Authentic Leadership Life Support for a Healthy Work Environment

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HWE: The Framework

ANCC Magnet Model

AACN HWE
Authentic Leadership

Nurse leaders must fully embrace the imperative of a healthy work environment, authentically live it and engage others in its achievement.
National Exploration of HWE

- **National Survey of Critical Care Nurse Work Environment (2006)** AACN, Gannett Healthcare Group, Bernard Hodes, n = 4034

- **Critical Care Nurses’ Work Environments (2008): A Follow-Up Report** AACN, Gannett Healthcare Group, Bernard Hodes, n = 5562

- **AACN’s Healthy Work Environment On-line Assessment Tool**

- **Critical Care Nurses’ Work Environments (2013)** AACN
Instrument: National Survey of Critical Care Nurse Work Environment © Survey

- **Section A** – Nurse Satisfaction with role, quality of care & awareness of HWE standards
- **Section B** – Six standards, both unit and organization
- **Section C** – Skill of leadership, moral distress, abuse/disrespect
- **Section D** – Demographics

- Total of 62 questions
- Rating both on unit and organizational level
- 4 point Likert scale: Strongly Agree, Agree, Disagree, Strongly Disagree
Building Momentum on the Road to Establishing a Healthy Work Environment—A Journey to Excellence

**2007 Phase I**
- **Purpose**: Determine the perception of work environment of HCH CCN and compare to AACN national survey
- **Sample**: Holy Cross Hospital (HCH) Critical Care Areas, n= 44

**2008 Phase II**
- **Purpose**: Determine differences in perceptions between HCH CCN and NCCN RNs working in Non-Critical Care
- **Sample**: Critical Care and Non-Critical Care Areas, n= 94

**2012 Phase III**
- **Purpose**: Determine differences/progress in results as compared to Phase I and II and to determine RNs evaluation of self and contribution to HWE - Added the “I” Questions
- **Sample**: All HCH RNs, n= 216
Research Process

- Author approval to use tool obtained by Beth Ulrich, EdD, RN, FACHE, FAAN
- Presentation to Nursing Research Council
- IRB approval
- Data Collection Process
- Data Cleaning and Screening
- Analyses using SPSS
Data Analysis

- **Phase I** - Compared Percentage of Strongly Agree and Agree in Critical Care (CC) RNs to AACN Baseline results
- **Phase II** - Compared Percentage of Strongly Agree and Agree in Non Critical Care (NCC) RNs to Phase I CC RNs
- **Phase I & II** – Compared combined groups with AACN Baseline results
- **Phase I & II** – Compared two groups (CC and NCC) independent sample Mann-Whitney for significant differences
Data Analysis (cont.)

- **Phase III** – Compared multiple groups (CC and NCC) and multiple times (2007/8 with 2011) independent sample Mann-Whitney for significant differences

- **Phase III**
  - Compared group I (CC 2007) to group III (CC 2011)
  - Compared group II (NCC 2008) to group II (NCC 2011)
  - Compared group I & II to group III (all in 2007/8 to 2011)
Results: Phase I

- HCH Critical Care Nurses awareness of HWE standards was higher than national survey
- HCH Critical Care Nurses rated all six standards higher than national survey
- HCH Critical Care Nurses rated all six standards higher for their unit than the organization
Results: Phase I & II

*Overall HCH combined rated the organization higher than AACN on questions specifically asking about the six standard statements*

- Skilled communication
- True collaboration
- Effective decision making (one of two questions)
- Appropriate staffing
- Meaningful recognition
- Authentic leadership
Results Phase I compared with Phase II
HCH Critical Care and Non-Critical Care RNs

Critical Care RNs rated all the following areas higher than Non-Critical Care RNs in:

1. RNs are valued and committed **partners in making policy, directing and evaluating clinical care and leading** organizational operations in the work unit *(p<.05)*

2. RNs in their work units have **opportunities to influence decisions** that affect the quality of patient care *(p<.01)*

3. RN staffing ensures the **effective match** of patient needs and nurse competencies in **organization** *(p<.05)*

4. RN staffing ensures the **effective match** of patient needs and nurse competencies in **unit** *(p<.00)*
Critical Care RNs rated all the following areas higher than Non-Critical Care RNs in:

5. Formal process are in place to evaluate the **effectiveness of staffing** decisions in unit (p<.05)

6. RNs are **recognized** on the work unit for the value each brings to the organization (p<.01)

7. Nurse **leaders** engage others in achieving a HWE in the units (p<.05)
Authentic Leadership
Leadership Practices Subscales
(Kouzes & Posner, 2008)

CNO Modeling the way

- CNO involvement and leadership positions in professional organizations – encouraged staff to do the same
- CNO certification – encouraged staff to do the same
- Chaired Nursing Research Council
- Mentored nurses in research process and scholarly writing
- Open communication and access to leaders
- Empowerment through shared governance
- Foster development and reliance on team structures

Authentic Leadership

Leadership Practices Subscales
(Kouzes & Posner, 2008)

Encouraging the heart

- Celebrate the successes and know it takes a village

Inspiring a shared vision

- Created linkage to organization strategic priorities
- Powerful vision that was enthusiastically communicated

Challenging the process

- Promoted data driven initiatives and use of evidence-based practice
- Created stretch goals and moved targets regularly

Authentic Leadership
Leadership Practices Subscales
(Kouzes & Posner, 2008)

Enabling others to act

- Enhancement of Nursing Shared Governance – addition of Patient Safety Council, Nursing Peer Review and Healthy Work Environment/Synergy (total 9 high level councils)
- Enhancement of unit-based councils
- Developed CNS/APN Model
- Encouraged nurses to attend local and national conferences
- Developed and supported nurses to present at local and national conferences

Results Phase III

**True Collaboration** – Phase I & II no significant differences, after interventions significance in:

- Phase I compared with Phase III (CC) \(p<.01\)
- Phase II compared with Phase III (NCC) (not significant but approaching at \(p<.069\))
- Phase III Overall in compared to Phase I & II \(p<.05\)
Results Phase III

Phase I & II no significant differences, after intervention significance identified at the unit level in CC RN group when compared to NCC RN group (p<.05)

- Skilled Communication
- Meaningful Recognition
- Appropriate Staffing
HWE Phase III Comparison of “I” Questions
Percent Strongly Agree + Agree

Communication, Collaboration, Staffing

- Staffing ensures effective match
  - Self: 96%
  - RNs at Unit Level: 53%
  - RNs at Organization Level: 52%

- Proficient in communication as clinical skills
  - Self: 95%
  - RNs at Unit Level: 77%
  - RNs at Organization Level: 68%

- Pursue and foster collaboration
  - Self: 92%
  - RNs at Unit Level: 66%
  - RNs at Organization Level: 61%

Legend:
- Green: Self
- Red: RNs at Unit Level
- Blue: RNs at Organization Level
HWE Phase III Comparison of “I” Questions
Percent Strongly Agree + Agree

Effective Decision Making

Valued partners in decision making
- Self: 59%
- RNs at Unit Level: 68%
- RNs at Organization Level: 70%

Engaged in evaluating technologies that effect patient care
- Self: 56%
- RNs at Unit Level: 55%
- RNs at Organization Level: 59%

Opportunity to influence decisions that affect patient care
- Self: 67%
- RNs at Unit Level: 73%
- RNs at Organization Level: 72%
HWE Phase III Comparison of “I” Questions
Percent Strongly Agree + Agree

Recognition and Authentic Leadership

- Nurse leaders embrace HWE
  - Self: 97%
  - RNs at Unit Level: 70%
  - RNs at Organization Level: 68%

- RNs are recognized for value each brings
  - Self: 61%
  - RNs at Unit Level: 64%
  - RNs at Organization Level: 61%

- RNs recognize others for value they bring
  - Self: 99%
  - RNs at Unit Level: 81%
  - RNs at Organization Level: 81%
Putting Results into Action

HCH Shared Governance Model

Further Enhancements

- Ongoing development of the Unit-Based Councils
- Unit-Based Council Chairpersons serve on Leadership Council
- HWE discussion added to nursing orientation
- Addition of a 10th organization level Shared Governance Council in 2013 – Innovation and Technology Council
Putting Results into Action

- HWE and PPM discussion added to formal nursing orientation
- Enhancements to leadership orientation - Year-long leadership development program in collaboration with University of Florida (live classes every 2 weeks)
- Encouragement of peer to peer feedback and ‘crucial conversations’
- Heightened awareness and diligence in keeping HWE in forefront
- HWE rolled out as part of mandatory service program for all associates - it is not an option
Contact Information

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