Title:
Compare Nurse Engagement Level with Clinical Ladder Level and Perception of Managerial Support

Mary A. Lang, MSN
Electrophysiology Lab, Loyola University Medical Center, Maywood, IL, USA

Session Title:
Engaging Nurse Managers
Slot:
B 04: Friday, 17 March 2017: 3:45 PM-4:30 PM
Scheduled Time:
4:05 PM

Keywords:
clinical ladder, engagement and managerial support

References:


Abstract Summary:
Primary aim was to compare Nurse Work Engagement with the level that the clinical-ladder-eligible nurse has achieved. An engaged nurse is working with a positive mindset and framework. Secondary aim was to analyze impact of perception of managerial support on nurse engagement.

Learning Activity:

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<tr>
<td>a) Identify the definition of engagement</td>
<td>The study explores factors that impact nurse work engagement, using the globally recognized Utrecht Work Engagement Scale (UWES), which defines engagement by the attributes of vigor, dedication and absorption.</td>
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<td>b) Understand that the perception of managerial support is significant for nurse engagement in the workplace.</td>
<td>A significant finding showed level III or IV respondents who were Very Likely to acknowledge managerial support had a significantly higher vigor score compared to those who were Somewhat Likely to acknowledge managerial support (post-hoc p = .01). Similarly, Level III or IV respondents who were Very Likely to acknowledge managerial support had a significantly higher...</td>
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Abstract Text:

**Purpose**: To identify the work engagement level of nurses at a Midwestern academic medical center and determine whether a clinical ladder tool and perception of managerial support impact this engagement.

**Significance**: The study explores factors that impact nurse work engagement, using the globally recognized Utrecht Work Engagement Scale (UWES), which defines engagement by the attributes of vigor, dedication and absorption. In addition, his or her perception of managerial support is correlated with their level of engagement. This perception of managerial support may be an example of authentic leadership, whereby the leader is promoting an honest, positive environment. The nurse is working with a positive mindset and framework. The authors of the UWES described a work engaged individual as a person with a “positive, fulfilling, work-related state of mind…engagement refers to a more persistent and pervasive affective cognitive state”.

Therefore the authentic leader style may foster openness that encourages the individual nurses self-expression and commitment to improve themselves, as well as a give excellent patient care with vigor, dedication and absorption.

**Method**: A survey monkey tool was used to collect data. It was sent out through the hospital's email system, to over 1000 nurses at a midwestern academic medical center. There were three monthly reminders to complete this survey monkey tool. Random selection with inclusion criteria was utilized. The UWES was included, and questions regarding clinical ladder level, years of experience, and certification in nursing, overall commitment to the workplace, and their perception about managerial support, with regard to their clinical ladder achievements was designed. All surveys were confidential and without including names. An incentive was designed to hold a raffle after the completion of the data collection where three nurses would receive a Starbucks gift card. This raffle was collected separate than the survey.

**Response rate**: Representative sample at this midwestern academic center to a completed survey monkey was 277 nurses. The majority of respondents (64%) were primarily situated in inpatient service followed by outpatient service (26%). Regarding work area, many respondents reported working in the adult ICU (14%) or medical surgical inpatient area (14%); fewer reported working in ambulatory clinics (10%). Among respondents, most worked during the day from 0700 – 1930 (27%) followed by evenings – nights 1900 – 0730 (21%); a surprising number of individuals worked outside of the normal shift options (i.e., 25% reported “other” hours). Regarding education, the majority of respondents held a BSN (68%) followed by an associates degree in nursing (18%) and masters in nursing (11%). About 41% of the sample held a nursing certification and more than half of the respondents (51%) were not likely to leave the academic medical center in the next two years.

**Analysis**: Along with the demographics, the years of experience as a nurse were compared with their level on the clinical ladder system. When compared to individuals in level I, those in level II had significantly more years of experience at the academic medical center (post-hoc p = .003), as did those in level III (post-hoc p < .001), those in level IV (post-hoc p < .001). Similarly compared to individuals in level II, those in level III had significantly more years of experience (post-hoc p = .001), as did those in level IV (post-hoc p < .001). Lastly, when compared to individuals in level I, those in level II had significantly more years of experience in their present area (post-hoc p = .002), as did those in level III (post-hoc p < .001), those in level IV (post-hoc p < .001).
The UWES item analysis as a function of the clinical ladder showed no differences by ladder in response to the UWES items. Sensitivity analyses were also conducted that collapse ladder levels into smaller units: (1) Levels I and II, (2) III and IV, and there was no significant difference to the UWES items by ladder level.

With regard to perception of managerial support, the Level III or IV respondents who were Very Likely to acknowledge managerial support had a significantly higher vigor score compared to those who were Somewhat Likely to acknowledge managerial support (post-hoc p = .01). Similarly, Level III or IV respondents who were Very Likely to acknowledge managerial support had a significantly higher vigor score compared to those who were Not Likely to acknowledge managerial support (post-hoc p = .02). No other comparisons were significant for vigor. A similar trend was found with dedication and absorption. Finally, Level III or IV respondents with a perception of more managerial support had higher total UWES scores when compared to those who had less support.

**Conclusions:** Hence, a perception of managerial support was significant for the higher-level experienced clinical ladder nurse, and this showed significance with the level of the nurses’ work engagement as defined by the UWES. Furthermore, the clinical ladder level showed no differences by level in response to the UWES items.

**Implications:** Nurses’ perception of managerial support enhances their level of work engagement. Further study needs to be done on the authentic leaders and their honesty and openness being key factors to a higher level of vigor, dedication and absorption in the nurse.