

Transformational Leadership: One Emergency Department's Journey

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Introduction

The demands of healthcare are increasing and the temporal needs of associates are ever expanding. The emergency setting is an exhilarating setting but has inherent challenges if there is lack of leadership, vision and clinical support. A literature review reveals a greater need for transformational leadership and support to clinical staff which leads to shared governance structure resulting in higher retention rates. Highly reliable organizations have high scores regarding employee engagement, patient satisfaction and patient outcomes which are correlative to transformational leadership, strong shared governance and eventually great retention. Our emergency department struggled for consistent leadership and developed a plan to support staff while restructuring its leadership structure and expectations. The ultimate goal was a robust Shared Governance Structure.

Purpose and Objectives

The purpose of shared governance and transformational leadership is to guide best practice by having associates research, survey, test, evaluate and implement change. Servant leadership provides staff empowerment by giving them the opportunity for growth and the ability to lead others which yields higher associate engagement and satisfaction. This also has an effect on patient satisfaction as well. Staff retention is part of the resiliency process that adds value to the organization, improves stewardship, and improve the morale of a department which also provides and collaborative team. Recognizing associates, identifying and supporting their needs, and encouraging a staff-lead approach partnered with visionary leadership promotes retention and resiliency.

What was Critical to Success

Our elements for success were visionary leadership grown from within the department. The department identifies succession planning as an essential part of growth, development and shared governance. Inclusion instead of exclusion is another attribute that lead our team as collaborators. Open forums to include associates as part of the process and solution for areas of concern and opportunity. Staff led project improvements, solicited feedback and direction from within their own team members, and a supportive, competent and compassionate leadership team.

What We Learned

Identifying key stakeholders and developing an action plan to create measurable goals and objectives is imperative. You cannot achieve success without the buy in and contribution of its members. Our frontline staff have a sundry of experience and are masters of process improvement and provide solutions to obstacles or challenges. Without a robust shared governance, guided and supported by a mission lead leadership team, our journey of excellence would not be evident within the community and health system.

Methods

The setting was a suburban level 1 trauma center. A descriptive design using a questionnaire with a convenience sample of emergency department staff. The survey (e.g. Press Ganey) provided the department leadership with national benchmarking as well as comparison to other workgroups in the organization. Data were analyzed using descriptive correlative design. The sample study consisted of nurses and emergency department technicians working in a high volume, high acuity level 1 trauma center in a metropolitan area. The survey measures issues that relate both employee satisfaction and engagement. The second survey was the Press Ganey Patient Satisfaction Survey. These patient surveys are randomized and measures patient satisfaction. The third metric we used was our annualized turnover rate and vacancy rate.

Results

There were 118 associate surveys distributed, 75 surveys were completed (resulting in 64% response rate). The workgroup has a mean score (overall rating) of 91 (on a scale 0-100). *Table 1* reports responses were ranked by the respondents: "The person I report to treats me with respect" (4.52 vs. 4.34; 95% favorable), "The person who reports to me is a good communicator" (4.37 vs 3.94; 91% favorable), "The person I report to cares about my job satisfaction" (4.21 vs. 4.11; 84% favorable), "The person I report to encourages teamwork" (4.41 vs. 4.20; 97% favorable), "I respect the abilities of the person to whom I report" (4.48 vs. 4.24; 96% favorable). This workgroup shows that employees in this department are more satisfied and engaged in comparison to working groups in the organization and to the national database. Many questions ranked leadership and management as a high performer. *Table 2* reports top box percentile improvement of patient satisfaction scores (e.g. Press Ganey) respective of nursing. This is inferring with improved employee satisfaction leads to improved patient satisfaction. *Table 3* reports our FY15 turnover rate was 35.24% and the vacancy rate was 25%. Our FY17 turnover rate improved to 18.98% with a vacancy rate of 1.9%. Respectively our turnover rate improvement and reduction was 60%. Whereas our vacancy rate reduced and improved to 170%. We are optimistic with our projections to experience a turnover rate of 16.5% and a vacancy rate of 2% for 2018-19.

Question	FY17	FY15	Vs. Overall	Vs. Nat'l Avg.	Favorable
The person I report to treats me with respect	4.52	4.34	+0.13	+0.18	95%
The person who reports to me is a good communicator	4.37	3.94	+0.43	+0.36	91%
The person I report to cares about my job satisfaction	4.21	4.11	+0.04	+0.11	84%
The person I report to encourages teamwork	4.41	4.20	+0.20	+0.19	97%
I respect the abilities of the person to whom I report	4.48	4.24	+0.24	+0.22	97%

Table 1

Question	FY17	FY15	Vs. Colorado	Vs. Nat'l Avg.
Overall rating ER care	70.7%	66.1%	74%	67.3%
Likelihood of recommending	75.1%	69.8%	75%	67.7%
Nurses courtesies	79.5%	67%	79%	74.9%
Nurses took time to listen	76.0%	58%	76%	71.2%

Table 2

Next Steps

During a two year timeframe, employee engagement and satisfaction was not as optimal and had areas for opportunity. A collaborative effort among new leadership combined with clinical staff lead to a highly reliable emergency department. We empowered staff to participate in leading change. This was through shared governance partnered with visionary leadership. We identify transformational leadership is a fundamental element for employee engagement, employee satisfaction, and patient satisfaction ³.

Our Unit Based Council implemented five projects in 2015, six projects in 2016 and seven projects in 2017. We identify shared governance and transformational leadership is key and crucial for employee engagement, employee satisfaction, and patient satisfaction. Upon new hire orientation, associates are encouraged to be a part of process and projects within their unit. An open door policy with leadership and even open forum for associates to bring ideas, concerns and items forward to their UBC is highly encouraged as well.

Discussion

Transformational leadership and shared governance is critical for a positive change in healthcare. Our data identifies an engaged and satisfied workforce to include satisfied patients. Several elements of transformational leadership are being authentic, having emotional intelligence, being a "Coach, Guide and Mentor". These attributes enable leaders to have efficient and effective associates, have higher patient satisfaction scores and exceptional patient outcomes. Empowering, engaging staff and leadership together yields better results ⁴.

Human Resource	FY15	FY17
Turnover Rate	35.24%	18.98%
Vacancy Rate	25%	1.9%

Table 3

References

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