

Understanding Key Drivers of Staff and Manager Engagement:

Linking Research to Leadership

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Nurse managers, within a 33-bed pediatric intensive care unit, were concerned about decreased levels of frontline nurse engagement such as poor attendance at unit-based council meetings, slower adoption of unit initiatives, and fewer volunteers to fill vacancies in hospital-wide councils. A descriptive comparative research study was conducted to describe staff engagement and its association with demographic indicators. Research findings guided nurse managers toward development and implementation of action plans that included promotion of authentic leadership and application of leadership strategies toward understanding generational and employment status differences.

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BACKGROUND

Multiple authors have described strong relationships between enhanced staff nurse engagement and increased patient and family satisfaction, improved patient outcomes, fewer medication errors, as well as greater nurse retention, employee health, job satisfaction, job performance, and organizational involvement by nurses.¹⁻⁶ Bargagliotti⁴ emphasized that levels of nurse engagement are driven by and strongly correlated to staff perceptions of nurse manager involvement and leadership qualities. Relationships between nurse managers and staff nurses that are built on trust and understanding create engaged nurses.⁷ Several authors have discussed how nurse managers can conceptually facilitate nurse engagement through authentic leadership,⁵ transformational leadership,⁸ goal attainment,⁷ and creation of a workplace culture of cohesion, collaboration, socialization, and value.^{1,6,7}

Although understanding the conceptual components of leadership is a helpful first step, nurse managers require the operational skills to be supportive, available, enthusiastic, competent, and involved leaders with their nursing staff. Staff nurses feel valued and respected by their nurse managers when staff achievements are celebrated, when communications are frequent, transparent, and face to face, when staff are encouraged to participate in projects or participate in councils, when work ethic is role modeled, and when active listening is used.^{1,3-6,8} Gray and Shirey⁷ describe the need for nurse managers to have increased awareness of their own personal and professional positive and negative attributes. Rivera et al³ described the need for increased nurse manager involvement specifically focused on staff nurses who are younger, are less experienced, and work night shifts.

Nurse and respiratory therapy managers in a pediatric intensive care unit (PICU) were concerned that their staff nurses and respiratory therapists were not engaged as evidenced by low levels of participation in unit-based councils, reticence to embrace unit initiatives, and unwillingness to volunteer to fill vacancies in hospital-wide councils such as Policy and Procedure Council.

Upon completion of a comprehensive literature review on drivers and measurement of staff engagement, a research study was conducted to examine the associations between levels of perceived authentic leadership, staff engagement, and demographic indicators.

RESEARCH STUDY SUMMARY

Methods

A quantitative descriptive comparative survey study was conducted in the 33-bed PICU within a 430-bed urban pediatric medical center in the southwestern United States. The medical center's institutional review board approved this study. A total of 53 staff nurses and 4 nurse managers participated. All participants completed a demographic survey, manager or staff version of the Authentic Leadership Questionnaire (ALQ),⁹ and the Utrecht Work Engagement Scale (UWES).^{10,11} ALQ examined the following leadership components: transparency, moral-ethical, balanced processing, and self-awareness. UWES described feelings about their work environment and well-being, specifically vigor, dedication, and absorption.

Results

Demographics. Staff median age was 33 years (ranging from 24 to 68 years), 83% female, 83% worked full-time, and 47% and 33% reported membership in unit-based and hospital-based councils, respectively. For nurse managers, mean age was 37.3 years (ranging from 29 to 49 years), 100% female, with 100% reporting membership in both unit-based and hospital-wide councils. For the staff nurses, 13 were young millennials (24 to 27 years), 14 older millennials (28 to 33 years), 14 were Gen Xers (34 to 36 years), and 12 were the oldest (47 to 68 years).

ALQ. Lowest score from staff about their nurse managers was *As a leader, he/she solicits views that challenge his or her deeply held positions*. Nurse managers self-perceived this leadership trait as lowest: *As a leader, I display emotions exactly in line with feelings*. From full-time staff, 82% perceived their manager as demonstrating this trait fairly often or frequently compared with 62% of half-time staff. Additionally, 10% of full-time staff perceived their manager as not at all or once in a while displaying this trait compared with 0% of half-time staff.

This ALQ item, *As a leader, he/she admits mistakes when they are made*, revealed generational differences. Staff nurses who were older more often perceived that their managers did not have the ability to admit mistakes compared with their younger staff colleagues. Younger staff (83% of those 24 to 27 years of age and 86% of those 28 to 33 years of age) rated their managers the highest (fairly often or frequently) in ability to admit mistakes.

UWES. On the Absorption item, *I get carried away when I am working*, nurse managers scored significantly higher than nurses (very often versus sometimes). For the nurses, the lowest-scored items included: *When I am working, I forget everything else* (sometimes); *I get carried away when I am working* (sometimes); and *It is difficult to detach myself from my job* (rarely). For nurse managers, all items on UWES were scored as very often or always except 1 item: *It is difficult to detach myself from my job* (sometimes).

Part-time staff scored higher on the Absorption subscale than full-time staff. Approximately 71% of part-time staff rated their absorption in work higher than full-time staff (50%). Forty-four percent of full-time staff scored below the Absorption subscale mean, whereas only 29% of part-time staff scored below the mean.

There was a statistically significant difference between staff age groups and scores for: *At my work, I always persevere, even when things do not go well*. Thirty-three percent of the youngest nurses (ages 24 to 27 years) perceived that they *always persevere, even when things do not go well only a few times per month or once a week* compared with 7% for ages 28 to 33 years and 0% for the older age groups (34 to 46 and 47 to 68 years). All of the older nurses (34 to 46 and 47 to 68 years) reported that they *always persevere, even when things do not go well a few times a week and every day* compared with 93% of staff (28 to 33 years of age) and 67% of younger staff (24 to 27 years).

APPLICATION OF RESEARCH FINDINGS TO PRACTICE

Age, employment status, perceptions of manager interactions, and perseverance were identified as drivers of PICU staff engagement. For this study, age was classified as early Millennials (Generation Y: 24 to 27 years), older Millennials (Generation Y: 28 to 33 years), Generation Xers (34 to 46 years), and Baby Boomers (47 to 68 years) based on Team CGK's generational workforce definitions.¹² More Generation X staff felt that their managers did not admit their mistakes when compared with Millennials' positive perceptions of their leaders' abilities to admit mistakes. Youngest Millennials stated that they were unable to persevere when things go wrong more frequently than older Millennials, Generation Xers, and Baby Boomers. Employment status elicited some significant differences in staff perceptions of authentic leadership and work engagement. A higher percentage of full-time staff perceived their managers as exhibiting emotions in line with their feelings more often. More part-time staff rated their absorption in work significantly stronger than full-time staff.

GENERATIONAL DIFFERENCES

For managers, understanding generational differences is important to effectively lead staff who are satisfied with their job, engaged in their workplace, and challenged in their professional roles, ultimately leading to increased staff retention and improved patient outcomes.¹³ From critical care staff responses on authentic leadership and work engagement, generational differences were found in how staff viewed leadership interactions and support and in degree of staff perseverance at work. For Millennials (24 to 33 years), frequent reassurance, feedback, flexible scheduling, and organizational support are essential to feel successful.^{14,15} The Generation Y Millennials are more team oriented, need more confirmation/affirmation because many have been raised by so-called helicopter parents, are

more technologically savvy, and desire instant gratification and early successes in the work place.¹⁵ Focused specifically on retention of Millennial staff nurses, Edge et al¹⁴ proposed that leadership and mentoring strategies focus on consistent recognition, especially during stressful situations. In this study, the youngest group of Millennial staff (24 to 27 years), less experienced or novice nurses within a pediatric critical care unit, were not able to consistently persevere during tough or stressful times. Hutchinson et al¹⁶ clearly state, Millennials will leave a difficult work environment, where job expectations were not met, for another job to work somewhere else.

The older Generation Xers are looking for development of trusting relationships with management who value and respect their experience and expertise.¹⁵ In addition, Havens et al¹⁵ found that this older group (34 to 46 years) were more self-reliant and less trusting of corporations, having learned to be independent early because many Generation Xers were raised in single-parent homes and in a world of layoffs. It is not surprising that the findings confirmed that Generation X staff felt their managers did not have the ability to admit mistakes. In Jobe's paper,¹⁷ Generation Xers recorded the highest mean scores on self-reliance and morality/ethics which support this study's findings on "always" persevering and less trust of management. It is interesting that all Baby Boomers (and Generation Xers) in this study also reported "always" persevering in difficult times. Strumwasser¹⁸ found that Boomers were most engaged when they believed in the mission of their organization and felt that their role contributes to that mission.

EMPLOYMENT STATUS

This study identified work-life balance as a relevant factor in the higher-perceived job absorption reported by part-time staff compared with full-time staff. Agosti et al¹⁹ portrayed those who have equal time to commit to work and family as being more satisfied with work, potentially related to fewer distractions, more focus on other responsibilities, or less guilt. Part-time employment status allows more time spent in other roles outside work, which can affect feelings of success and work-life balance, less burn out, and stronger work absorption. Multiple authors suggested that managers require knowledge to improve or sustain staff engagement related to work-life balance and employment status: know that staff find it easier to share work stressors rather than home-life stressors; and recognize that overwhelming home stressors and increased job demands lead to job dissatisfaction.^{2,3,4,6,13} In Kuykendall et al,¹³ an analysis of part-time status and staff engagement offered 2 opposing propositions: one, part-time nurses are less involved in hospital events, have fewer opportunities for contact with senior nursing administration, and therefore, are less engaged as an employee; or two, part-time nurses have more time to get "absorbed" in unit or hospital activities and are more engaged.

IMPLICATIONS FOR NURSING MANAGEMENT

From this study, age and employment status were identified as drivers of nursing staff engagement. For nurse leaders, understanding these differences is important to effectively lead staff who are engaged, satisfied, and challenged in the work environment, decreasing turnover and improving quality outcomes.¹³ Generational differences in the staff surveyed were noted in how they viewed leadership interaction and support as well as personal perseverance at work. Examples of evidence-based action plans or strategies by nurse managers to successfully address generational differences and increase engagement include:

1. Frequent reassurance and feedback to younger nurses^{14,15}
2. Development of staff mentoring between experienced and novice nurses for intergenerational support and understanding^{13,20}
3. Expansion of manager visibility and accessibility^{21,22}
4. Purposeful communication to close the feedback loop so nurses know their voices were considered¹³
5. Creation of group activities to promote teamwork and reduce conflicts²³
6. Multiple opportunities for staff to volunteer as superusers, unit champions, early adopters, and innovation champions^{24,25}

Inclusion of an educational program to promote authentic leadership style and strategies, with a focus on generational understanding, may be beneficial competencies for all nurse leaders.

The PICU nurse managers, guided by the study findings, implemented several interventions to address generational differences and work-life balance. Leadership increased efforts and frequency to include more nurses in recognition for professional achievements, challenging patient assignments, and exemplary job performance. Recognition and encouragement were accomplished through electronic or paper cards, e-mails, in-person meetings, updating of "recognition" plaques, and nominations for facility-specific awards such as Peak Performers or Great 10 nurses. To enhance purposeful communication and attendance, quarterly staff meetings now include a call-in option for staff to use. In addition, PICU leadership created a closed-group social media platform as another option to encourage community between peers and increase communication between staff. Work-life balance, subsequently, nurse retention, was addressed by re-examining staff requests for decreased staff hours related to education and personal needs. PICU nurse managers created more PRN and part-time positions by splitting some full-time positions in order to meet the requests from current PICU nurses and still meet the staffing needs of the unit.

It is crucial that nurse leaders acknowledge the impact that Millennials will have on the future of

nursing. Currently, millennial nurses (younger than 35 years) encompass one-third of professional nurses.²⁶ By 2030, it is estimated that up to 75% of all workers in the United States will be Millennials.²⁷ Never before have hospitals experienced 4 generations of nurses working side-by-side, all with varying job expectations and behaviors.²¹ If nurse managers can retain this growing population of nurses past the 3-year mark, millennial nurses, when engaged, are likely to demonstrate loyalty to the organization.²⁶ It is well documented that younger nurses most admire and need from their nurse leaders strong levels of confidence and clarity of purpose.²⁸ Nurse managers have an important choice: discount different generational needs or implement evidence-based strategies that impact employee engagement across the generational spectrum.

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