"There is a common, global understanding that nursing is relevant to care for the sick, and much of the work of nurses, and their impact, lies within the hospital environment. Unfortunately, this perception is based on the current reality of where most nurses work. The brutal truth is that if there is a desire to build and maintain healthy and productive societies, there is a need to understand how nursing can increase their contribution, that is, not only in caring for the sick but also in contributing to the social and economic agenda. Furthermore, nurse leaders have a professional, moral, and scientific obligation to be aware of the evidence and both to introduce it and integrate it into all levels of system" (Shamian & Ellen, 2016, p.99)

The above is the opening paragraph in an article by Shamian & Ellen (2016), where they present evidence showing the clinical, social, and economic returns on investment in nursing, and call for action by nurse leaders to "invest the time, energy, and effort to make the changes that are needed and keep an eye on engagement opportunities outside of the nursing bubble" (p 99). Although Shamian & Ellen (2016) are asking leaders to think beyond the world of hospital nursing, the reality is that even within the world of hospital nursing often opportunities for nursing engagement are limited and the impact of nursing knowledge and contribution remains unrecognized and untapped.

Given that nursing engagement and impact is determined both by nurses and the organizational context in which they practice (Keyko et al., 2016), and that to achieve sustainable success, changes are needed in both, our goal was to create a movement with short term wins and a longer term vision, strategy, and plan.

The purpose of this presentation is to share highlights from our journey of nursing engagement. The objective of this work was to engage nurses, leaders, and other collaborators across the organization in creating a shared vision for optimizing nursing leadership for high quality patient care, education, and knowledge development. In addition, we wanted to change the organizational narrative on how nursing is treated, viewed, and looked to for leadership. In short, our objective was to create a movement for, and with, nurses to show how nurses were the "key ingredient" or the "secret sauce" to achieve the organization’s goal of transforming lives.

Our context is one of a mental health specialty hospital with a strong history of interprofessional practice and few nurses in formal leadership positions until recently. Our approach therefore needed to engage nurses but also other collaborators and leaders throughout the organization. Previously, the organizational narrative on nursing was one of gaps: in knowledge, in consistent adherence to high standards of practice, and in nurses themselves feeling empowered. However, there is increasing recognition that the deficit approach has not been successful for sustainable change and thus leaders are encouraged to adopt a strengths based approach (Gotlieb et al. 2012).
Positive Organizational Scholarship (POS) is a growing discipline, rooted in positive psychology frameworks, that focuses on enhancing capabilities rather than dwelling on the deficits (Havens, 2011). The initiative labelled 'BEST of [organization’s name] Nursing', was formally launched in February 2017 and framed in the positive with respect to both the current and future promise of nursing at the organization. The 8 month process consisted of 4 steps: (a) engagement of a core team of 40 -50 nurses to become change agents; who (b) engaged colleagues (nurses, leaders, and interprofessional colleagues) in dialogue on Best of Nursing; that led to (c) a large summit for synthesizing the dialogue and creating strategies and (d) finalizing the strategy and developing workplans for focused work over the next 18-24 months. The final strategy is one that is aligned with organizational goals, leverages organizational priorities, and honors what we heard from nurses. The recurrent themes were to: enable, engage, and invest. Thus we’ve chosen to focus on three big goals: 1) clinical excellence; 2) nurses as specialty practitioners and leaders; and 3) nurses as partners for organizational initiatives. The presentation will outline the POS approach, share highlights and lessons learned, and discuss the strategy as well as outcomes obtained to date.

Title:
Demonstrating the Return on Investment for Nursing: Elevating Nursing Practice Through Engagement

Keywords:
Making nursing visible, Nursing Engagement and Strengths based approach

References:


Abstract Summary:
Nursing engagement and impact is determined by nurses and organizational context. Our approach to nursing engagement adopted a strengths based approach and included an intentional focus on organizational leaders. This presentation shares lessons learned and resulting strategy focusing on clinical excellence, developing specialist practitioners and leaders, and organizational goals.

Content Outline:
1. Introduction & Context
   1. The organization: Large Mental Health Academic Health Sciences Center
   2. The current state:
      1. Historically few nurses in leadership positions;
      2. Low nursing morale;
   - organizational narrative that nursing is not living up to its potential

2. The Initiative
   1. Strengths based approach: What does the BEST of CAMH Nursing look like
   2. Strategically focused to engage and motivate nurses
      1. Approach was in itself an intervention
   3. Key steps
      1. Establish core group to interview others (60 nurses and 5 friend of nursing - train and provide guiding questions)
      2. Collect and share themes, stories, and distill the key points
         1. Knowing the patient
         2. Nurses wear different hats – which one to use depends on our knowledge – need to make it visible
   - BIG event to accentuate the quiet momentum that was building through the interviews and dialogue

1. Develop the strategy & plan

3. Lessons learnt & Next steps
   1. Strategic approach to engagement
      1. Interviewed all of Executive and key leaders who were not necessarily champions for nursing
      2. By asking them to reflect we forced some unconscious biases and expectations to surface
   2. Link nursing strategy explicitly to organizational goals, highlighting the value add
      1. Strategy focused on 3 areas
         1. Clinical excellence – what the leaders want to see
         2. Strengthen specialist nurses and nurse leaders – what the nurses want to see and what will lead to #1
         3. Greater involvement in organizational initiatives at the outset – what the nurses want, what the unions will champion, and what will lead to success of the initiatives
      2. Share 1-2 examples.
         1. Medical care for psychiatric patient - nurses are uniquely positioned to address this
         2. Engage nurse leaders to form a Nursing Cabinet – to challenge the organizational narrative and use their privilege and position to promote nursing involvement; support and mentor each other
      3. Share overview of the evaluation plan with examples of outcomes for patients(decrease in adverse events; increase in pt satisfaction, nurses (# of nurses achieving specialty certification; # engaged in formal leadership education; # engaged in mentorship as a mentor or mente; and organization (nursing empowerment tool tbd; done through participatory action research )
   3. Engaging the wisdom in the room
      1. Invite feedback on our strategy and plan for the next 12 months
         1. How have others approached nursing engagement ?
         2. What levers have you used to show the value of nursing? Who are the champions?
First Primary Presenting Author

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Professional Experience: Areas of interest and expertise is on organizational change, leadership, professional practice environments and diversity, equity, and cultural competence. Worked with the regulatory body, College of Nurses of Ontario to develop professional standards on Providing Culturally competent Care. Served as board member for the Registered Nurses Association of Ontario. Provided leadership in the development of policy statements on diversity and racism and workshops on cultural competence and diversity. Served as chair and co-chair of panels in the development of best practice guidelines. Regular presenter at national and international conferences. Maintains academic linkages at University of Toronto, York University, and Dalhousie University. Regular guest lecturer in undergraduate and graduate courses in areas of cultural competence and diversity, and professional leadership. Author of “Healthcare providers guide to Clinical Cultural Competence” (Elsevier, 2007) and several book chapters and articles in the area of cultural competence and religion, ethics, and client centered care.

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