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Importance of Employee Engagement during Change

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This is to certify that I have examined this
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and have found that it is complete and satisfactory in all respects,
and that any and all revisions required by
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Executive Summary

Healthcare is in crisis; nursing is in crisis. Patient acuity is also on the rise (Beaty, 2005). In the United States, hospital and nursing leadership are professionally bound to produce effective clinical patient outcomes. For nursing leaders, producing effective clinical outcomes requires delivering a level of patient care that is appropriate to the individual patient and in direct proportion to his or her needs. If acuity is rising and care needs are expanding, the resulting higher level of nursing care hours affects nursing budgets. If unit budgets do not flex with the patient acuity, nursing leaders are then challenged to provide the higher level-of -care required, and still maintain the budget. Moral fatigue is growing among nurses, as they are continually asked to do more with less. Nursing leaders struggle to address the plethora of related conflicting demands, including clinical excellence in patient outcomes, patient satisfaction, employee satisfaction, budget constraints, compliance with regulatory legislation, fulfillment of accreditation requirements, consumer awareness, and transparency with all interested parties. These unpredictable variables require healthcare leaders to address and effectively manage while revenue and payments continue to be reduced. The question is, "how can our current health care delivery system be revised so that all people in the United States have access to affordable quality health care?"

The 2008 financial crisis created the need for the hospital to re-organize the entire patient care unit structure resulting in a significant loss to the nurse manager's patient care unit; major effects were a reduced budget, reduced bed capacity, layoff's and elimination of shared governance. As a result, patient satisfaction and employee engagement plummeted. All resources were directed toward clinical care, to insure positive patient outcomes. A need to create a manageable nursing work environment was paramount.

A systems change project (SCP) was designed that was grounded in ethical, leadership, change and nursing theories. Social justice to address health disparities was fundamental to the researcher's ethical, professional and moral principles. The forces that influence behavior were the intended object of the work of the initiative. The project objectives were to create an effective and efficient work environment where staff had shared accountability to design system processes and where staff have what they need when they need it. The intended and measurable outcomes were to improve patient satisfaction and employee engagement. The project design used action research methodology within a participation-based framework. A unit champion model was initiated to improve unit work environment by incorporating passion and talents of the PCU staff into a staff-driven project. Each unit staff member assumed responsibility for a self-identified unit task that was over-and-above daily assignments. There were no pre-determined structures or prescribed processes for creation of the individual's unit task. Deliberate lack of clarity was purposeful; work would evolve as staff became engaged. The logic was simple: if authority was matched with responsibility and employees were empowered to use that authority to meet the needs of their job responsibilities, then employees would demonstrate success through participation. Economic principles were inherent in the project design. For example, return-on-investment was demonstrated by comparing the project costs, mostly in tern of labor, to a reduction in patient days.

Data analysis and evaluation included comparison of the hospital's nationally recognized and well established annual surveys for patient satisfaction and employee engagement. The patient care unit's 2009 surveys were compared to the respective 2010 surveys. The results were positive in both surveys; patient satisfaction and employee engagement improved statistically. In

January 2010, project participation included 63 staff: 49 RNs and 14 Nursing Assistants for 75 unit champion topics compared to six staff in January 2009 when the project was initiated.

Conclusions revealed participation and trust that the process would evolve. Authentic leadership and empowerment were critical. We cannot use old methods to address current problems in health care. Recommendations included project scalability to many forums. The clinically doctorally prepared nurse and leader will assist on our journey to improve access to and completion of effective patient care and clinical outcomes for our patients, our organizations, our communities, and our nation.

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Chapter 1

Introduction

Financing of health care that produces quality outcomes has become a priority for our society. Health care providers are challenged to provide excellent care to patients with an ever-decreasing revenue stream. Health care providers are required to track and report patient outcomes to the United States (U.S.) government Centers for Medicare and Medicaid (CMS) that are posted on the CMS website for all consumers to review. The additional reporting requirements add another layer of difficulty because health care organizational structures were not designed to accommodate the various regulatory requirements. According to CMS guidelines, if process and protocol are not followed, then health care providers receive less reimbursement for identified patient populations which may impact patient outcomes. Currently, many organizations are actively seeking new care delivery models in order to reconcile the disparity between decreasing revenue and the expectation to provide excellent clinical patient care that attains expected outcomes.

Background and Significance

The most recent and poignant example of the societal focus on health care was the Patient Protection and Affordable Care Act (PPACA), HR3962, passed by the United States Congress (2010). The PPACA was designed to assist with access to health care in order to improve health outcomes, control rising costs, and provide access for all Americans. Further, PPACA would address disparities in health care coverage through insurance reform. While payment reform was not the priority focus of this legislation, health care organizations are anticipating different payment methods in response to the increased demand for care from individuals who were previously uninsured. If health care leaders do not find methods to appropriately react to those

demands, patient outcomes are at risk. The researcher in the roles of nurse manager and health care leader on a busy medical surgical unit embarked in a Systems Change Project (SCP) to develop capacity of the unit to respond to emerging issues.

Systems Change Project

Nursing leaders are given a budget and directed to manage their budget within many constraints. Nurse Managers must develop tactics to streamline workflow, reduce waste, reduce re-work, and reduce expenses, while maintaining positive patient outcomes and satisfaction as well as positive staff satisfaction.

The 2008 national financial crisis created an additional financial burden on health care organizations. The response of the health care organization to the national health care crisis was to decrease financial and personnel resources, increase performance expectations of remaining staff, and increase use of technology while limiting staff participation in choices of technology. These responses created inefficiencies in workflow and reduced morale of remaining staff. Further, these changes put patient outcomes at risk.

The SCP was designed to address some of the workflow issues that negatively affected patient care by improving the work environment so that nursing staff could spend more time with patients. Even though a positive teamwork culture existed on the Patient Care Unit (PCU), both patient satisfaction and staff satisfaction were on the decline. Although unit dashboard data for clinical outcomes such as patient falls, blood stream infections (BSI), medication errors, and hospital-acquired pressure ulcers had not yet been affected, the stakeholders (PCU staff, clinical nurse specialist, vice president of adult services, clinical development specialist, and nurse manager) expressed concern that clinical outcomes may be in jeopardy. Because new financial challenges may ensue as health care reforms are instituted, the nurse manager researcher

determined the need to create a manageable nursing work environment to be paramount. Alternatives needed to be pursued that would assist PCU staff to maintain patient safety and positive clinical outcomes.

Problem Statement

As the Nurse Manager for a very busy 29-bed Cardiovascular PCU, the researcher was responsible for its finances; maintaining the budget was a top priority. The researcher's dilemma was that sufficient resources were not being allocated to the PCU budget to appropriately manage increasing and conflicting demands. The response of the health care organization to the 2008 financial crisis was hospital-wide re-organization in January 2009. The impact of the re-organization yielded very significant losses for the researchers PCU. Losses included:

- Reduction of workforce by 50% which translated to 100 fewer employees (RN, LPN, NA)
- Reduction of beds by 46%
- Reduction of staffing budget by 13%
- Elimination of orientation/meeting cost center and hours for these functions were shifted to the unit staffing budget
- Reduction of support staff by 43%
- Change in patient population, from multiple service lines to a specific focus on cardiovascular.

Following implementation of these changes, the following indicators surfaced:

- Reduced Patient Satisfaction scores: An annual score on patient survey question, "Would recommend hospital" decreased from 75% to 67% between 2008 and 2009
- Rework/reduced efficiencies in many day-to-day unit operations as demonstrated by increased staff overtime,
- Reduced supplies and equipment maintenance,

- Lack of readily available patient education materials,
- Increased workload for unit leadership, and
- Less-than-optimal patient placement process.

These indicators exerted a profound negative effect on PCU staff satisfaction; the unit morale went from very high to extremely low. The unit budget no longer supported meaningful staff participation in shared-governance, as it had been necessary to eliminate opportunities for structured forums for involvement. Staff meetings, unit councils and special projects had been eliminated in order to re-direct the available resources toward clinical care. Therefore, employees felt that they did not have a 'voice' in unit decision-making. As a result, the nurse manager researcher was concerned that both employee engagement as well as patient satisfaction was suffering. The overarching concern was related to patient clinical outcomes. Patient care was at risk if the negative effects of reduction in resources were not addressed.

Project Objectives

A new reality existed, one for which nursing leaders were not prepared to manage. Because nurses have a social mandate to improve patient outcomes, the nurse manager researcher embarked on the SCP with a goal of positively affecting staff satisfaction (employee engagement) and patient satisfaction. The intent of the project was to engage patient care staff in discerning how to improve nursing care within the current organizational context, with a goal to identify, measure, and improve all nurse sensitive outcomes.

Specific project objectives were to increase staff participation in unit operations through building staff cohesion, shared accountability, and shared responsibility. The intent of the proposed change was to improve employee engagement through staff participation in design, maintenance, and evaluation of their daily work so that all unit systems were in place to achieve

effective work functions. Staff would identify what was important for them and be empowered to make the necessary changes. Systems would be in place in a busy PCU that had the ability to flex and flow to enhance the ability to provide appropriate patient care.

Creating a manageable nursing work environment was paramount for successful patient outcomes. Staff talent and passion for their nursing profession was the key; staff had always demonstrated abilities to react to demands of patient care, often using very creative and non-traditional methods. Therefore, embarking on a quest to create new leaders who could respond to the dynamic work environment was a natural and logical solution. Employee talent, a true resource, had not previously been fully explored. Further, increased staff involvement might also create synergy among staff and new leaders. As staff improved the work environment they should also be able to actualize their potential to provide high quality patient care.

Issue Statement

How can our current health care delivery system be revised so that all Americans have access to affordable quality health care? Beckemeier and Butterfield (2005) stated "To fully and effectively practice, nurses, through broader political participation, must address the socially unjust systems that maintain the vulnerability of populations. As a result, nursing discourse should include critical analysis of potential conflicts between entirely patient-focused approaches and the social and political responsibilities of nurses" (p. 161). A review of some of the project congruencies reveals insight into analysis of and plans for how to affect successful outcomes.

Social

In the United States, access to health insurance is through employment, Medicare for those over 65 who contributed to the program, or Medicaid for qualified individuals. If a person is unemployed or doesn't meet the criteria for Medicare or Medicaid, insurance must be

individually purchased and because insurance is costly, many become uninsured. As a result of the 2008 national financial crisis, millions of Americans became unemployed and lost their health care coverage. Health care costs for the uninsured were shifted to those with insurance resulting in higher premiums, co-pays, and deductibles. The PPACA was designed to address the disparity in health care coverage. Some PPACA critics charge that it is and will be too costly to fully implement. Others charge that individual freedom is at risk. One provision is to promote individual responsibility by a requirement to obtain health care coverage, or pay a fee. Some legislators are opposed to this principle, as they consider it to interfere with an individual's basic right to choose. The dichotomy between the interests of the individual versus the interests of the many is an ethical principle worth consideration.

Ethical

Health care providers face many ethical dilemmas. They are professionally bound to produce effective clinical patient outcomes while scrambling to address the plethora of related conflicting demands: clinical excellence for patient outcomes, patient satisfaction, employee satisfaction, financial and budget control, compliance with associated regulatory legislation, fulfillment of accreditation requirements, consumer awareness, and a transparent, accessible process to provide information to all interested parties. These unpredictable variables require that today's healthcare providers vigilantly attend, address, and effectively manage patient care at a time when revenue and payments continue to be reduced. Responding to these demands creates moral fatigue as providers are continually asked to do more with less.

Economic

Adequate and appropriate access to and provision of health care is an important component for viability of our current society. If the health and welfare of the population is at

risk, so is the future of our economy, as those individuals will not be healthy and productive contributors to society.

Today, health care is often viewed as a business. The laws of supply and demand drive a business in a competitive market. In a freely competitive economy, prices adjust to ensure that supply and demand for goods and services are balanced (Mason, Leavitt, & Chaffee, 2007). Many health care administrators use business principles to drive their management strategies. However, health care markets violate all of the basic requirements of a business market.

Health insurance. Health care coverage is driven by insurance; those who have insurance generally seek care. Many individuals do not have health care insurance and do not seek it because they cannot afford to pay for it. Hence, the law of supply and demand does not apply. Disparity exists for those who need (demand) cannot pay. Hospitals and clinics (supply) may be present to offer care but they cannot afford to provide services without being paid.

Moral hazard. A second variable that interferes with the traditional business model is what is termed the "moral hazard": an enrollee with insurance who does not need to personally pay for health care tends to demand more health care than would be demanded without insurance (Mason et al., 2007). While demand for health care exists, it does not reflect an optimal use of health care.

Revenue stream. Revenue stream is based on a complex payment system called prospective payment system (PPS), a pre-determined fixed amount paid on a diagnosis-related group (DRG) assigned to a patient encounter. The CMS (Medicare and Medicaid) established separate payments for each of approximately 500 DRGs. CMS defines DRG as a classification system that groups patients according to: (a) principal diagnosis, (b) type of treatment, (c) age, (d) surgery, and (e) discharge status, such as death (Cromwell & Price, 1988). Under the PPS,

health care organizations are paid a set fee for treating patients in a single DRG category regardless of the actual cost-of-care accrued. Each DRG is assigned a weight, which reflects the relative costs across all organizations of treating cases with that DRG.

Increasing demand in Medicare and Medicaid. Medicare and Medicaid are government sponsored health insurance programs introduced in the 1960's as a way to control costs for the elderly, poor and disabled who were otherwise unable to access health care (Beaty, 2005). The increasing numbers of poor, elderly, and disabled are now challenging the program as there are insufficient funds to provide the increasing demand for service. The U.S. Census Bureau reports the annual growth rate of those over 65 is 2.8% and has exceeded the growth rate for the population as a whole. One in eight Americans in 1994 was over 65; in 2030, predictions are that one in five will be over 65 (Mason et al., 2007). CMS reported that those over age 65 experience three times the hospitalization rate of the general population and, for those over age 75, four times. CMS also reported persons over 65 spent $14,797 on health care in 2004 which is 5.6 times higher than what was spent per child ($2,650) and 3.3 times more than what was spent for the working-age person ($4,511) (Mason, et al., 2007).

CMS response. Under the auspices of the PPACA, CMS has established the new CMS Innovation Center to examine new ways of providing quality health care in affordable and effective methods and to bring healthier people into the pool to achieve better preventative care. As health care becomes affordable to all, societal health will improve. Donald Berwick, MD and CMS Administrator stated "For too long, health care in the U.S. has been fragmented – failing to meet patients' basic needs, and leaving both patient and providers frustrated. Payment systems often fail to reward providers for coordinating care and keeping their patients healthy reinforcing this fragmentation" (CMS Office of Public Affairs, 2010, p. 1). Dr. Berwick has established a

"triple aim, 3 simultaneous targets as a means of improving the U.S. health care system: improving the experience of care, improving the health of populations, and reducing per capita costs of health care" (Hughes & Dennison-Himmelfarb, 2011, p. 87).

Clinical economics. Clinical economics is a relatively new methodology that uses six techniques to find treatments which produce the most effectiveness for the best costs. These six techniques are:

1. Cost of illness: total costs of illness to prioritize for treatment, including public health measures
2. Cost identification: review of health care service for comparison between services
3. Cost minimization: comparison of lowest cost treatment by treatment groups
4. Cost-consequence analysis: listing of all benefits of competing interventions to assist with decision-making for which treatment to use
5. Cost-effectiveness analysis: benefits of project using consistent unit of measure. Example: 'cost per life saved'
6. Cost-benefit analysis: both costs and benefits placed in dollar amounts to determine net benefits (Mason et al., 2007, p. 370).

As health care organizations attempt to streamline workflow in order to more efficiently use resources, these methodologies are being used to make better treatment choices.

Financial

Significant funds are allocated to health care in the U.S. In 2008, expenditures exceed $2.3 trillion and represented 16% of the Gross Domestic Product (GDP). The percent of health expenditures from public funds was 47% (Mason et al., 2007). Health care expenditures as a percentage of the GDP are steadily on the rise, with projected costs to be 18% of the GDP by 2013 (Mason et al., 2007).

Health care financing is composed of many interrelated funding models at the local, state, and federal levels that force patients into different systems of care. Lack of a national health care policy for all people, lack of primary health care, problems in identification of determinants of health outcomes, and social and political ideology all contribute to an underserved populace and have significant political implications for the U.S. (Mason et al., 2007).

Political

Political leaders expressed different viewpoints as they objected to and voted against efforts to implement the PPACA. Continued political debates address the dilemma on an ideological premise rather than analyzing the effects of the health and well-being of mainstream America. As evident by the many attempts to introduce legislation, the U.S. has a long history of inability to enact major health care reform, despite the need. Powerful interest groups such as pharmaceutical and insurance companies, unions, and major health care organizations have routinely influenced lawmakers to maintain the current model (Mason et al., 2007). The groups that would benefit the most from reform are the poor and uninsured; individuals who have the least amount of influence.

The World Health Organization (WHO) attempts to measure health system performance by using five indicators: overall level of population health, health inequalities (disparities), overall level of health system responsiveness (patient satisfaction and system performance), distribution of responsiveness (how well people of varying economic status are served) and distribution of financial burden within the population. A 2001 survey placed the U.S. 37th of 191 countries due to unequal access and lack of fairness of financial burden. Despite the fact that U.S. biomedical advances have led the world for decades, clinical outcomes for many U.S.

citizens pale in comparison to many other Western countries and U.S. health care costs are the highest in the world (Mason et al., 2007).

Legal

Health care providers and organizations are professionally and legally bound by their professional licenses. If poor patient outcomes result, the individual provider may be liable and an individual provider's personal and professional status may be at risk. Further, health care organizations have an additional burden because of legal responsibilities to provide care to patients. For example, the Emergency Medical Treatment and Active Labor Act (EMTALA) law states that any health care organization must provide care to any individual on an emergent basis despite inability to provide evidence of appropriate insurance and/or the ability to pay for the services. Therefore, many conflicting demands face providers, as they attempt to satisfy any and all health care rules and regulations.

Summary

All people in the United States are affected by the health care crisis and have a stake in strategies to improve access, cost and quality. Increasing awareness of the problems is creating the need to develop new models of care to serve those most affected: the low-income, elderly (on set incomes), those on Social Security, and the unemployed (Lowell, 2010). The employed may be insured but they are burdened as taxpayers. All Americans are encumbered by our huge national debt, which restricts the collective ability to spend taxpayer money on health care. Legislators grapple with whether to increase taxes or reduce spending. Either approach affects everyone by reducing take home pay for the employed or reducing many social service programs for those less fortunate. If health care coverage is not made available to all Americans, then all Americans will suffer.

Chapter 2

Theoretical Framework

Introduction

The Systems Change Project (SCP) is grounded in several theories that provide structure and context for the SCP framework. The SCP framework foundation is derived from ethics, leadership, change, and nursing theories. These theories provide perspective and reflect the contextual complexity of the SCP, and support the need to engage in change in our patient care delivery models. Although the framework is complex, closer inspection and analysis of each area reveals very significant theoretical congruence in support of the SCP.

Ethical Theory

The ethical theory, virtue ethics, details the rationale for 'becoming and being a nurse' and lays the foundation for creating the theoretical framework for a SCP related to the work environment on a patient care unit (PCU).

A philosophical analysis of "virtue ethics" proposed by Aristotle (Morris, 1997) lends a provocative and sound rationale for why nurses choose the nursing profession. "The key to sustainable success in the world today… is provided by some of our most ancient wisdom about human spirit" (Morris, 1997, p. 97). Morris presumed that people at work are the only true foundation for lasting excellence and it is time to focus on the deeply human issues of happiness, satisfaction, meaning, and fulfillment in the workplace. Aristotle believed that individuals are affected by their environment and that their feelings can actually help them make sense of an issue, understand its basic dimensions, and indicate what the stakes really are; the aim is to become a good person or develop moral character. McKeon (1941) wrote about Aristotle: "Every art and every inquiry, and similarly every action and pursuit, is thought to aim at some good; and

for this reason the good has rightly been declared to be that at which all things aim" (p. 935). Hartman (2002) asserted that Aristotle was somewhat of a pragmatist: "he does not regard knowledge as separate from the action, i.e., theory is connected to practice" (p. 47). This perspective is perfectly applicable to nursing, as nursing theory is the foundation of nursing practice. Aristotle also stated that in order to become good, it is necessary to be good already. Fortunately, when a person chooses nursing as a profession, he or she embraces this concept through altruistic behaviors demonstrated in nursing. Aristotle proposed three dimensions that are necessary to carry out virtue ethics:

- Innate ability of the individual
- Education and morally set foundations (good 'up-bringing')
- Experience and practice

Aristotle defined these dimensions as a paradox: "one cannot experience goodness in actions without the education; one cannot practice it without the experience of 'how to' and the knowledge of 'what to'" (Hartmann, 2002, p. 47). The nursing profession fosters goodness and well-being and to many, nursing is a 'calling'. Most nurses demonstrate virtue ethics behaviors in their daily work.

Immanuel Kant (1963) characterized virtue ethics as those behaviors that represent the notion that every person should act on those principles that a rational person applies to all mankind; it is his 'moral law'. Kant stated "Two things fill the mind with ever new and increasing admiration and awe: the starry heavens and the moral law within" (Albert, Denise & Peterfreund, 1988, p. 178). These universal laws advocate for application to everyone (Hartmann, 2002).

The Golden Rule is another example of the same principle: “Do unto others as you would have them do unto you” (New American Bible, John 13:34). The researcher suggests that these principles relate to nursing in both theoretical as well as empirical concepts. The theoretical assumption is that persons maintain their goodness through natural laws that govern these behaviors; nurses demonstrate these same goodness and related virtues through personal morals and principles that govern their behaviors. However, as empirical laws and rules govern the nursing professional practice, we also recognize a bit of disconnect between ethics and empiricism. Virtue ethics, as described by Aristotle and Kant, lay a strong foundation and rationale for nursing ethics. Yet, empirical rules guide our clinical behaviors. Thus, nurses struggle with value conflicts on a daily basis, as they attempt to balance the needs of the patient with the rules of the workplace; patient needs and workplace rules are often in opposition, causing internal frustration and anxiety. Nurses are held accountable for both the outcome of the patient as well as the outcome of the workplace.

Rachels (1993) suggested that cultural relativism provides an understanding of how cultural differences vary related to moral codes; Rachels recommended that we must give this concept serious consideration. All cultures have some values in common; for example, care for infants or the young would not survive, and therefore not replace the old. There is no absolute moral standard, and we must all be warned to acknowledge and behave accordingly. Morality suggests what we ought to do; to behave unselfishly, we take the interests of others into consideration.

Rachels (1993) advocated that morality is a set of rules which rational people agree to accept for their mutual benefit. The SCP assists nurses to achieve moral principles related to patient care. The nurse manager researcher hypothesized that, as staff more readily understands

cultural relativism through assistance and education from their variety of different ethnic colleagues, they can assist each other, as well as their patients to adapt to the reality of health care today. Virginia Henderson, a reputable nursing theorist, suggested that nurses are obligated to adapt to the *real world* by reshaping professional values to more closely match the values of society (Halloran, 1996).

Leadership Theories

The cycle of change seems to have quickened and intensified. Malloch and Porter-O'Grady (2005) suggested that people find change to be challenging and difficult. The leader's role is to understand change and then translate the implications to those who are affected by the change. The successful leader who effectively navigates change must have a new understanding of this complex and dynamic relationship between workers and work. A review of several types of leadership theories supports the premise that effective leadership contributes to favorable change outcomes.

Transformational Leadership

Leaders who act as strong role models positively affect followers as they demonstrate very high standards of moral and ethical conduct and clearly articulate those standards in everyday behaviors. Effective leaders move others to higher standards of moral responsibility to act in ways of the greater good thereby sharing a vision for success. Northouse (2010) stated, "…transformational leadership is the process whereby a person engages with others and creates a connection that raises the level of motivation and morality in both the leader and the follower" (p.172). Northouse suggests that transformational leaders "often have a strong set of internal values and ideals, and they are effective at motivating followers to act in ways that support the greater good rather than their own self interests" (p.177).

Leaders who demonstrate behaviors that are consistent with quantum science principles can influence followers to accomplish more in health care today than what is usually expected of them. Tapping into each individual's motives for success will assist with autopoesis of the group; living systems seek to renew and reinvent themselves in order to maintain their core integrity. The process of autopoesis also applies to groups and organizations (Porter-O'Grady & Malloch, 2007).

The logic of complexity theory where the structure is about the whole, not parts, suggests that everything is interdependent. Complexity theory is applicable to health care organizations. At every level within an organization there exists a self-organizing capacity, an ability to maintain a balance and harmony, even in the midst of chaos. The relationship between the person and environment is the key that unlocks complexity theory.

Using quantum science and complexity theory, health care leaders who maintain awareness of the interdependence of individuals and their environment can utilize staff empowerment and ownership of work to transform the workplace. "In an effective system, 90% of the critical decisions are made at the point-of-service and the life of a system is primarily lived out there" (Porter-O'Grady & Malloch, 2007, p.50). Hence, the value of our work is a function of the outcome, not the process. Porter-O'Grady and Malloch (2007) stated "...work is not meaningful in itself but becomes meaningful when it fulfills an important purpose" (p.15). The nurse manager researcher suggested that transformational leaders use quantum science and complexity theory to assist others to better understand how an effective relationship with and harmony between work and worker augment successful work environments to facilitate more positive patient outcomes.

Inspirational Motivation

Leaders communicate high expectations and inspiration to followers by using symbols and emotional appeals to focus efforts for achievement; team spirit is also enhanced by inspirational motivation. Peter Senge (1999) suggested ideas to develop "openness", genuine spirit of inquiry, and trust along with "localness" to facilitate making decisions at the lowest level of the hierarchy. If these practices occur, then the intrinsic motivation of individuals will play an important role in successful change.

To challenge the status quo, leaders stimulate creativity and innovation by using careful problem-solving and support to inspire new and unique ways of working. Tom Peters (1987) suggested that leaders should intentionally resist some of the "usual-and-customary" management practices as they seek out and celebrate the innovators who demonstrate both small and large changes. Taft (2005) described strong emotional intelligence as consisting of two dimensions: the ability to understand and manage oneself and the ability to understand and relate well to others. As a leader, one can combine the suggested techniques of both Peters and Taft to step out of the usual comfort zone in order to achieve leadership success through assistance of the individual follower.

Individualized Consideration

Careful listening and caring behaviors produce a supportive climate for learning and move followers to accomplish more than what is expected of them. Leaders teach followers to assess their own needs to a higher level of functioning (Northhouse, 2010). Scholtes (1998) suggested "Understanding people requires understanding relationships. Leading people requires establishing personal relationships, nurturing these relationships on a daily basis, and encouraging others to form and nurture as well" (p. 40). Drucker (1993) suggested that there are both dependent and autonomous parts in each of us. Leaders who tap into both these

characteristics will foster shared responsibility and propel individuals toward both personal as well as team member growth.

Team Leadership

Leaders and followers are co-creators of the future. Leaders create the vision to enable followers to embrace the challenges of change. Leaders inspire others by creating an intensity of purpose and setting expectations of full participation to generate innovation, originality, and team movement toward creating their own future (Malloch & Porter-O'Grady, 2005). Staff members take their emotional cues from optimistic leaders with a "can-do" attitude, which enables staff to move toward continual promotion of teamwork and solidarity of their work environment.

Ethical Leadership

Leaders possessing strong ethical principles engender trust in followers. Leaders play a major role in establishing the ethical climate of an organization. Greenleaf (1991) suggested "…the great leader is seen as servant first and that simple fact is the key to his greatness" (p.7). Greenleaf invited others to consider that the domain of leadership should be grounded in the state of being, not doing. Peter Block (1993) suggested that leaders enrich the lives of others by their presence as they use a "stewardship" management strategy to assist an organization to experience reconciliation of what is good for the soul is also good for the customer and good for the institution.

Authentic Leadership

According to Northouse (2010) authentic leadership can be defined as genuine, trustworthy, transparent, morally grounded, and responsive to people's needs. Northouse's four components of authentic leadership are:

1. Self-awareness: personal insights that reflect one's core values, identity, motives, and goals assist the leader with a strong anchor for decisions and actions
2. Internalized moral perspective: self-regulatory process to use internal moral standards and values to guide behavior are found consistent with expressed beliefs and morals
3. Balanced processing: self-regulatory behavior to analyze information objectively, explore others' opinions before making decisions, avoid favoritism, and solicit opinions from others who disagree with the leader
4. Relational transparency: open and honest in presenting true self to others, showing both positive and negative aspects of self (pp. 217-218).

Porter-O'Grady and Malloch (2005) advised that the leader must integrate the internal personal self and values with the outer world. Porter O'Grady (2005) suggested that "Leadership integrity is the uncompromising adherence to moral and ethical principles. From authenticity and integrity, trusting relationships emerge" (p.63). Conner (1998) suggested that leaders should practice "nimbleness" by keeping an eye on the future. Successful leaders assist followers to adapt and move through change with the "destination as the journey" concept. The agile leader recognizes that daily turbulence and chaos require empowerment and decision-making abilities of the frontline staff. Drucker (1969) wrote about the "burden of decision" for health care professionals using the knowledge of medicine to determine, for example with individuals needing transplants, who lives and who dies. Drucker (1969) suggested that organizational goals should include specific contributions to individuals and to society. Drucker warned that in our society, organizations are given decisional responsibility and therefore impose authority on individuals that may be frightening and cause rebellion or the side-stepping of decisions. It is the responsibility of the leader to assist followers to develop skills to manage associated internal

conflicts. “Authentic leadership, not just any leadership, is the glue that holds together a healthy work environment” (Shirey, 2006, p.257).

Kouzes and Posner (2002) recommended the use of five practices and ten commitments of leadership (p. 22). Their practices and commitments are illustrated in Table 1.

Table 1
Five Practices and Ten Commitments of Leadership (Kouzes & Posner, 2002)

Practice	Commitment
Model the Way	1. Find your own voice by clarifying your personal values. 2. Set the example by aligning actions with shared values.
Inspire a Shared Vision	3. Envision the future by imagining exciting and ennobling possibilities. 4. Enlist others in a common vision by appealing to shared aspirations.
Challenge the Process	5. Search for opportunities by seeking innovativ ways to change, grow, and improve. 6. Experiment and take risks by constantly generating small wins and learning from mistakes.
Enable Others to Act	7. Foster collaboration by promoting collaborati goals. 8. Strengthen others by sharing power and discretion.
♥♥♥Encourage the Heart♥♥♥	9. Recognize contributions by showing appreciation for individual excellence. 10. Celebrate the values and victories by creating a spirit of community.

Change Theories

Change theories guided the development and implementation of this SCP because the project is a change project designed for a PCU. Quantum theory is consistent with change theory. Malloch and Porter- O’Grady (2005) stated,

> Quantum or complexity science is a group of theoretical constructs that look at the universe and its elements as complex adaptive systems. Quantum science seeks the

relationship between and among all things and attempts and among all things and attempts to define the nature of that relationship and its action and impact on all experiences. Quantum science looks at change: how it works, what it means, from where it moves, and to where it is going. Quantum science is actively interested in adaptation, integration, interaction, probability and prediction, and the continuous dynamics of movement" (p. 3).

Quantum Theory

Malloch and Porter-O'Grady (2005) recommended that leaders and individuals consider the following nine principles to influence change:

1. Look at every activity in the organization through the eyes of quantum systems.
2. Create the broadest possible vision with any number of variables in which people are free to form and unfold new ways of working and creating.
3. Create a balance between structural and mechanical formality and relational intersectional dynamics, recognizing the contribution of each to the other and of both to the whole.
4. Maintain tension between the chaotic and the orderly in managing information, human dynamics, differences, linkages, environmental and contextual circumstances.
5. The uncertainty of transformation in change brings with it the necessary engagement of both tension and paradox.
6. Ambiguity and uncertainty are fundamental conditions of effective change; you don't have to be sure to be successful.
7. The information organization networks are critical to the organization's success, as they are formal networks.

8. The most important part of system is their intersections: larger systems should be the aggregation of successful smaller systems.
9. All creatures both compete and cooperate for resources and the opportunity to live (pp.3-15).

Key stakeholder participation facilitates successful change initiatives. Malloch & Porter O'Grady (2005) strongly recommended that health care professionals must be involved in the decisions that affect their practice. Participation that requires fostering of good communication skills and development of purposeful behaviors promotes professional commitment and high involvement.

Chaos Theory

Wheatley (1999) wrote about change in the context of the search for equilibrium. In a chaotic world, order exists within disorder, and disorder within order. In her opinion, many organizations quest for the desirable state of order, only to find that they experience institutional death. Wheatley espoused the adoption of an open system, in which similar to 'living' biological systems, everything engages with its environment and continues to grow, self-renew, and evolve. Naturally, these living systems do not seek equilibrium. Rather, they keep themselves off balance through an open exchange with the environment in order to avoid deterioration. This partnership between the living system and the environment fosters a stronger self-organizing system using this autopoesis action to maintain and preserve itself. The system can then respond intelligently to changes from the environment.

Wheatley (1999) also supported systems thinking. For example, if one observes the whole then the parts cannot be examined as the whole consists of the unique and unpredictable interactions of the parts, and if the parts are not all present, then neither is the whole. This is an

example of Wheatley's "new science." Wheatly suggested that our old ideas and sensibilities about change came from linear Newtonian thinking. A problematic organization is treated as they were a broken machine. Engineering-type thinking is used to find a possible cause--one bad/broken part. To fix the problem, all that has to be done is to replace that one faulty part: bad manager, dysfunctional team, or poor business unit. Up to 75% of change projects fail as a result. Wheatley advised that leaders must look at the whole organization to succeed because no problem or behavior can be understood in isolation. Wheatley's system thinking is a prime example to use to manage the dilemmas in our current health care system. Old thinking or processes cannot be used to address the current situation. If they are used, the same results will be attained. New, thoughtful, creative and outside-the-box thinking must be employed to have a successful resolution to the health care needs of today.

Leading Change

Kotter (2007) suggested that business leaders successfully transform troubled work processes if they follow these guidelines, in this order:

1. Establish a sense of urgency,
2. Form a powerful guiding coalition,
3. Create a vision,
4. Communicate the vision,
5. Empower others to act,
6. Plan for and create short-term wins,
7. Consolidate improvements and produce still more changes, and
8. Institutionalize new approaches.

Kotter summarized, that although these steps may seem simplistic, any change process is messy and filled with surprises. The trick is to help others to understand the vision in order to reduce the errors; fewer errors produce greater success.

Summary

Ethical leadership and change theories provide valuable context for health care leaders who are expected to lead change. The health care delivery system is experiencing turbulence. Leaders can expect that change will be constant. Today's jobs are significantly different from those in the past. Care providers are constantly challenged to learn, grow accordingly, and provide appropriate patient care. Expectations for change are often daunting, as the work environment is often not congruent with achieving expected changes. Therefore, an in-depth understanding of the value and use of change theories provides a contextual pathway for leaders to guide change initiatives toward successful outcomes. Nursing theories provide additional perspective for a changing health care environment.

Nursing Theories

Moch and Diemert (1987) stated: "Nursing theory, the basis of nursing practice, is based on interactions between a person and the environment in which they continuously exchange matter and energy" (p. 8). The theories of two nurses were also examined for use with the SCP.

Patterning

Martha Rogers conceptualized her nursing theory as the person being an energy field that continually exchanges matter and energy with an environmental energy field (Leddy & Pepper, 1998). This theory supports other complexity theory enthusiasts' perceptions that the whole is more than and different from the sum of the parts. The person and the environment exchange energy and matter within this energy field that results in a continuous patterning of both the person and the environment. Rogers suggested that health serves as an index of field patterning, "…Health and illness are not separate states, good or bad, nor in a linear relationship" (Leddy & Pepper, 1998, p. 187). Rogers suggested that nursing interventions are "…aimed toward

patterning of humans and the environment to achieve maximum health potential. People must be informed and active participants in the search for health" (Leddy & Pepper, 1998, p. 187).

Health as Expanding Consciousness

> Margaret Newman, a nurse theorist, draws on the works of Martha Rogers:
>
> Health and illness are simply an expression of the life process; they are not opposite ends of the spectrum. The study of the biological processes, the ups-and-downs, and the organization and disorganization, reveals that health is a process we do not separate from illness; they are part of the whole. Disease is a manifestation of the pattern of the whole. Energy is going in every direction. You may not always be able to identify with every disease; you take advantage of whatever is occurring in your life. It may be the disease; you need to pay attention. Learning to do this work is hard. You have to get to a point, be fully present; transformation then takes place. If you are fully present to the patient's, family's or group's situation and sense of meaning, then a new pattern opens up (presentation at St. Catherine University, November 4, 2009).

Newman (2008) explained that this relationship builds between the nurse and patient when the nurse addresses the person and as well as the disease in relationship to the patient, what he or she is facing as most meaningful at the time; all is within the patient's context. This process is the expanding consciousness that propels her theory, health as expanding consciousness (HEC). Newman's underlying assumptions are:

- Health is the evolving *unitary pattern* of the whole, including patterns of disease
- Consciousness is the *informational capacity* of the whole, including patterns of disease.
- Pattern identifies the human-environment process and is characterized by *meaning* (p. 6).

Newman called for a focus on the meaning of the pattern of the whole; this focus is more a 'way of being' in a relationship than merely focusing on the measurement of effective actions for change. Nurses need to acknowledge the difference that we can make to the patient, the presence and influence that affects them. This behavior enables transformational change to occur for both the nurse as well as for the patient. Attention by the nurse to those critical elements of a patient's particular situation assists the patient toward a better understanding of that situation; the presence of a caring nurse assists them to find meaning of their health and illness continuum for themselves. Newman's theory can also be interpreted to define people's lives as they evolve in the context of their interactions with the environment. When individuals attend to recognizing the meaning of the patterns of those interactions new insights arise into potential actions not previously envisioned. Applying HEC at the group level may assist staff to evolve with their work environment as they identify the issue, make sense of it, and change it as appropriate.

Synthesis of Theoretical Sources

Each of the theoretical sources described in this chapter provided a perspective for the design of the SCP. They assisted with a better understanding of unpredictability, chaos, uncertain influences, and circumstances that guide and also drive our world. The researcher assumed that since these influences were prevalent in our daily life, they were also very prevalent in our work environment. As individuals attempt to understand chaos, they also look for order. These theories suggest that patterns of behavior reflect an attempt to manage and understand this dance of life, this dance of complexity.

The researcher used these theories to understand and interpret the work environment to design, implement and evaluate the SCP. On-going and deliberate dialogue regarding meaningful practice between PCU leadership and unit staff would be paramount for project success. Energy

fields provided a perspective of the meaning of daily work and served as a foundation to propel staff's passion and related needs to create the opportunities for improvement. These theories also mandated the researcher to look at how the PCU interacted with the larger hospital systems. The researcher assumed that staff would identify a need to involve others whose work interfaces with unit work.

Research Findings Related to Setting of Systems Change Project

The literature was reviewed to secure evidence about variables in the health care setting that were pertinent to this systems change project. The variables reviewed were hospital restructuring, patient satisfaction, nurse satisfaction, teamwork, and nursing leadership.

Hospital Restructuring

Hospital restructuring is a fairly recent phenomenon with only recent analysis of its effects. Sharp, Greiner, Li, and Mitchell (2006) discussed disparities in perspectives between nursing leadership and front-line staff. Leaders often perceived higher staff satisfaction than reported by the front-line staff. Nurse staffing has been the primary target of cost reductions, as represented by the authors below.

Cummings' (2006) research identified a means to minimize the effects of hospital restructuring using a "theory of relational energy," a mechanism to mitigate restructuring and downsizing effects at the bedside through nursing leaders' investment in "…relationships with nurses, thereby positively influencing health and well-being, and ultimately, outcomes for patients" (p.321).

Tuazon (2008) recommended that a viable option during hospital downsizing is to stay focused on active staff participation. When implementing new initiatives, basic principles to employ include using a relationship-based approach, teamwork, and trust.

Duffield, Kearing, Johnston, and Leonard (2007) suggested that a staff involvement approach offered a better solution to change. They expressed concern that restructuring often focused on increasing efficiency at the expense of reducing quality of care and the work life of nurses. They also suggested that loss of key nursing leadership roles may eventually impact care at the bedside.

Employee Satisfaction

For the purposes of the SCP, employee engagement, employee satisfaction and employee morale were considered to be synonymous and inter-dependent. Avallone and Gibbon (1998) studied three different nursing development units (NDU) which were fashioned after “magnet hospital" concepts. Their research revealed that environments which provide a nurturing and caring atmosphere increase job satisfaction and nurses strive to work in such environments. Sleutel (2000) wrote that organizational climate and culture “…influences employee attitudes, beliefs, and behaviors and is composed of the physical environment, the intraprofessional relationships and the structure of the environments” (p. 54). Colan (2009) recommended that employee engagement is the cornerstone for achieving a sustainable workforce and that if the employees’ basic intellectual and emotional needs are met, they will perform at peak ability. The research conducted by Aiken, Havens and Sloane (2000) illustrated that creating environments in which excellent nursing care is provided resulted in lower burnout rates and higher levels of job satisfaction. Their research demonstrated a strong correlation between supportive work environments and positive clinical patient outcomes.

Patient Satisfaction

The effects of staff nurses’ morale on patient satisfaction are not clear. In a study of registered nurse (RN) staff morale on patient satisfaction, Yang and Huang (2005) found that

nurses' work morale accounted for 67% of the ability to predict patient satisfaction. However, job involvement and organizational identification were better predictors of patient satisfaction. The authors concluded that nurses always exert all of their endeavors to care for patients and are committed to their patients despite having low morale. As a result, patient outcomes may not suffer. The authors suggested that in a climate of uncertainty as in health care, there is a potential for decreased morale. Opportunities for promotion and job security are more predictive of improved patient satisfaction. The authors concluded that nursing leaders should create opportunities for involvement and organizational identification.

Seago (2008) produced similarly obscure results in a study of 21 hospitals High patient satisfaction scores were not predicted by higher scores of autonomy or control of nursing practice. Rather, physician presence around the clock was a higher predictor of patient satisfaction related to pain. Lower nurse perception of autonomy and higher patient years of education were highly correlated with patient satisfaction related to pain. Additionally, lower worked hours by nurses related to higher patient satisfaction. In this same study, hours-per-patient-day (HPPD), the nurse to patient ratio, was also identified as an insignificant predictor of patient outcomes. The authors were perplexed by the results and attributed them to small sample size, inaccurate representation of unit characteristics or other characteristics not in the model. The recommendation was that nurse managers pay close attention to unit operations in order to define and develop appropriate action items possibly unique to the PCU.

Nurse Satisfaction

Adams and Bond (2000) studied RN job satisfaction related to individual as well as organizational characteristics. They concluded that negative hospital environments create high levels of stress in employees, which undermines their performance and leads to high staff

turnover. They suggested that nursing leadership focus on creating conditions to improve teamwork. Disch's (2002) work on healthy work environments suggested that patient outcomes improve when nurses are satisfied with their work and co-workers. She suggested a definition of a healthy work environment to be ". . . a work setting in which policies, procedures and systems are designed so that employees are able to meet organizational objectives and achieve personal satisfaction in their work" (p. 3).

Teamwork

The relationship between the leader and staff is an important element in the evaluation of teamwork. Chaleff (1998) recommended it is prudent to practice a dynamic model of "followership" that balances and supports effective leadership. He brought the follower's role into parity with the leader by having them be accountable to each other. The effective follower assists the leader to actualize his or her potential at the same time as the follower learns to appropriately lead. Relationships are at the foundation of his experiential model which includes five dimensions of "Courageous Followership":

1. Courage to Assume responsibility: by creating opportunities to grow, fulfill their own potential, benefit from authority deferred by the leader.
2. Courage to Serve: assume new responsibilities, are not afraid of hard work, stay alert for when their strengths compliment the leaders, stand up for their leader, as a passionate as the leader in pursing the common purpose.
3. Courage to Challenge: give voice to their discomfort when the behaviors of the leader or group conflict with their own; they are willing to deal with the accompanying emotions.
4. Courage to Participate in Transformation: recognize and champion the need for change.

5. Courage to Leave: know when this occurs; for their own opportunities, or when the leaders are ineffective (pp. 6-7).

Chaleef (1998) suggested that the paradox of followership means that all are responsible, whether a leader or follower, to share the responsibility for the actions of those we can influence. Leaders can be formal or informal. Although some autonomy is relinquished by the follower and authority is conceded, a dichotomy can exist. Followers must outwardly support and even implement the ideas, even though they may be inwardly challenging them. This model represents the value of a successful partnership between the leader and staff and also among staff members.

Nursing Leadership

Many scholars speak to effective leadership as a foundation of any successful change initiative. Cummings (2006) described how resonant leaders effectively reduced negative effects for nurses who had undergone hospital restructuring. Cummings stated that the "nurse-leader relationship is the core or essence of the nursing leader's practice as a nurse; nurse leaders approach their work from the perspective of the nurse not just leadership" (p. 327). Cummings recognized that nurses come with knowledge, skills, and competence to contribute to a wide variety of decision making and problem resolution concerns.

Stapleton et., (2007) recommended to nursing leaders that "Strong correlations exist between how staff are treated by senior professionals, role models they encounter and their perceived experience while in clinical ward" (p. 812). They suggested that leaders engage in dedicated coaching in the form of motivation toward pleasurable outcomes as well as aversion from painful outcomes. Posting reminders to reflect on their "call-to-duty" will assist them to engage their deeper sense of purpose and will be a helpful guide during some of the difficult work. Finally, they suggested that nurse managers engage in relationships which foster constant

communication, personal reflection, and passion, and bring out the best in others in order to produce a positive unit culture and patient outcomes.

Kanter (1977) wrote, “In the global economy, we are all teachers and students” (p.xi). Kanter reported that a rather profound new paradigm existed with change in the business world. Kanter commented that many leaders have accountability and responsibility without the accompanying power to make a change. Leaders must navigate the political organizational culture in order to be a successful change agent. Kanter suggested that power should be redefined as the ability to mobilize resources and achieve goals and advocated for staff to have access to empowering structures to support their ability to work effectively.

Laschinger, Finegan, and Wilk (2009) embraced Kanter’s theory of empowerment and recognized that employee/manager relationship is a success factor to highlight as a component for nurses’ organizational commitment. Nurse leaders propel this work. There is a matrix between employees and managers that produces loyalty, professionalism, contribution, and respect. This research suggested that a positive employee/manager relationship results in employee empowerment.

Malloch and Porter-O’Grady (2005) set the stage for a staff empowered leadership model. Their plan was simple:

1. Staff and leader co-create and provide substance for change, and are joint designers of the future in whatever form that will take.
2. Leaders create the image; followers embrace challenges as individuals and as a team.
3. Team has full control over influences and circumstances resulting from their actions.
4. Leaders communicate that full participation is an expectation of membership and of each individual’s own personhood.

5. Empowerment renders level of intensity of response to insure generativity, originality, and innovation in creating team's own future. (p. 186).

Colan (2009) recommended a strategy for leaders to consistently answer the "Fundamental Four" questions:

1. What are we trying to achieve? Goals
2. How are we going to achieve it? Plans
3. How can I contribute? Roles
4. What's in it for me? Rewards (p. 54).

Colan (2009) stated that leadership strategies should include meeting employees' three intellectual needs: achievement, autonomy, and mastery. When those needs are met, a self-reinforcing cycle of improvement, growth, and high performance is created. Therefore, if authority is matched to responsibility and employees are empowered to use that authority in order to meet the needs of their job responsibilities, the related logic is that they will then demonstrate job performance success.

Synthesis of Literature with Systems Change Project

The intent of the SCP was to produce an enhanced work environment that would result in improved staff and patient satisfaction. The enhanced work environment would be facilitated by staff who were re-engaged to provide the ultimate in patient care.

A plausible approach to identify a means to qualify the underlying needs of PCU staff as they care for patients could be defined as omnipotence:

The ability to satisfy all desires is an ideal necessarily shared by all men at all times. There are four conditions that are necessary and sufficient for the continuous and simultaneous progress of every person toward omnipotence:

1. Continual increase in the efficiency of the means by which we can pursue our ends and, therefore a continual increase in our information, knowledge and understanding – an increase in our grasp if truth.
2. Continuous increase in the availability of an access to those resources needed to employ the most efficient means available.
3. Continuous reduction of conflict within and between individuals – we pursue both peace of mind on earth and a state of goodness and virtue.
4. Aesthetic function – as man pursues the ideal if omnipotence, he will never be willing to settle for less; he must always be able to find new possibilities for improvement" (Ackoff, 1978, p. 15).

Analysis of these conditions offers some additional thoughts for nursing staff and the SCP initiative. If and when all four conditions toward omnipotence are met, it should be possible to provide the level of patient care and health promotion to which nurses aspire. Resources should be consistently available to staff to render effective patient care and satisfy the nurses' need for demonstration of social justice for patients.

Nurses are patient advocates and practice within some very strict guidelines. "Good work in nursing is defined as work that is technically and scientifically effective as well as morally and socially responsible" (Miller, 2006, p.471). The American Nurses Association (ANA) *Guide to the Code of Ethics for Nurses* (2008) advocates for the nurse to maintain integrity while acting consistently with personal values and the values of the profession; nurses enact the principle of social justice as they practice. This document describes the fundamental values and commitments of the nurse, boundaries of duty and loyalty and a framework for nurses to use in ethical analysis and decision-making. "Codes of Ethics are statements of values and principles

which define the purpose of the company" (Hartmann, 2002, p. 249). Codes of Ethics describe the ethics and responsibilities to both the organization's stakeholders and employees. "A code of ethics indicates a profession's acceptance of the responsibility and trust with which it has been invested by society" (Shelley & Miller, 1991, p. 191). The American Association of Colleges of Nursing (AACN) *Essentials of Baccalaureate Education for Professional Nursing Practice* (2008) includes nine outcomes that are essential for the successful nursing graduate. Essential VIII: Professionalism and Professional Values states that altruism, autonomy, human dignity, integrity, and social justice are fundamental to the discipline of nursing. Nursing faculty teach students that these values are necessary in order to shape the attitudes and character of the nurse, which are simultaneously reflected in specific professional behaviors while engaged in clinical activities.

The nurse makes judgments based on these values; however, daily work is not always amenable to following them. Health care today is a business that is financially based. Although patient outcomes are also important, recent financial stressors have rendered the health care organization's priorities to vacillate between financial survival (reducing resource utilization) and patient outcomes (often requiring increased resource utilization); at times, these priorities are in direct conflict. As a result, nurses and nursing leaders are required to devote significant attention to these alternating priorities. Zuelo (2007) suggested that the severity of the problem is exacerbated by an inherent sense of responsibility felt by the nurse to both the patient as well as to the organization, which results in a perceived conflict between the legalities and moralities of practice; herein lies the ethical dilemma. When this disparity occurs, RNs are confronted with practice dilemmas that evoke distressing and stressed reactions. "Conscience is the essence of our being" (Juthberg, Eriksson, Norberg & Sundrin, 2007, p. 330). The researcher reflected that

when care providers are caught between an ideal image and the reality of health care, a troubled conscience may be evoked in nurses.

Summary

Florence Nightingale, a formidable nursing elder and theorist, transformed the nursing profession. Through her data collection about death rates, she concluded that food, cleanliness, and bed position affected more positive outcomes. She advocated for patient's rights; improved patient outcomes through infection control; opened the first nurses' training school; instituted the "Nightingale Pledge" and developed the first widely accepted code for nurses (Leddy & Pepper, 1998). When Florence Nightingale began her quest, she challenged the status quo. She adapted the nursing profession to fit the needs of society. As a result, she advocated for social justice for patients in need. Today, nurses follow her lead.

Nurses do not judge patients; they provide holistic care that incorporates attention to clinical, emotional, and spiritual needs. Nurses hold one basic set of values: patients who are sick need nursing care and it must be available to them, regardless of organizational or societal-driven rules. In a just society, health care must be applicable for all. If health care is not available to all, moral distress will burst forth in a quest for justice. Nurses must speak out, in support of social and equal justice in health care policies for everyone.

The SCP aims were to protect the well-being of patients by developing a plan and system that provides for efficient and effective work environment that fosters the delivery of high quality patient care. Staff will have what they need when they need it; the SCP will enhance the abilities of the work environment and organization to augment the responsibilities of patient care staff.

Chapter 3

Project Design and Methodology

Introduction

The theoretical framework guided the research methodology for the Systems Change Project (SCP). The research methodology for the SCP was action research. Using action research methodology, the intention was to co-create, with the patient care staff, a dialogue that focused on meaningful work in the context of the current environmental pattern. The project would not be imposed from outside or be predetermined.

Project Design

The initial step was to secure Institutional Review Board approval from the University and from the hospital. The research design for the SCP was Participatory Action Research. Information about this research process is provided and followed by a discussion of how this process was employed in the study.

Participatory Action Research

According to Morton-Cooper (2000), action research begins with an intention to improve practice. The author describes the ethos of action research to be accomplished through … "people as dynamic agents in their own destinies, capable of making a difference to the world by collective and concerted action" (p. 12). In health care, action research can be used as a "critically reflective" model that is both based in practice and patient-centered as groups share and refine their understanding of the situation in a supportive environment. Action research supported the SCP as it is "….problem-sensing and problem-focused, in order to realize a 'state' where the 'ideal' becomes 'real'" (Morton-Cooper, 2000, p.19).

Morton-Cooper (2000) stated, "…action research involves a small-scale intervention in a setting, process or treatment, and an evaluation or review of the impact of this process" (p.18). According to Morton-Cooper, key principles of action research included:

- Generated by a practitioner,
- Oriented to workplace,
- Seeks to improve practice,
- Starts with a problem shared and experienced by colleagues and/or patients,
- Examines key assumptions held by researchers and challenges their validity,
- Adopts a flexible trial and error approach,
- Accepts that there are no final answers, and
- Aims to validate any claims it makes by rigorous justification process (p.19).

Malloch and Porter O'Grady (2005) implied that HC professionals must be involved in the decisions that affect their practice; this action promotes professional commitment and high involvement as a requisite to success. A successful change initiative is often reflected by key stakeholder participation

Evidence-Based Project Implementation Plan

An action research model was used to explore with staff what was important to them, and to identify and change workflow issues that impeded quality patient care. The project design fostered effective use of action research principles; muddy, murky, and messy work processes are combined and consistent with *complexity theory* as it relates to real life activities. The intent of the proposed change was to invite active participation, facilitate staff work, and provide feedback to participants on all activities. Employee engagement would be improved through staff participation in the design, maintenance, and evaluation of their daily work. The desired project

outcome was cohesion and shared accountability for the Patient Care Unit (PCU) work environment. It was hypothesized that if employees were engaged with an accompanying sense of empowerment, that they would be able to demonstrate effective and productive work.

Patient Care Unit

The PCU of study has a bed capacity of 29 and average daily bed turnover of 35%. The work environment on a very busy PCU is influenced by the dynamics of patient turnover and the increased volume of patients compounds the work. The unit budget is static and does not fluctuate with a dynamic census.

There is considerable use of equipment, supplies, labor, literature, facilities, and many more resources. Significant personnel resources are required to provide effective and appropriate patient care on a PCU: Registered Nurses (RNs), nursing students, nursing instructors, nursing station technicians (NST), monitor technicians, lab technicians, respiratory therapists, occupational therapists, dieticians, dietary staff, social workers, care coordinators, pharmacists, pharmacy students, physicians, physician students, clinical nurse specialists, patient placement managers, admissions representatives, nurse managers, nurse administrators, hospital administrators, patient relations, and engineers. This list represents only a portion of the many individuals whose energy forces (Wheatley, 1999) influence behavior in a hospital and the work environment. The frequency of the patient care providers' interface with the patient and other multidisciplinary team members is a very small representation of the unseen forces in the work environment; these forces represent a constant interaction with the environment, and a pattern of behavior, as recognized by Newman (2008). Rogers has suggested that the human interaction with the environment increases the complexity of the pattern (Leddy & Pepper, 1998).

The forces that influence behavior were the intended object of the work of the SCP initiative. The nurse manager researcher was responsible for all of the PCU operations, and also responsible to insure that all of those environmental necessities were readily available for the PCU staff to provide appropriate patient care. The intent of the SCP was to invite all staff members to participate and assist the nurse manager researcher in doing the work. Newman (2008) suggested that nurses facilitate a "re-patterning" of the client to higher levels of consciousness. The nurse manager researcher used this same concept for PCU staff, to assist them to embrace the initiative and use the synergy created by the energy field between themselves, their environment, and patient care needs in order to evolve to a higher level of consciousness. As described in the ethics section of the theoretical framework chapter, nurses inherently seek to provide the best care for their patients. The researcher proposed to use this value driven passion to assist with affecting a more positive environment for the provision of effective care vital for successful patient outcomes. The nurse manager researcher hypothesized that as staff come together to discern the meaning of their current pattern, new insights would arise to create a healthier work environment. The staff would be engaged so their innate talents, strengths, and creative thinking could be utilized to more efficiently, effectively, and consistently create the work environment that would facilitate the ability to provide the appropriate level of patient care needed in this PCU.

Outcomes

The desired outcomes of the SCP were improved Patient Satisfaction and Employee Engagement scores. The researcher sought valid and reliable tools to assess these outcomes.

Validity. “Validity…. depends on the relationship of your conclusions to reality and there are no methods that can completely assure that you have captured this. Validity is also

relative… and is assessed in relationship to the circumstances and purpose of the research" (Maxwell, 2005, p. 105). Validity refers to whether the results were obtained via sound scientific methods and need to be ascertained before the clinician can make informed assessment of the size of the effects reported (Melnyk & Fineout-Overholt, 2005).

Reliability. Reliability "…refers to whether the effects have sufficient influence on practice, clinically and statistically; i.e. results can be counted on to make a difference when clinicians apply to practice" (Melnyk & Fineout-Overholt, 2005, p. 83).

Patient satisfaction survey. The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Patient Satisfaction survey is a well-established tool to secure valid and reliable data (Press Ganey, 2000). These data are publicly reported by Centers for Medicare and Medicaid (CMS) as a requirement to receive payment for services provided to Medicare and Medicaid patients. Patient satisfaction data are also used to benchmark performance against national hospital organizations. The survey is distributed via random sampling to patients discharged from the PCU. The survey includes 27 questions related to the patient's hospital experience. The surveys include an ordinal scale with ordered categories of questions. Some category examples are related to nurses, physicians, pain management and overall hospital environment. The responder chooses from answers which are ordered from 5 to 1, where 5 is the best and 1 is the worst. All answers and results were reviewed and analyzed, in order to determine SCP outcomes. The hospital uses one question as a general measurement tool of patient satisfaction: "Would you recommend this hospital?" Therefore, this question was used as the main question to be analyzed. Results from these surveys are posted by CMS and therefore available to consumers and practitioners who access their web site.

Employee engagement survey. The annual employee engagement survey was secured from a national organization specializing in assessment of employee satisfaction. The survey includes 37 questions related to staff satisfaction including one focused on overall satisfaction with the organization. The survey includes an ordinal scale with ordered categories of questions. Some categories include commitment, communication, performance management, work environment, and patient/customer focus. The results provided the managers with an in-depth analysis and comparison to entity as well as national results. To evaluate this outcome, the results from 2009 were compared to results in 2010.

Plan to analyze data. The data analysis plan included comparing the 2009 and 2010 employee engagement and patient satisfaction survey results. Based on the researcher's experience as a nursing leader combined with the related literature review, the researcher's assumption was that if employee satisfaction was positive, then patient satisfaction should also be positive. The plan also included a means to monitor employee engagement by tracking the unit champion projects. At the end of 2010, comparison of the surveys would be reviewed along with the number of employee unit champions along with identified projects.

Initiating the Project

After reviewing the literature and reflecting on years of leadership experience, it was evident to the researcher that a positive work environment combined with a cohesive team should contribute to staff productivity and effective patient outcomes. In 2009, one area on the Employment Engagement Survey that was overwhelmingly positive for the PCU was "teamwork" as evidenced by 90% of employees checking the "best" choice. Therefore, the researcher wanted to use this strength and ability as a foundation for the model. The question

about morale on the 2009 survey yielded the lowest score for the PCU. The nurse manager researcher considered it critical to find a solution to improve staff morale.

The researcher intended to utilize the very powerful PCU teamwork culture to springboard a Unit Champion (UC) initiative. The nurse manager researcher announced the UC initiative at the annual "State of the Unit" meeting and noted that ideas would be solicited at the annual performance review. Interviews with stakeholders revealed concerns for patient safety and related clinical outcomes and significant interest in addressing important PCU operational issues. The group sense was that if the PCU was successful in the action research process, the result would be a more positive work environment with high employee and patient satisfaction.

The next step was to develop an action plan. The researcher applied leadership and nursing theories to assist staff to envision a new way for an in-patient care unit organization and method of operation to actualize their ideas. The SCP process invoked the nursing staff to transform their nursing practice to meet the current needs of the patient within the financial constraints of the organization. On-going critical reflection of this work by the SCP participants was included. The researcher realized that the wisdom for the necessary changes resided in the nursing staff as they employed their passion and knowledge to launch the project toward success.

Unit champion model. The researcher used a "nurse champion" concept to develop the UC model. Perla (2010) suggested that nurses who become nurse champions are synonymous with informal nurse leaders, as they focus on patient needs (not their own) and routinely deliver excellent patient care, as reported by patients and families. Northway and Mawdsley (2007) stated "Nurse Champions are primarily responsible for working with their unit's improvement group to support the unit's change initiative among their nursing and non-nursing colleagues" (p. 25). The UC work was designed to address some of the unit shortfalls, a new approach for shared

responsibilities with intentions to improve day-to-day unit operations in order to positively impact patient care. The nurse manager researcher considered all staff to be vital for SCP success and that many staff had the potential to become champions. Therefore, the work of the PCU involved staff from all job classes. Creating a manageable and effective work environment required that PCU staff be included in the UC initiative.

Four senior nursing students started a UC project in the PCU as part of their capstone project in January 2009. These four students eventually assumed RN positions on the unit. Two of those RNs spearheaded this new UC initiative in January 2010 and excitedly planned the implementation.

The UC design was to improve unit work environment by incorporating the passion and talents of the PCU staff into a staff-driven project. Each unit staff member would assume responsibility for a self-identified unit task that was over-and-above daily assignments. The intent was to draw from and reflect on each person's talents, strengths, and/or passions, in order to develop and assume ownership and accountability for an area of unit operations that needed to be better managed. The identified work was designed, implemented, and evaluated by unit staff. Unit leadership provided guidance and negotiated resources, as requested. There were no pre-determined structures or prescribed processes for creation of the individual's unit task. The assumption was that if all staff devoted a little attention to unit shared and staff-identified tasks that needed to be addressed then all staff would benefit from this collective effort.

Kanter's theory (Moore, 2007) of structural empowerment contended that "attitudes and behaviors are influenced more by social structure in the workplace than by individual personality dispositions. Avenues of power in an organization are the sources of structural empowerment" (p. 564). Moore (2007) elaborated that these settings are likely to increase employees' feelings of

organizational justice, respect, and trust in management as these perceptions are positively related to individual commitment to an organization. Horak, Hicks, Pellicciotti, and Duncan (2006) suggested that creating a culture of shared governance will improve morale, patient care, and trust among staff; together, the result will be a strong functional PCU. The nurse manager researcher hypothesized that as the overall unit and working conditions improved, everyone will enjoy a more positive work environment. Further, if staff had what they needed when they need it, then staff morale should improve.

To engage staff understanding of this project proposal, the researcher used an analogy to household design. People who live together generally share the responsibility of daily household tasks, needs, and work design: taking out the garbage, sweeping/vacuuming floors, doing laundry, washing dishes and cleaning bathroom, etc. Since all household members share in creating garbage, dropping items on floors, wearing clothing, using dishes, and taking showers, etc., then it would be logical to request that unit staff members address their work activities by using similar logic. As they utilize equipment, supplies, and education materials, they would also share the related unit responsibilities of assisting in the design of new workflow systems in response to unit needs. The big question then, was whether the family wanted to live in this neighborhood, rent from this landlord, abide by the unjust rules of the local governing body, or if they needed to organize for meaningful, responsible and a just systems change in the community. A philosophy used for the early adopters of the project was to assists others to understand and "carry the message". Credibility and actual daily work influences and improvements were intended to assist others to accept and embrace the change initiative. The logic was simple: if authority was matched with responsibility and employees were empowered to use that authority

to meet the needs of their job responsibilities, then employees would demonstrate success through participation in the design of the project.

Economic Principles

To analyze economic benefit, the researcher correlated staff engagement with Patient Satisfaction. Press Ganey (2000) suggested that nursing sensitive indicators often have the highest correlation to Patient Satisfaction. As synergy is created between staff and their work environment to create more positive outcomes for all stakeholders, staff happiness increases and opportunity is created to improve patient outcomes resulting in improved Patient Satisfaction.

Economic principles were applied including reduced cost and increased revenue, rendering the potential for positive economic outcomes. An example is the PCU that uses fewer resources (reduced cost) and produces increased supply (available patient care beds) creates a greater customer (patient or insurance company) demand.

Market. The health care organization employed basic economic principles to reduce costs and improve revenue. The SCP could assist with those efforts and potentially increase the organization's market share of patient encounters assuming that Patient Satisfaction is improved. Patient Satisfaction survey scores are posted on the national Centers for Medicare and Medicaid (CMS) website, per CMS mandate, for individual consumers to peruse and compare organizations. An assumption can be made that Patient Satisfaction is a driver of demand.

Cost benefit analysis. Organizational experts were consulted to obtain factors to calculate a cost benefit analysis for the SCP. The organization's Senior Financial Analyst recommended using cost avoidance rather than increased revenue to measure the return on investment (ROI) strategy. The Senior Financial Analyst advised that the improved volumes/revenue logic has been very difficult to affect and/or achieve during recent performance

improvement initiatives. The individual in charge of the LEAN Six Sigma Black Belt initiative suggested that a business case based on cost reduction using length-of-stay (LOS*)* as the indicator could be an effective tool to improve profit margins and agreed that improved patient satisfaction could improve patient volumes and revenue in the future, as described as an increase in demand. A cost benefit analysis was performed to estimate costs incurred for the SCP compared to estimated avoided costs.

Length of stay (LOS). Revenue for the PCU is generated by patient encounters (patients admitted to an in-patient bed) and referred to as patient days. A diagnosis related group (DRG) is assigned for each patient encounter and determines the amount that is paid to the organization by the insurer for that encounter. A fiscally responsible organization attempts to keep the patient days as low as possible by providing care in the most efficient manner using the fewest resources. This concept is referred to as LOS. Average length-of-stay (ALOS) is computed by averaging all patient days. The SCP economic opportunity can be best described as avoiding costs in terms of reduced LOS. The researcher assumed that if the UC work was successful, the PCU operations would optimize the staff's ability to most efficiently and effectively care for the patients. The use of "LEAN" principles would maximize PCU positive productivity. Womack and Jones (1996) describe the focus of LEAN thinking is to reduce waste, to avoid any activity that absorbs resources without creating value. Value in LEAN thinking is based on five principles:

- Value specified by specific product
- Value stream identified for each product
- Value to flow without interruptions
- Value is pulled by the customer from the producer of the product

- Value is demonstrated by perfection that is pursued (p.10).

Therefore, a successful SCP would reduce ALOS with resultant reduced costs for the PCU. The researcher targeted an estimated 0.5 per patient day LOS savings Organizational experts indicated this figure to be a reasonable and achievable outcome. Table 2 illustrates estimated cost savings for the PCU and for the organization if the change was embraced by other units.

Table 2

Estimated Cost Savings for PCU and Organization

	ALOS	**Cases**	**Annual Patient Days**	**Patient Days savings: .5 LOS**	**Cost Savings Per Patient Day**	**Costs Savings Annual**
PCU	2.5	3000	7500	1500	$1000	$1,500,000
Organization	3.5	38000	133,000	19000	$1200(average)	$22,800,000

Scalability. The SCP was designed at the PCU level with the intended outcomes to be achieved at the frontline level because the organizational core business is "at the bedside." If the important workflow changes identified and acted on by the PCU staff were successful, then one could assume that this process would be easily transferable to all other PCUs within the organization. Therefore, any achieved benefits are "scalable" or transferable to other PCUs.

SCP labor costs. An annual estimated amount of time incurred in labor costs for the SCP was calculated using 2010 figures. Total labor hours computed were approximately 2200 and total labor costs were approximately $58,865. The hours included in the estimate were the nurse manager researcher and all PCU staff who participated. Table 3 illustrates the potential overall cost savings after annual labor costs were subtracted from LOS annual cost savings.

Table 3

Potential Overall Cost Savings from SCP

	LOS Annual Costs Savings	Labor Costs Annualized	Potential overall costs savings (LOS minus Labor Costs)
PCU	1,500,000.00	59,865.00	1,440,135.00

The data in Table 3 illustrate that a fairly significant cost savings can be achieved with significantly less labor costs utilized by virtue of less patient days to support and care for patients.

Return on investment (ROI). ROI is calculated by comparing estimated LOS costs savings with estimated labor costs for the SCP. LOS cost savings far exceeds the SCP labor costs. Additionally, if the SCP successfully rolls out to the organization, the aggregate costs savings could be exceptional.

Continuous Quality Improvement

LEAN principles were inherent in the SCP. The PCU staff had previously engaged in LEAN activities and attained positive outcomes. The principles of reduced waste, improved efficiency and improved productivity by focusing on process not people are the foundation of the PCU staffs' daily work. A local business leader described "Six Sigma" as the concept of reducing variation by eliminating process defects in order to improve quality while assisting the worker to solve problems (personal communication 10/16/10). LEAN principles and Six Sigma are consistent with the SCP.

The nurse manager routinely shared PCU productivity results with staff. Patient Satisfaction results were reported monthly to staff. PCU expenses such as use of unscheduled time off (UTO), overtime, and lack of punctuality will negatively affect PCU productivity

because they increase unit costs. Budget information was also shared with encouragement to improve costs that influence productivity. As a result, an assumption can be made that as staff becomes increasingly more engaged and the unit functions more efficient, the use of UTO and overtime costs will decrease. Therefore, cost avoidance was the focus of the SCP economic analysis.

Health Disparities

Health disparities were addressed through a SCP participation methodology. Purnell and Paulanka (1998) provided a framework for health care providers to understand inherent concepts and characteristics of culture. Macro societal aspects (global, community, family, and person) are used to further define 12 domains that are common to all cultures and essential for assessing ethnocultural attributes of an individual, family, or group:

1. Overview, inhabited localities, and topography.
2. Communication.
3. Family roles and organization.
4. Workforce issues.
5. Biocultural ecology.
6. High-risk health behaviors.
7. Nutrition.
8. Pregnancy and childbearing practices.
9. Death rituals.
10. Spirituality.
11. Health-care practices.
12. Health-care practitioners (p.11).

"The social, economic, religious and political forces of country of origin play an important role in the development of the ideologies and worldview of individuals, families and groups…" (Purnell & Paulanka, 1998, p.11). Inherent in the SCP design was the intent for all patient care staff to participate. As staff ethnicities are diverse, varied, and many, an assumed SCP outcome was for staff-identified priorities, such as the ability to address health disparities within different patient cultures, to also be achieved. As staff identifies the cultural needs of individual patients, they can also assist their colleagues to better understand the cultural differences, in order to deliver appropriate patient care. Hence, some previously unmet cultural preferences and disparities should be achieved. As the SCP provided for staff ownership and utilization of innate talents, strengths, and education, future service to these the various patient populations with diverse heritage should be actualized. Margaret Wheatley's field theory provided the logic for implementation of this work; as the staff interacted with their work environment, they would naturally adapt and evolve to provide patient care accordingly.

Summary

Employee participation is vital to the success of any change initiative. The knowledge of what needs to be done and how it could be accomplished lies in the talent of the staff who do the work. Using a participatory action approach to address the PCU needs provided the impetus for a successful change initiative. Incorporating evidence-based practice models using complexity theory to relate to real life provided staff with a comfortable and realistic ability to address their daily work in a way that was important to them. As a result, they were able to successfully demonstrate an understanding of and behaviors that consistently modeled a participatory approach to action research in a patient care unit.

Chapter 4

Data Analysis

Project Evaluation-Evidence Based Methodology and Analysis

The project was participation-based, designed at the staff level, as well as driven and owned by those front line staff. Therefore, consistent with the project design and methodology, project results analysis was performed with a participation-based forum. Staff participation in this process was paramount to achieve validity and reliability. Measurement of success in the form of data analysis related to staff participation in the UC initiative was out of the project scope; however, as the UC initiative proceeds and evolves, staff will continue with the ability to exercise control of their environment. Hence, additional research opportunities may exist to measure individual involvement.

Project Evaluation

Findings

Early discussions with staff revealed considerable excitement with the project's potential impact. An original project intention was to measure staff involvement related to the UC initiative; however, staff expressed some hesitation during discussions about accountability. A concern of many early adopters was that the project should proceed gradually and purposefully using staff input and ideas regarding how to adapt and evolve with role definitions. Staff felt that it was premature to discuss and measure staff involvement from the UC initiative. In fact, a deliberate lack of SCP clarity was purposeful. Rather, the work would evolve, as staff became engaged. Therefore, the scope of the formal project evaluation included only the secondary analysis of two surveys, which were conducted at the organizational level.

Data Analysis

Statistical Method

A two-tailed t-test was used to determine whether the results differed significantly between 2009 and 2010 for both the employee and patient surveys. Differences were considered significant if the *p* value was less than .05. All statistical analyses were performed using SPSS 15.0.

Employee Engagement

Employee satisfaction results from the annual 2010 survey were compared to the employee satisfaction results from the annual 2009 survey results. These results are displayed in Table 4.

Table 4

2009 and 2010 Employee Engagement Survey Results

	2009 % Favorable (N=51)	2010 % Favorable (N=48)	p-value
1. I am proud to work for or be affiliated with this facility	47%	69%	0.0134*
2. Employees hold each other accountable for living this facility's values	46%	58%	0.1162
3. Senior leadership at this facility does a good job of explaining the reasons behind major decisions	16%	29%	0.0602
4. Conflicts are managed in a way that results in positive solutions	24%	N/A	
5. The stress levels at work are usually manageable	16%	38%	0.0067*
6. I feel free to voice my opinions openly in my work group	43%	64%	0.0182*
7. I have a good understanding of how my job contributes to this facility's achieving its visions and goals	53%	60%	0.2414
8. Senior leadership at this facility considers the well-being of employees when making important decisions	14%	25%	0.083
9. It is clear to me how my performance goals are linked to this facility's vision and goals	49%	55%	0.2752
10. This facility conducts its business activities with honesty and integrity	29%	58%	0.0018*
11. I have a good understanding of this facility's vision and goals	51%	58%	0.2423
12. I would recommend this facility to others as a good place to work	27%	69%	0.0000*
13. Please rate the quality of patient care at this facility	57%	63%	0.2723
14. Please rate the quality of this facility's services/products	49%	N/A	
15. How would you rate the job senior leadership is doing to make changes needed so that this facility can compete effectively	18%	29%	0.0908
16. this facility does a good job providing information on how well this facility is performing against its vision and goals	27%	N/A	
17. This facility provides the resources necessary for me to work effectively (hardware, software, tools, equipment, supplies, etc.)	25%	48%	0.3676
18. This facility does a good job of encouraging the sharing of information across the organization	25%	36%	0.117
19. This facility makes patient/customer satisfaction a top priority	25%	45%	0.0183*
20. People are held accountable for their performance at this facility	47%	44%	0.6177
21. I would prefer to remain with this facility even if a comparable job were available in another organization	24%	65%	0.0000*
22. My immediate supervisor coaches me to improve my performance	63%	81%	0.0234*
23. My work group operates effectively as a team	76%	74%	0.5909
24. I have a good understanding of the steps we are taking to reach this facility's vision and goals	32%	43%	0.1291
25. This facility does a good job of providing opportunities for personal development	43%	63%	0.0232*
26. Overall, considering the events of the last year or so, would you say this facility has:	30%	37%	0.2302
26.5 Overall, considering the events of the last year or so, would you say this facility has:	10%	15%	0.2255
27. In my work group, we are encouraged to suggest better ways for getting our work done	43%	76%	0.0004*
28. The people with whom I work treat each other with respect regardless of difference including ethnicity, spirituality, gender, age or title	90%	88%	0.6248
29. My performance reviews have helped me improve my performance	50%	67%	0.0433*
30. At this facility, there is generally good teamwork between departments	43%	46%	0.382
31. I have trust and confidence in the work being done by the senior leadership of this facility	12%	31%	0.0104*
32. I would recommend this facility to family and friends as a good place to receive care	37%	53%	0.0548
33. The work processes within my work group are efficient	43%	68%	0.0062*
34. This facility offers training that helps me to be more effective in my current position	47%	65%	0.0358*
35. This facility demonstrates a willingness to invest in continuously improving our processes	31%	N/A	
36. I understand the value a large, integrated health system offers our patients and their families	64%	77%	0.0786
37. Overall, how satisfied are you with this facility at the present time?	24%	48%	0.0064*

Significant difference between years (p<.05)

Of the 34 items in the Employee Engagement survey, 15 were found to be significantly different between 2009 and 2010. Each of these 15 items improved between 2009 and 2010, which was the proposed direction. The results for the main outcome measure "Overall, how satisfied are you with the facility at the present time" were substantial as evidenced by the percentage doubling between 2009 (24%) and 2010 (48%). Surprisingly, items 23 and 30 having to do with teamwork remained roughly the same between the two time periods.

The researcher considered the 'teamwork' culture on the patient care unit to be the foundation for the successful change initiative. The staff has been successful in many change initiatives, both as forerunners of hospital projects as well as many directed at the individual unit level. The unit staff has consistently demonstrated behaviors that utilize and foster a mutual understanding that acknowledges the skills of the individual members to result in a focus on the team as a collective. Through these behaviors, staff has become confident with each other and in the team, as a whole. Porter-O'Grady and Malloch (2007) suggest that these behaviors demonstrate emotional competence and reinforce success. An outcome of this phenomenon can be better understood upon review of the patient care unit very low turnover rate. The nurse manager researcher routinely experienced many RN candidates who contacted her to procure an RN position, only to find that the low turnover rate prohibited many to be hired.

Patient Satisfaction

Patient satisfaction scores for calendar year ending December 2009 were compared to patient satisfaction scores for calendar year 2010. The results are displayed in Table 5.

Table 5

2009 and 2010 Patient Satisfaction Survey Results

As illustrated in Table 5, four of the 15 items were found to be statistically significant. All four improved which was the proposed direction. The main outcome measure, "Would you recommend this Hospital" improved from 70% in 2009 to 78.5 in 2010. Two of the items are directly related to nursing care. The item, "room and bathroom kept clean" improved significantly but was probably not due to the SCP interventions but may be a result of the nurse manager communicating patient responses to the Environmental Services Manager.

Analysis

The results of this study indicate that employee satisfaction was more impacted by the interventions than patient satisfaction. There are many other variables that may influence a patient's experience. The education and focus throughout this SCP was to keep staff updated with the results of the Patient Satisfaction survey. This information was shared with staff in several forums: weekly/monthly newsletter, printed aggregated results, actual surveys were

photocopied if they included hand written comments, 1:1 discussions and staff meetings. The focus of the communication was always the same: the 'Nursing sensitive indicators' have the highest correlation to "Would Recommend Hospital" (Press Ganey, 2000). Therefore, it makes sense that several of the nursing questions had the highest rate of improvement.

Chapter 5

Discussion of Findings and Project Outcomes

The hospital had tools in place at the organizational level to assess patient satisfaction and employee engagement. Patient satisfaction yields information about likelihood of patients returning to or referring others to the facility. Employee engagement yields information about satisfaction with work environment. This system change project (SCP) has been designed to enroll staff in strategies to enhance patient care unit systems operations so that patient outcomes and employee satisfaction are positive.

The primary project outcome was to improve the work patient care unit (PCU) environment by improving its operations. The project was evaluated by comparing the annual results for 2009 to the annual results of 2010 for both Patient Satisfaction and Employee Engagement surveys. Employee participation in the UC initiative was tracked along with estimated time commitment for each to improve staff understanding of resources to sustain the SCP. Additional assumed outcomes were that staff would use the project work and improved organizational operational understanding to demonstrate increased ability to adjust to changes in demand and supply in the dynamic health care world in order to assist with achieving financial equilibrium.

Unit Champion Participation

The staff participation commenced in January 2010 with six RNs, each with one self-identified UC project. The initial discussions included an action plan with the focus of the work to be completed by the RN staff. In January 2011, UC participation included 63 staff: 49 RNs and 14 Nursing Assistants for 75 UC topics. The process for identification of the project evolved as it took many different paths. The paths included:

1. The initial UC group members were ambassadors for the UC work and solicited and made recommendations to other frontline staff for their assistance;
2. The nurse manager researcher solicited assistance from individuals on a 1:1 basis;
3. The nurse manager researcher provided information to all staff via weekly newsletter;
4. Clinical nurse specialists made recommendations to staff;
5. Charge RNs made recommendations to individual staff.

As the SCP progressed, more-and-more individuals would step-up and self-identify their own interests and project focus. The results were actually amazing, and awesome when analyzed. "Change happens not in a planned out way; rather, it is only visible in retrospect" (Margaret Dexheimer Pharris, PhD, RN personal communication, September 2009). The initial discussions revealed some very significant staff hesitance to "inflict" (staff words) any requirements onto an already demoralized and depressed staff. This methodology proved to be successful, as demonstrated by over 50% staff participation. Some individuals had one self-identified UC project, while others had two, and a handful had four or five. Despite that no measurable outcomes of those individual UC projects were proposed, there have been some very successful outcomes for the PCU work environment. Discussions with many participants during annual reviews and other meetings have revealed that they think the project to be successful, as the work environment remains positive.

Reflections

The nurse manager researcher considered authentic leadership to be the cornerstone of the SCP success. Shirey (2006) wrote "The role of leaders is so pivotal that authentic leadership, not just any leadership, has been identified as the glue that holds together a healthy work environment" (p.257). Block (1993) wrote that the task of leaders is to create organizations that work and unless there is a shift in how we distribute power and privilege and the control of

money, the efforts will not endure. Block also affirmed that there is a desire in each of us to integrate our lives; the needed change can be accomplished if we focus our attention on the workplace distribution of power, purpose, and rewards. Block defined 'stewardship' as holding something in trust for another and suggested that all employees, even at the bottom, should be taught how to serve a customer, which then fosters a willingness to be accountable for the larger organization, without the governance or control. Each person is part of the community with an equitable balance of power. Each person assists with definition of purpose and development of culture. Everyone is accountable and all own the organizational processes and responsibility to monitor and change. Leaders assist with monitoring the marketplace and acquisition of resources.

Nursing today needs power, influence, and innovation. From a unitary transformative nurse theory perspective, nurses do not know where they are going; they do not know how to get there, yet, do know that they must use creative thinking, passion, and inner strengths to assist with the journey. Nurses do know that they cannot use old methods. Old methods have taken us to where we are today, and this is NOT where we want to be!! Cummings (2006) commented on a "theory of relational energy – a mechanism for resonant leaders who invest in collaborative relationships with nurses will positively influence health, well-being and outcomes for patients" (p. 321). As a nursing leader embarking on an important journey, the researcher suggested that each nurse must acknowledge the reason for being in the profession and if it is the place to be? Further, what caused the nurse to be there? Be true to yourself; know what calls you; pay attention to what is dear. A thoughtful reflection on these questions reveals the path to meaningful change.

A synthesis of the aforementioned issues comprises the rationale, foundation, and plan for the SCP design. The assumptions were simple: the basis for the complexity theory principle is a relational cooperation between a person and his/her environment; this same logic should be true for employees and their work environment. The project focus was designed to improve employee satisfaction via improved PCU work environment, as identified by the staff. As they began their evaluation of their work, they identified meaningful change with accompanying ideas to accomplish. The project action plan focused on staff participation. The ultimate goal of nursing is to foster and improve patient care; the SCP intent was to improve the work environment that would positively influence patient outcomes and satisfaction.

Conclusions

The SCP was designed to improve the nursing work environment and create a new paradigm of shared responsibility. The project did not follow the Newtonian principles of research; cause and effect were not defined nor expected. Rather, action research was used to assist staff to identify problems and develop strategies to address those problems using an empowerment model that fostered methods of awareness to contextually accept and promote a culture of change. Willingness to take a risk was fostered by employee engagement in the process; those who were invested in “making it work” encouraged their colleagues to join the SCP efforts. Trust, integrity, peer pressure and mutual accountability were further enhanced through shared learnings. Adaptation to the change that occurred on a daily basis was more easily accepted by the staff. In the process, patient outcomes and patient satisfaction improved.

The nurse manager researcher recognized that her participation in this project was vital to the outcome. Although messy and murky, the approach was facilitated by passion and dedication

to staff and patients. The nurse manager researcher considered her presence to enhance SCP successes and also vital to on-going evaluation and success at the PCU level.

DNP graduates have the knowledge and skill to advocate for patients through the legislative process. Active participation includes asserting a collective "voice" to assist legislators to better understand that health care for all is not an option, rather a right that should be socially mandated for the public. After all, there are many other American rights that are not even as important as health and wellness. Roads, education, social welfare, postal service, fire and police protection, and parks are just a few services that are provided to all people in the United States.

The nursing community can assist with the identification of strategies to integrate services and efforts through active involvement and engagement in new model development for health care. Services to many vulnerable patient populations will be offered; as efficiencies are demonstrated and resource utilization is reduced, then resources will be re-directed toward health care access for more individuals.

Therefore, as nurses use our innate talents and strengths to address our current HC dilemma, we can provide the pathway, using our guidance and leadership, for other HC professionals to assist with our efforts; inherent in our nursing process for patient care is our leadership capabilities that render our success and accomplishments. As we achieve positive outcomes for our patients, we also mitigate the risks to ourselves, as we maximize our collective clinical skills, wisdom, and passion for our profession.

The world before the financial crisis no longer exists. The new reality is to address the challenge to create nursing leaders who can "ride the health care storm." Precious health care resources cannot be expended using old practices that are no longer effective. Alternative

solutions must be found. As nursing leaders invest in their staff, other paths to travel will be identified to "manage the health care storm." Inherent in the SCP design was a methodology of work being driven by nurses, whose Code of Ethics is the foundation of daily work. The SCP assisted to align employees as they used values-based emotional intelligence to demonstrate a collective nursing mission and vision. Through a transformation process these employees emerged to build "strength competencies," as opposed to "problem competencies." They are now strength-focused as opposed to problem-focused. In short, the employees are the solution to the health care problem.

As we achieve positive outcomes for our patients, we will also mitigate the risks to ourselves, as well as maximize our collective clinical skills, wisdom, and passion for our profession. Using our innate talents, strengths, and guidance to address our current health care dilemma, we can provide the pathway for other health care professionals. Our leadership will promote a collective understanding and means to offer a uniform "voice" as we attempt to solve our common goals to provide affordable, quality health care for all Americans and reduce the growth in health care spending for other purposes, as stated in The Patient Protection and Affordable Care Act (PPACA), HR3962 of the 111th U.S. Congress.

Recommendations

The doctorally-prepared nurse engages in activities which enhance nursing practice, education, and service to our patients. The aforementioned SCP and outcomes lay a solid foundation for expansion of this work. The success of this project demonstrates that the future successes in nursing and patient care lie innately within the RNs who provide care to our patients. Despite the social, political, financial, and economic challenges that we face on a daily basis, we can still overcome, and emerge triumphantly! As demonstrated by this project,

doctorally-prepared nurse leaders must respond to these challenges with strategies that are grounded in and reflect the theoretical and philosophical underpinnings of change.

This SCP is transferable to many other nursing forums. The tool kit is small and simple; authentic leadership with an altruistic trust in the frontline staff will consistently result in successful outcomes.

The DNP graduate to will need to "keep her eyes on policy changes" as they will be coming right and left with the state and federal conversations regarding budget; many of our patients are financed by Medicare and Medicaid.

Therefore, this project serves as a foundation for future nursing scholars to define and successfully implement any change initiative. Although simple, application of the SCP methodology and action research principles can easily produce successful results. Of course, the key is to utilize the talents and strengths of the staff to identify, design, and implement the changes.

Dissemination Plan

The dissemination plan is to be accomplished in two phases; first to be internally shared with the hospital, the location of the project; second to be formatted and written for publication in nursing and health care journals. The sequence and identification of audiences will be subject to recommendations and approval of VP of Adult Acute Care Services.

Internal Plan

- VP of Adult Acute Care Services
- PCU Medical Director
- PCU staff
- PCU Clinical Nurse Specialist

- Hospital Senior Administration
- Hospital leadership

External Plan

- DNP public presentation
- University nursing faculty
- Nursing journals
- Health care journals

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