give you the outcomes that you want. Those who feel unsupported, not valued, and not respected, will not.

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