

Rural Hospital Nurse Employee Engagement

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Dedications

Eric Braun

This project sought to apply evidence-based organizational management principles to nursing practice in Appalachian Ohio. Teamwork, communication, and dedication emerged as critical themes throughout the study. These same themes were present in the project work itself. Ken Applegate and Dallas Miller at Southern Ohio Medical Center were excellent leadership contacts for the hospital. They provided a range of data, information, and coordination that met tight timelines and supported a meaningful analysis of the nurse engagement issue. My capstone partners Bryn Evans and Gay Nell Krauss both contributed great expertise on nursing, had a passion to make a difference in the nursing workforce, and exhibited a commitment to doing very good work. Developing this project together was a privilege from start to finish.

Bryn Evans

I would like to express my sincere appreciation to both Gay Nell Krauss and Eric Braun for their outstanding collaboration on our capstone project. Gay Nell's dedication to excellence and tireless work ethic have been truly inspiring. It has meant the world to me to have the opportunity to work with Gay Nell in this capacity, and I look forward to many more projects together. Eric's guidance and expertise have added immense value to our project, and his commitment to fostering a culture of innovation and learning is commendable. Together, Gay Nell and Eric have exemplified the spirit of teamwork and the pursuit of academic excellence. I am grateful to have had the opportunity to work with both of you and look forward to seeing your continued success in the future.

Gay Nell Krauss

This capstone project represents more than just a culmination of academic effort; it embodies the spirit of collaboration. It has been a journey, and I am deeply grateful for my partners, Eric Braun, Bryn Evans, and Southern Ohio Medical Center. Bryn, your dedication to excellence and your genuine desire to keep us on track have been truly inspiring with your meticulous nature and determination this journey demanded. Eric, your optimism and innate ability to see the silver lining have lifted many heavy moments while taking many of our thoughts and putting them into words – jury-proofing. Working alongside both of you has been a privilege. Your contributions have left a lasting mark, and I am grateful for the opportunity to have worked with you.

This dedication is a heartfelt expression of my appreciation for your support, guidance, and unwavering commitment to this endeavor. Eric and Bryn, you have not only been exceptional capstone partners but also true friends. Thank you for everything.

Executive Summary

Southern Ohio Medical Center Nurse Employment Engagement Study

November, 2023 // Peabody College, Vanderbilt University Eric A. Braun, Bryn F. Evans, Gay Nell Krauss

Background

Despite a challenging environment, SOMC is consistently recognized as an employer with high employee engagement and has landed on Fortune's "Great Places to Work" Best Companies List for the past 15 years. One out of every four people employed at SOMC is a nurse. Although SOMC has historically achieved remarkably high rankings on a comprehensive benchmark survey, several environmental factors have caused SOMC's nurse employee engagement scores to drop by 10% over the past year, with one Unit receiving the lowest engagement score ever recorded at SOMC.

Problem of Practice

Low levels of work engagement are associated with decreased productivity, high turnover rates, loss of revenue, and decreased patient safety (Pericak et al., 2020). Successful hospitals must be able to recruit and retain top-quality nursing staff. The goal of this project is to address the issue of low nurse employee engagement at SOMC, a rural healthcare organization. The study aims to explore and identify drivers of employee engagement and use evidence-based findings to provide recommendations toward improving employee engagement so that SOMC can restore higher rankings in its benchmark survey and achieve an improved nursing unit performance.

Project Question 1:

What factors influence nurse employee engagement at Southern Ohio Medical Center?

Project Question 2:

How do engagement factors differ on average for a unit with recent leadership turnover versus a unit with consistent leadership at Southern Ohio Medical Center?

Review of Literature

Rural hospitals face challenges distinct from urban and suburban areas. Resources are strained, staffing is hard to come by, and professional development is scarce (McCoy, 2009). Numerous studies indicate that workplace culture is more of a factor than pay. Rural hospitals have a particular interest in finding ways to improve employee engagement and maintain the quality of nursing care. In nursing, engagement refers to satisfaction with and commitment to the job, the organization, and the nursing profession (Dempsey & Reilly, 2016). Engagement is vital for hospitals as it directly impacts nurse satisfaction, retention, and patient outcomes. Engaged nurses are invested in their

tasks and find a sense of fulfillment and positivity in their work. Engagement contributes to performance and efficacy. It also predicts job satisfaction and nursing retention (García-Sierra et al., 2016). Healthy nurse work environments are created by organizations that make continuous investments (Wei et al., 2018 & American Association of Critical-Care Nurses, 2005), as well as by individual factors, such as one's disposition and behavior, group dynamics, workplace culture, and engagement (Jenaro et al., 2011).

Nursing engagement is not "a personality trait" but a function of a nurse's interaction with organizational environment. Engagement can be positively modified by an organization's commitment to that environment. Nurse leaders have a responsibility to encourage nurse engagement. Investments in engagement and strong nurse managers are necessary for good nurse retention and low turnover (Pujado, n.d.).

Vigor, Dedication & Absorption

Employee engagement is a positive and fulfilling state of mind related to work, encompassing vigor, dedication, and absorption (Schaufeli et al., 2002). Vigor entails elevated levels of energy and mental resilience during work and a willingness to invest effort and persist despite challenges. Dedication involves a sense of meaning, enthusiasm, inspiration, and a desire for personal growth and challenges at work. Absorption is characterized by complete concentration when time seems to pass quickly, detachment is challenging, and a sense of intrinsic enjoyment is felt (Schaufeli et al., 2002). Identifying and addressing the specific drivers that affect nurse employee engagement, whether positively or negatively, is therefore very important.

The 5Cs Model

We identified the De-la-Calle-Duran & Rodriguez-Sanchez, (2021) framework, as it focused on the theoretical 5Cs Model (5Cs): conciliation, cultivation, confidence, compensation, and communication. The 5Cs framework provided a systematic approach to understanding and addressing employee engagement by considering the drivers of employee engagement characterized by vigor, dedication, and absorption (VDA). Organizations that successfully use the 5Cs framework have shown positive outcomes in identifying the factors influencing employee engagement.

Conciliation

Conciliation refers to the balance between work and personal life. Nurses in rural areas often face challenges related to traveling long distances and spending time away from their families (Gonzales & Boswell, 2021). By providing flexible scheduling options and accommodating the unique needs of rural nurses, healthcare organizations can promote a better work-life balance and enhance engagement.

Cultivation

Cultivation involves providing opportunities for personal and professional growth, development, and learning. When organizations invest in training programs, mentorship initiatives, or career advancement opportunities, employees feel valued and motivated to enhance their skills and knowledge. Leaders should encourage staff members to continue their studies and to take advantage of available resources, such as scholarships or educational aid.

Confidence

Confidence refers to an employee's belief in their own abilities and their trust in the organization's leadership and direction. When employees feel confident in

their skills and supported by their leaders, they are more likely to be engaged. Nurturing a supportive leadership culture, empowering rural nurses to make decisions, and facilitating employee contributions to the healthcare system can increase employee engagement.

Compensation

Compensation is when an employee is rewarded for their contributions - enhancing motivation and commitment to their work (De-la-Calle-Duran & Rodriguez-Sanchez, 2021). Adequate compensation also fosters a sense of value and recognition, positively impacting employees' dedication, vigor, and absorption levels.

Communication

Communication is the open and transparent dialogue between employees and management; it fosters trust, engagement, and a sense of belonging. Clear communication channels, regular feedback, and opportunities for employees to voice their opinions contribute to their engagement (De-la-Calle-Duran & Rodriguez-Sanchez, 2021). When employees feel heard, involved, and informed, it positively influences their vigor, along with their dedication and absorption in their work.

Project Design & Data Collection

SOMC identified two units within the hospital to compare. "Unit 1" was identified as previously ranking low in engagement, having received the lowest engagement ranking ever recorded at SOMC earlier in the year. Just under 20 nurses provide care to patients in a critical care setting following surgical procedures and operate under the organization's mission statement of "we all make a difference." Unit 1 experienced significant leadership turnover in the past six months, with a new leader having recently been hired at the time of our project.

"Unit 2" ranked high in engagement scores from previous hospital-wide surveys. Unit 2 has more

than 60 nurses who work with patients admitted from the Emergency Department in need of potential surgical procedures. Unit 2 has an established mission of "providing the highest quality, cost effective service to all our customers in a friendly, positive manner." Unit 2's manager has been in place for over 10 years.

Data Collection methods included quantitative unit surveys, and qualitative interviews with three nurses and one manager from each unit, summing up to a total of eight individuals. The survey was sent to all nurses on the unit and included questions related to the five drivers of employee engagement: conciliation, cultivation, confidence, compensation, and communication (De-La-Calle-Durán & Rodríguez-

Sánchez, 2021). This quantitative data provided insights into the perceived influence of these drivers on employee engagement levels characterized by vigor, dedication, and absorption between a unit with recent management turnover and a unit with consistent management.

The timeline for the survey was July 28, 2023, through August 11, 2023, at SOMC. Surveys were sent to all employees in the two separate units. In Unit 1, we received a response rate of 59% (10 responses). And in Unit 2, we received a response rate of 29% (18 responses). This mixed-methods approach provided valuable insight into how the 5Cs Model drivers influenced employees and helped us to identify areas to target engagement improvement at SOMC.

Findings

Project Question #1: What factors influence nurse employee engagement at Southern Ohio Medical Center?

Finding #1: Both the high engagement and the low engagement nursing units ranked dedication (compensation and confidence) as the highest indicator of their employee engagement. SOMC nurses in Unit 1 and Unit 2 rated the three survey questions identifying dedication as factors of engagement higher than survey questions aimed at vigor and absorption. Despite literature that claims the three VDA factors – vigor, dedication, and absorption – co-equally influence engagement, dedication trumps both vigor and absorption at SOMC. Nurses expressed satisfaction with their salaries and higher engagement unit nurses are pleased with their pay.

SOMC nurses consistently reported that trust in their unit leadership and in hospital administration is a critical dedication factor that led to their positive engagement at work. Nurses gain further confidence through trust, which is built at SOMC through a commitment to respectful, constructive feedback where the nurses feel supported and encouraged to learn. The confidence nurses feel at SOMC does not just flow from functional assistance managers provide on the floor. A hospital-wide culture of support builds confidence so nurses feel they are not alone facing challenges and can rely on their leaders to intervene and provide guidance when necessary.

Finding #2: In terms of vigor, the older, more experienced, low engagement unit valued communication more; while the younger, less

experienced, high engagement unit valued conciliation more. The more experienced Unit 1 focused on the practical need to talk to each other often to keep functions running smoothly. The less experienced Unit 2 emphasized workplace flexibility and work life balance as the most significant factors influencing their engagement.

Finding #3: In terms of absorption, cultivation was ranked more important by the higher engagement nurse unit than by the lower engagement nurse unit. Both nursing units indicated that cultivation is material to employee engagement, however it played a more vital role for nurses in the more engaged Unit 2. Younger nurses in Unit 1 have more interest than more experienced Unit 1 nurses in developing the trajectory of their careers. As with confidence, SOMC demonstrates a commitment to cultivation at both the unit level and the organizational level.

The hospital offers structured educational opportunities that cultivate nurse skill development and teamwork, from employer-paid tuition to mentorship programs. SOMC has an online learning platform that is used for credential building and will pay for existing employees to pursue bachelor's degrees, specialization, and board certification. The younger Unit 2 employees acknowledged they took advantage of these opportunities and acknowledged them as great resources more frequently than the older Unit 1 nurses.

Mentorship programming, including a nurse residency program, worked well in the past and should be reconsidered. Nurses from both units expressed their appreciation and contributed their success at SOMC to the residency program.

Project Question #2 How do engagement factors differ on average for a unit with recent leadership turnover versus a unit with consistent leadership at Southern Ohio Medical Center?

Finding #4: No significant difference was found in overall engagement between the two units studied, regardless of manager longevity.

Despite significant reported differences in engagement scores between Unit 1 and Unit 2 from the previous year at SOMC, our survey found no significant differences in engagement scores between Unit 1 and Unit 2. SOMC's original survey showed Unit 1 had the lowest employee engagement scores of any unit in SOMC's history. Shortly thereafter, the Unit 1 nurse manager left SOMC. After several months with no official nurse manager, SOMC hired a new manager less than a month before

our survey went live, and Unit 1 then recorded a substantial improvement in its engagement results. The finding suggests that leadership turnover can have a significant impact. And, once an ineffective leader is removed and/or an effective leader is installed, engagement scores can improve quickly.

The quality of managerial leadership, not merely

the duration, plays a key role in employee engagement. Unit 2 nurses surveyed expressed appreciation and admiration for their nurse manager, who had been in place for over ten years. Unit 1 nurses surveyed demonstrated a surprisingly similar level of appreciation and admiration for their nurse manager, who had only been in place for just over one month.

Recommendations

Recommendation 1: Continue to invest in Dedication. Our study indicates that SOMC is performing well in the engagement factors that comprise employee dedication: confidence and compensation. Both Units 1 and 2 expressed satisfaction with their salaries at SOMC. SOMC should take pride in their attention to these compensation processes and continue the commitment to them.

Since confidence is the most important overall engagement factor across all categories for both units, we recommend that SOMC identify ways to further promote and expand development of nurse confidence among all its nursing units by increasing its investments in training and professional development. We therefore recommend that SOMC develop an EBP training program with a live group delivery format and incentives for participation and completion. This program would not only build self-confidence within nurses to reduce stress and anxiety (Cole et al., 2021), it would also help nurses build trust with unit teammates and improve confidence that the organization is willing to support nurse development through education (Courson et al., 2022).

Recommendation 2: Tailor programs that promote Vigor, according to age and experience. Our study revealed clear differences between older and younger nurses

with respect to the elements of vigor that most impact employee engagement. Older and more experienced nurses value communication more, while younger and less experienced nurses value conciliation more. We therefore recommend that SOMC take a deliberate approach to tailor its training programs to include specific aspects of vigor that will address nurses of all ages and experiences levels.

We recommend that the hospital require all nurse managers lead a daily huddle for every shift in each unit and suggest adding communication skills training and conflict resolution training to the suite of EBP training programs to be developed. To accommodate younger and less experienced nurses, we recommend formalizing the practices of the Unit 1 and Unit 2 nurse managers who allowed for flexible scheduling, consistent scheduling, advance scheduling notice, and other shift management techniques that were praised by the nurses interviewed in this study. Formalizing conciliatory management practices into SOMC policy so they are a minimum standard would ensure more consistent employee engagement across all nurse units at the hospital.

Recommendation 3: Expand existing programs that increase Cultivation. Cultivation is an important factor of engagement for younger nurses and an investment that leads to more engaged older nurses.

Employer-paid tuition is an appreciated and well-utilized benefit for engaged nurses at SOMC. SOMC should maintain this benefit and consider expansion of the program by loosening the qualifications and requirements to participate. SOMC should also refine its residency program to reflect the most recent best practices and then expand it to more incoming nurses. The nurse residence program specifically allows SOMC to meet these challenges while demonstrating the very kind of employee cultivation that is proven to increase nurse engagement.

Recommendation 4: Train nurse managers to ensure consistent leadership qualities are employed and regularly evaluate nurse managers to identify when re-training or removal is appropriate. We recommend that SOMC restructure its nurse manager performance review policies to not only allow evaluation for compensation adjustments, but also to ensure that low-performing nurse managers can be identified at regular intervals. Responses should include mandatory training or re-training that incorporates management competencies and/or removal of nurse managers unable to meet established standards.

Introduction to Southern Ohio Medical Center

Southern Ohio Medical Center ("SOMC") is the largest health care employer in south-central Ohio. The 233-bed rural community hospital provides comprehensive service through a main campus in Portsmouth, Ohio, and several urgent care centers and physician offices in smaller communities throughout the region. Most of SOMC's 3,123 employees live and work in Scioto County, a rust-belt post-industrial city of 20,000 widely recognized as "the pill mill of America" due to its role as the epicenter of the opioid crisis during the 2010s. In 2023, The Appalachian Regional Commission classified Scioto County as one of two "distressed" Appalachian counties in Ohio, meaning it reached the agency's lowest possible economic status. Despite this challenging environment, SOMC is consistently recognized as an employer with high employee engagement and has landed on *Fortune's* "Great Places to Work" Best Companies List for the past 15 years.

One out of every four people employed at SOMC is a nurse. Hospitals nationwide have been dealing with nursing shortages for several years. Demand on the system arising from the aging U.S. population was anticipated to grow through 2030 a decade ago, bringing about increasing levels of nurse burnout, low morale, and dissatisfaction over working conditions (Juraschek et al., 2012). Just a few short years later, the COVID-19 pandemic upended health care and ravaged the nursing profession. These factors have caused SOMC's nurse employee engagement scores to drop by 10%, with one Unit receiving the lowest engagement score ever recorded at SOMC.

The pandemic has accelerated existing trends and amplified factors contributing to a nursing employee engagement crisis. By the end of 2021, two out of three nurses in the U.S. had considered leaving the nursing field due to the pandemic. More than nine out of every ten nurses

anticipated their careers would be shorter than initially intended when they entered the profession (Ulrich et al., 2022). In rural communities, the nurse staffing crisis is even more acute. Rural population declines and flight of younger workers add to post-COVID stresses already squeezing the profession.

Problem of Practice

Previous studies have indicated that work-related factors and nurse demographics significantly influence work engagement among nurses. Low levels of work engagement have been associated with decreased productivity, high turnover rates, loss of revenue, and, most importantly, concerns regarding patient safety (Pericak et al., 2020). In order to be a successful hospital, SOMC must be able to recruit and retain a top-quality nursing staff and keep those nurses engaged to improve retention and high-level performance.

Traditional strategies employed by hospitals, such as pay raises, bonuses, and flexible schedules, have become costlier and less effective in improving employee engagement (Gaffney, 2022). Unique challenges distinct from those encountered in urban and suburban areas face nurses in rural healthcare settings. These challenges impact nursing care, the nursing profession as a whole, and the professional development of individual nurses (McCoy, 2009). Therefore, it is crucial to explore specific strategies for rural hospitals that can enhance nurse employee engagement, job satisfaction, and nurse retention and ultimately improve patient outcomes.

Purpose of Capstone

The goal of this project is to address the issue of low nurse employee engagement at SOMC, a rural healthcare organization. The study aims to explore and identify drivers of

employee engagement associated with both lower and higher-ranking engagement scores. Although SOMC has historically achieved remarkably high rankings on a comprehensive benchmark survey, it recently slipped from the 99th percentile to the 89th percentile nationally - signaling a decline in employee engagement scores during and since the COVID-19 pandemic.

The benchmark survey is voluntary and captures valuable data from employees, including an assessment of nursing excellence. It is crucial to identify underlying factors contributing to this decline (personal communication with leadership at SOMC). Analysis of surveys and interviews can inform recommendations and guide the development of effective strategies to improve employee engagement, particularly in SOMC's low-ranking nursing units. Using evidence-based findings, the purpose of this capstone project is to provide recommendations toward improving employee engagement across nursing units within SOMC so that it can restore higher percentile rankings in its benchmark survey and achieve an improved nursing unit performance.

Project Questions

This project explores differences in employee engagement between two SOMC Units – one with a history of high engagement scores and one with a history of low engagement scores.

Project Question 1:

What factors influence nurse employee engagement at Southern Ohio Medical Center?

Project Question 2:

How do engagement factors differ on average for a unit with recent leadership turnover versus a unit with consistent leadership at Southern Ohio Medical Center?

Review of Literature

Background

Critical nursing shortages have plagued the United States for over two decades primarily due to an aging national population (Jurashek et al., 2012). When the COVID-19 pandemic hit, shortages accelerated and amplified factors that had already been contributing to poor nurse employee engagement. Traditional strategies to boost engagement are proving ineffective, causing hospitals to seek out new methods of improving the engagement and retention of their nurses.

In rural healthcare settings, hospitals, and nurses face challenges distinct from those encountered in urban and suburban areas. Resources are strained, staffing is hard to come by, and professional development is scarce (McCoy, 2009). Rural hospitals have a particular interest in finding non-pecuniary ways to improve employee engagement to maintain the quality of nursing care.

Numerous studies indicate that among nurses, workplace culture is more of an engagement factor than pay. Understanding how workplace culture factors determine nurse work engagement will help inform hospitals about interventions that can be employed to improve engagement and patient outcomes (Keyko et al., 2016). Understanding the culture factors in the context of rural hospitals is of particular importance to SOMC.

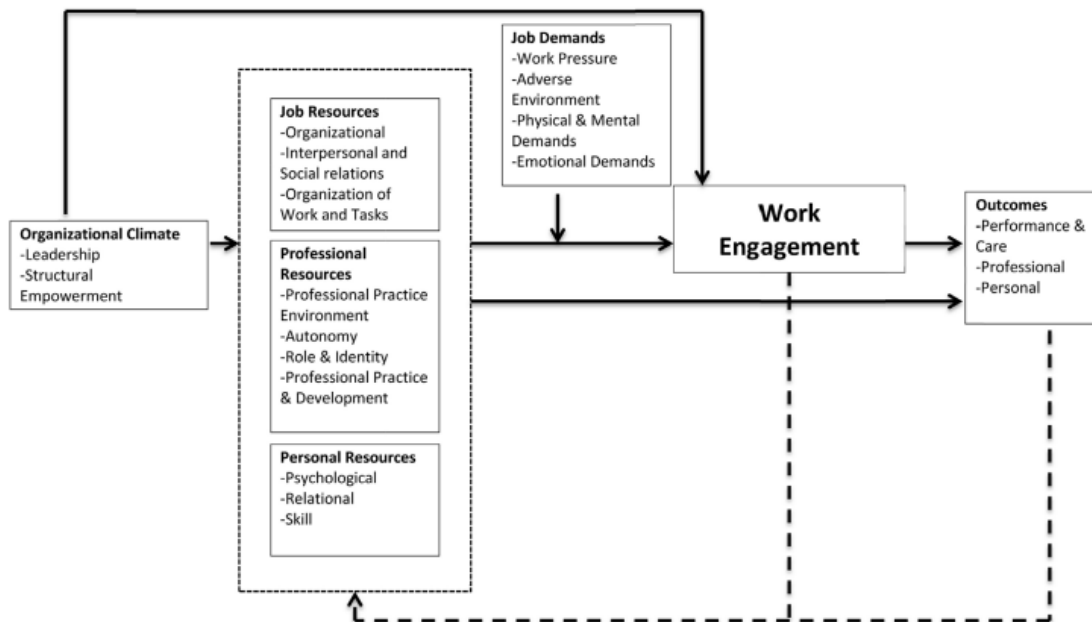
Theoretical Framework

The Job Demands-Resources Framework (JD-R) was first promoted by Demerouti et al. in 2001 and details one's working conditions through job demands and available job resources. This model suggests job demands are the physical, social, and/or organizational requirements

that make up a job. The job resources are the aspects of a job that either allow an employee to thrive or not. The interplay between the two – demands and resources – predicts employee engagement in any work setting (Bakker & Demerouti, 2007).

Keyko et al. studied nursing employee engagement and enhanced the JD-R model to emphasize the specific demands and resources in the nursing field (2016). In the Nursing JD-R (NJD-R) Model (Figure 1), the organizational climate of a work setting directly determines the resources (job, professional and personal) available to employees. The demands of the specific job are then impacted by the resources offered – leading to either positive or negative engagement. The nurse’s work engagement levels will impact the outcomes in their particular work setting, which will begin a cyclical pattern that will affect the resources available (i.e. positive work environment, leads to better outcomes, leads to more resources available and more work engagement; or a negative work environment, leads to worse outcomes, less resources available and further decreased engagement).

Figure 1: Keyko et al.’s Nursing Job Demands-Resources Model



Nurse Employee Engagement

In nursing, engagement refers to satisfaction with and commitment to the job, the organization, and the nursing profession (Dempsey & Reilly, 2016). Engagement is vital for hospitals as it directly impacts nurse satisfaction, retention, and patient outcomes. Engagement is "a positive, fulfilling, and work-related state of mind that's characterized by vigor, dedication, and absorption" (Schaufeli et al., 2006).

Engaged nurses are invested in their tasks and find a sense of fulfillment and positivity in their work. Engagement contributes to performance and efficacy. It also predicts job satisfaction and nursing retention (García-Sierra et al, 2016). Positive patient outcomes and patient safety are tied to high levels of nurse engagement and a healthy nurse work environment (Carthon et al., 2019; Courson et al., 2022; Wei et al., 2018).

Healthy nurse work environments do not just happen. Some studies show they are created by organizations that make continuous investments in improvement in areas such as universal standards or a healthy work environment, including communication, collaboration, effective decision-making, appropriate staffing, meaningful recognition, and authentic leadership (Wei et al., 2018 & American Association of Critical-Care Nurses, 2005).

Other studies show individual factors, such as one's disposition and behavior, making significant contributions towards group dynamics, workplace culture, and engagement. A 2020 study of RNs (Registered Nurse) at two New York hospitals and graduates of George Washington University contradicted scores of other studies and concluded that individual nurse factors such as coping skills, seeking emotional support, and dealing positively with change are more important to nurse engagement than external factors like workplace culture (Pericak et al., 2020). Further studies added to that notion by demonstrating how individual characteristics like

adaptability and resilience, or the capacity to bounce back from adversity, contribute to nurse engagement (Jenaro et al., 2011).

The reality likely lies somewhere in between, with individual and organizational characteristics both contributing to job satisfaction and engagement (Jenaro et al., 2011). Because personal variables are relevant, quality of working life is important where social interactions are concerned. Studies show employers can improve these interactions by improving communication and providing emotional support on the job.

Work engagement and job satisfaction are different constructs, but job satisfaction increases when the level of work engagement improves (Courson et al., 2022). Therefore, lower job satisfaction is accompanied by lower levels of work engagement. The study also found that the variables of age and the makeup of one's home unit correlate with work engagement, suggesting that hospital administrators need to offer support, counseling, and proper resources for nurses to maintain high engagement scores (Courson et al., 2022).

The Job Demands-Resources ("J-DR") model of work engagement was established in 2006 as a framework to weigh the physical and psychological effort required of an employee to complete a job against the tools and training provided by the employer to reduce or offset those demands (Keyko et al., 2016). The Utrecht Work Engagement Scale ("UWES") is a widely used survey to measure work engagement – it is employed by nearly 90% of academic studies through 2017 – and it is known to be compatible with the JD-R framework (Schaufeli & Bakker, 2022).

Falguera et al., (2022) utilized the UWES survey to confirm the post-COVID-19 relevance of the JD-R model in the nursing profession. Their cross-sectional study of nearly 550 nurses in 2022 found that while individual factors influence work engagement, organizational factors also broadly impact engagement. Organizational factors vary widely and consist of both

hard work characteristics, like the number of beds and staffing levels, and soft work characteristics, like decision-making authority and social capital (Van Bogaert et al., 2017).

Nursing engagement is not "a personality trait" but rather a function of a nurse's interaction with their organizational environment. Consequently, engagement can be positively modified by an organization's commitment to that environment. Support for sufficient resources and work-life balance are contributing factors (García-Sierra et al., 2016). Nurse leaders have a crucial responsibility in encouraging nurse work engagement. It is not enough for only frontline nurses to be engaged; nurse leaders themselves must also be engaged in their work (Bergstedt & Wei, 2020). Investments in employee engagement and strong nurse managers are necessary for good nurse retention and low turnover (Pujado, n.d.).

According to a survey of 55 inpatient nursing staff in 2021, attention to generational differences is also a key factor in engagement (McCormack, 2022). Work-life balance expectations changed with the millennial workforce and are changing even more dramatically with the introduction of the Gen Z generation. Characteristics of individuals within these cohorts require different approaches that might not come naturally to the hospital or other health care settings.

While age may be a factor in engagement, rank is not necessarily a factor (Lang, n.d.). In a study of nurses using the UWES scale across four different clinical ladder levels at the Loyola University Health System, nurses at all levels were found to have similar levels of engagement, depending on other factors. However, unique engagement concerns are present for graduates entering the nursing field for the first time, just as they are for veteran nurses. Laschinger et al., (2012) point out that new nurses are particularly susceptible to bullying, and having an

organizational plan to combat it is important to have a positive culture that keeps new nurses engaged.

When nurses have role clarity and are free to act autonomously, are in control, and communication is good, trust and structural empowerment emerge. These elements are consistent with a positive workplace culture. Transformational leadership is the key to establishing role clarity that will lead to a workforce that exhibits vigor, dedication, and absorption (O'Rourke, 2021).

While compensation typically rates low among factors that contribute to employee engagement, Bradley (2021) suggests that "the influence of pay can be a neglected variable in nurse turnover." Rural hospitals typically serve a greater population of geriatric and uninsured patients (Gonzales & Boswell, 2021); however, ensuring competitive compensation packages can help overcome financial challenges and retain talented nurses. The obvious takeaway is to not overlook compensation as an element of a nursing engagement intervention. But Bradley takes it a step further and suggests that pay can be used in a deliberate manner to build other elements of engagement, like trust and loyalty.

The U.S. was already experiencing a profound nursing shortage when the coronavirus struck in 2020. Despite the care needs presented by the coronavirus itself, the demand for other health services plummeted during the pandemic as would-be patients isolated themselves and stayed home. This led to a significant displacement of nurses who quickly left the profession to find other jobs and have not returned (Buerhaus et al., 2022).

As nurses provided care to severely ill patients sick or dying from COVID-19, the impact on engagement was notable. Previous research identified psychosocial consequences specifically affecting healthcare providers, including nurses (Courson et al., 2022). These consequences have

been shown to heighten stress levels and adversely affect job satisfaction, motivation, work engagement, and staff turnover. The continuing fear and uncertainty about COVID-19, surrounding worry associated with patient volumes, workload, psychological stressors, high infection and mortality rates, and severity of symptoms and the possibility of death, led to extreme anxiety and insecurity among frontline nurses during the pandemic. All of these stresses increase nurse turnover intention (Cole et al., 2021).

Registered nurses' perceptions of leadership, communication, and resources decreased from the pre-COVID to COVID period and that shift negatively impacted the nursing practice environment (Bullington, 2021). The pandemic severely compromised employers' ability to recruit and retain nurses in the profession. Critical nursing shortages amplified by the pandemic cause strain, and the increased physical and mental stressors associated with the pandemic have left frontline professionals exhausted and vulnerable to experiencing adverse effects (Courson et al., 2022).

As shortages increase, so does professional burnout. Burnout is the opposite of engagement (Schaufeli et al., 2002), and related employee cynicism is considered the antithesis of vigor and dedication (Schaufeli et al., 2006). Burnout has a negative physical and emotional impact on individual employees and is associated with poor employee performance and increased turnover.

Emotional exhaustion is the burnout symptom with the strongest impact on the quality of nursing care (Salyers et al., 2017). It is important to note, however, that burnout is not simply the absence of engagement, and in fact, burnout and low levels of engagement are caused by separate things. Reducing burnout and increasing engagement may be related in certain cases, but they require distinct interventions to be effective (Schaufeli & Bakker, 2004).

Particularly during challenging times like the COVID-19 pandemic, nursing engagement is not organic. Hospital administrators need to intentionally intervene to offer support, counseling, and proper resources for nurses to maintain high engagement levels. One small midwestern hospital maintained its levels of nurse engagement throughout the pandemic by deliberately overemphasizing dedication to the health care mission (Courson et al., 2022). Hospital leadership at all levels and nurse managers must also be engaged in their work for the frontline nurses who report to them to be engaged (Bergstedt & Wei, 2020b).

Challenges in Rural Hospitals

Rural nursing refers to the delivery of healthcare services and nursing care in areas characterized by low population density and geographical remoteness. Rural communities often have unique social and cultural dynamics that create challenges for employee recruitment and retention, including small candidate pools, isolation, and community dynamics (Smith et al., 2019). Nurses from urban areas face difficulty integrating into rural communities, establishing trust, and addressing specific healthcare needs and preferences of local populations.

Rural hospitals often have limited resources, technology, and medical equipment compared to urban hospitals. Rural nurses often must function in multiple roles to address needs throughout the hospital, which has fewer staff members, outdated facilities, and limited access to specialized services. This can increase the workload and job demands on nurses, while rural hospitals provide fewer professional development opportunities than their urban and suburban counterparts. (Gonzales & Boswell, 2021).

Small candidate pools and limited resources make it difficult for rural hospitals to attract and keep nursing staff. Nursing staff engagement may be impacted by these difficulties (Smith et

al., 2019). Rural hospitals are often located in remote areas, making it difficult for nurses to commute long distances for professional development opportunities (Gonzales & Boswell, 2021). Consequently, rural nurses may have limited access to professional networks, educational opportunities, and career advancement prospects. This isolation negatively impacts nurse engagement.

Although all rural hospitals are not the same, most suffer from financial challenges that are a function of their size, service demographic, and deficit of community and corporate support. According to Boakye et al. (2021), employee awareness of a rural hospital's financial insecurity can contribute to negative employee retention. And where finances are strained, compensation is likely to suffer, so rural hospitals must focus on non-financial aspects of the workplace where they can improve conditions without a high price tag.

Stresses of the pandemic hit rural hospitals particularly hard. COVID-19 cases and deaths were higher per capita in rural areas, and many hospitals serving as Critical Access Hospitals (CAH) for their region had to turn away other non-COVID-19 patients. A 2022 review of select rural CAH hospitals that performed well during the pandemic found that having a positive workplace culture with a leadership team that prioritizes employees was key. Employees repeatedly noted that collaborating with leadership toward a shared goal contributed to job satisfaction and employee retention (Pick et al., 2022).

To address acute care access difficulties for underserved rural people and to allocate limited healthcare resources wisely, rural areas should be defined using a variety of criteria such as population density, census tract data, and commuting patterns (Smith et al., 2019). While it is mostly unknown how nursing resources differ between hospitals depending on their rurality, one study described and analyzed the extent to which nursing resources differ in California, Florida,

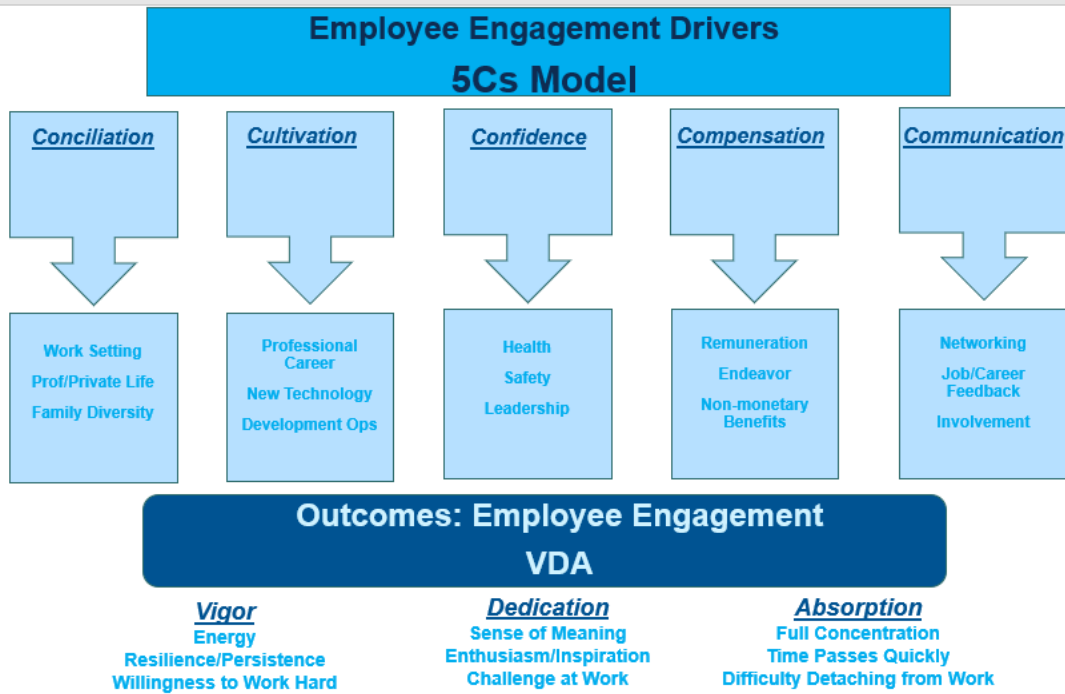
and Pennsylvania between metropolitan, major, small, and isolated hospitals. This exploration of nurse work environments, nurse education, nursing skill mix, and patient-to-registered nurse (RN) ratios helped to establish a need for a more equitable allocation of nursing resources across geographic areas in the U.S. (Smith et al., 2019).

Rural hospitals face unique difficulties that may necessitate the hiring of more nurses at unforeseen times. Rural hospitals do not have the same steady, continuous flow of high-acuity patients that metropolitan hospitals have. Since high-acuity trauma cases tend to happen infrequently and abruptly, rural hospitals are more likely to be caught without specialized nurses available. To safeguard the most remote populations against this problem, policies should be developed to maintain a ready pool of RNs in remote rural areas (Smith et al., 2019).

Conceptual Framing

Our literature review research helped to define the variables and relationships among concepts related to the problem of practice. We reviewed relevant literature on nursing related to low and high-performance employee engagement. We identified De-la-Calle-Duran & Rodriguez-Sanchez's (2021) framework, as it focused on the theoretical 5Cs Model (5Cs): conciliation, cultivation, confidence, compensation, and communication. The 5Cs framework provided a systematic approach to understanding and addressing employee engagement by considering the drivers of employee engagement characterized by vigor, dedication, and absorption (VDA). Organizations that successfully use the 5Cs framework have shown positive outcomes in identifying the factors influencing employee engagement.

Figure 2: 5Cs Model



Drivers of Nurse Engagement

The drivers of engagement in healthcare play a crucial role in promoting a positive work environment and ensuring the satisfaction and commitment of healthcare professionals (Dempsey & Reilly, 2015). These drivers include conciliation, cultivation, confidence, compensation, and communication (Gonzales & Boswell, 2021). (Please see Appendix A for abbreviated definitions.)

Conciliation

Conciliation refers to the balance between work and personal life. When employees feel supported in managing their individual responsibilities and have flexible work arrangements, it enhances their engagement. By addressing the need for work-life balance, conciliation positively

affects employee's vigor, as well as dedication and absorption, allowing them to maintain their energy and focus on both the professional and personal aspects of their lives. Conciliation is especially relevant in the rural hospital context. Nurses in rural areas often face challenges related to traveling long distances and spending time away from their families (Gonzales & Boswell, 2021). By providing flexible scheduling options and accommodating the unique needs of rural nurses, healthcare organizations can promote a better work-life balance and enhance engagement.

Rural nurse leaders face challenges like limited resources, isolation, and lack of support. To promote employee engagement, it is essential to address these issues and provide support systems. A project in rural Texas hospitals involving nurse leaders, academicians, and continuing education experts aimed to collaborate and provide guidance and resources for rural nurses' specific needs. By bringing together a team of rural nursing leaders and providing face-to-face sessions in multiple locations, the project aimed to create a supportive environment where rural nurse leaders can connect, share experiences, and learn from each other (Gonzales & Boswell, 2021).

The study by Courson et al. (2022) referenced earlier, does not explicitly delve into the topics of work-life balance or flexible scheduling; however, it does acknowledge the elevated stress levels and heavy workload experienced by nurses throughout the pandemic. These findings indirectly suggest that there might be a necessity for improved work-life balance and the implementation of flexible scheduling to effectively address and manage these challenges.

Cultivation

Cultivation involves providing opportunities for personal and professional growth, development, and learning. When organizations invest in training programs, mentorship initiatives, or career advancement opportunities, employees feel valued and motivated to enhance their skills and knowledge. Cultivation contributes to employee engagement by fostering a sense of absorption in their work, as well as personal growth and dedication to the organization. Rural healthcare settings, often with limited resources, struggle to prioritize providing rural nurses with access to educational programs and continuing education (Gonzales & Boswell, 2021). By investing in their professional growth and offering career advancement pathways, rural hospitals can motivate and engage their nursing staff.

Furthering one's knowledge sets a good example for front-line workers. Leaders should encourage staff members to continue their studies and to take advantage of available resources, such as scholarships or educational aid. In addition to formal studies, nurse leaders should look for a mentor if they don't already have one and consider establishing a unit-based mentorship program for employees (Bergstedt & Wei, 2020).

Gonzalez & Bozwell (2021) assessed the leadership needs of rural nursing managers and provided them with opportunities for professional development. They found that by investing in cultivating leadership skills, rural healthcare organizations can engage and empower their employees to take on the unique challenges of rural nursing. Courson et al. (2022) found that receiving education about COVID-19 and feeling that the hospital provided adequate education was positively associated with engagement scores. Those same nurses who received education about COVID-19 had lower levels of fear and higher engagement scores throughout the pandemic. Professional development, training, and education can enhance nurse engagement.

Confidence

Confidence refers to an employee's belief in their own abilities and their trust in the organization's leadership and direction. When employees feel confident in their skills and supported by their leaders, they are more likely to be engaged. Confidence-building initiatives, such as clear expectations and constructive feedback, help employees develop a sense of competence and commitment, leading to higher levels of dedication, along with vigor and absorption. Confidence is fostered through supportive leadership and empowerment. Rural nurse leaders must play multiple roles to address the demands of patients and staff due to limited resources (Gonzales & Boswell, 2021). Nurturing a supportive leadership culture, empowering rural nurses to make decisions, and facilitating employee contributions to the healthcare system can increase employee engagement.

Confidence is a key driver that can be applied to the rural hospital context, as evidenced by a study of young, unmarried female nurses. Cole et al. (2021) pointed out that nurses who are young, single, and childless report higher levels of stress and anxiety. This is likely due to a lack of belief in their own ability. Of these same nurses, the majority reported that their supervisors lacked concern and that this led to even higher levels of stress. A nurse's perception of the willingness of their employer hospital to provide adequate education is positively associated with engagement scores (Courson et al., 2022). This is an aspect of supportive leadership which aligns with the notion of confidence as a driver of engagement.

Compensation

Compensation is when an employee is rewarded for their contributions - enhancing motivation and commitment to their work (De-la-Calle-Duran & Rodriguez-Sanchez, 2021).

Adequate compensation also fosters a sense of value and recognition, positively impacting employees' dedication, as well as vigor and absorption levels. In the context of a rural hospital setting, compensation refers to both the financial and non-financial rewards and benefits provided to nurses in exchange for their work and contributions to the organization.

Communication

Communication is the open and transparent dialogue between employees and management; it fosters trust, engagement, and a sense of belonging. Clear communication channels, regular feedback, and opportunities for employees to voice their opinions contribute to their engagement (De-la-Calle-Duran & Rodriguez-Sanchez, 2021). When employees feel heard, involved, and informed, it positively influences their vigor, along with their dedication and absorption in their work. In the context of a rural hospital setting, it refers to the exchange of information, ideas, and feedback between various stakeholders within the organization. Effective communication plays a crucial role in promoting engagement and fostering a positive work environment.

Vigor, Dedication, and Absorption

The variables and definitions used to measure the concept of employee engagement were introduced by Schaufeli et al. (2002). Employee engagement is a positive and fulfilling state of mind related to work, encompassing vigor, dedication, and absorption. This concept refers to a pervasive and persistent affective-cognitive state that is not specific to any particular object, event, individual, or behavior.

Vigor entails elevated levels of energy and mental resilience during work and a willingness to invest effort and persist despite challenges. Dedication involves a sense of meaning, enthusiasm, inspiration, and a desire for personal growth and challenges at work. Absorption is characterized by complete concentration when time seems to pass quickly, detachment is challenging, and a sense of intrinsic enjoyment is felt (Schaufeli et al., 2002).

Every driver, or factor, influences the overall levels of engagement within the organization. These drivers can either contribute to low or high levels of nurse employee engagement. Identifying and addressing the specific drivers that affect nurse employee engagement, whether positively or negatively, is therefore very important.

Effective Strategies

A tremendous amount of literature has been produced on the problem of health care worker shortages and growing concerns about the sustainability of the post-pandemic nursing workforce. Few studies, however, specifically address employer initiatives to mitigate the problem. Hooper (2023) introduced three elements of a nurse's well-being: pay, protection, and support. Each of these are part of a work environment that can and must be fostered by an employer to treat nurses as professionals and allow them to flourish.

In an Alabama study identifying patterns of turnover intention among frontline nurses, a large majority of nurses (around 77%) expressed the belief that they should be adequately compensated for the workload and risks involved in working during the COVID-19 pandemic. The analysis also found that age and seniority played significant roles, with younger nurses having higher expectations for compensation due to the workload resulting from COVID-19

(Cole et al., 2021). Based on this study, a lack of both conciliation and compensation led to decreased engagement.

Shared governance, or the practice of sharing information, communicating, and making decisions with staff members and leadership collaboratively, is a demonstrated tactic to improve nurse engagement (Ong et al., 2017). By integrating frontline employees into discussions that impact their practice and patience, nurses feel heard and empowered. Furthermore, actions are better informed, and relationships between nurses, managers, and physicians improve.

A case study of the 95-bed rural Adirondack Health in upstate New York demonstrated the power of shared governance in a small union organization where seniority trumped merit and entitlement ran rampant (McClarigan et al., 2019). Hospital leadership established practice councils made up of staff across units to identify and execute improvement projects across the facility. A committed chief nursing officer was employed to sell the vision, and nurse managers were directed to build trust. The partnerships and bridges that followed increased communication and allowed teams to celebrate wins together.

The Practice Environment Scale of the Nursing Work Index (PES-NWI) segments nursing engagement into four categories: most engaged, moderately engaged, somewhat engaged, and least engaged. Nurses who can participate in hospital policy decisions are the most engaged. Nurses who can serve on hospital internal governance committees are moderately engaged. Nurses who can serve on nursing committees are engaged. Nurses with access to none of these opportunities are the least engaged (Carthon et al., 2019). There is a correlation between engaged nurses and reports of patient safety, even in circumstances with sub-optimal staffing levels. This correlation implies that enhancing opportunities for nurses to engage with decision-

making bodies within hospital settings can improve patient safety and outcome (Carthon et al., 2019).

A study of a San Diego hospital presented at the 2015 International Nursing Research Congress found that neither a nurse's highest degree earned nor years of experience as a manager had as significant an impact on their competence as continuing education and professional development (Stichler & Ecoff, 2015). Professional development practices predict individual work engagement in nursing practice (Keyko et al., 2016).

Leadership style makes a significant difference as well. When nurse leaders are passive and delay feedback, their staff are less engaged. When nurse leaders are active and exhibit transformational qualities, their staff are more engaged (Manning, 2016). Leadership in rural hospitals is vitally important. In the same way that building consensus, investing in a shared vision, and driving employee engagement make a difference in improving urban and suburban health care settings, it also drives better outcomes at rural hospitals (Nkwonta, 2017).

“Soft” workplace characteristics should not be overlooked when studying engagement. Hospitals should spend more to build team cohesion and promote social capital among frontline nurses (Van Bogaert et al., 2017). Similar models conclude that employer resources are the most important factor in predicting work engagement and should therefore be a priority for employers to develop (Harkanen & Roodt, 2010).

Leaders who are approachable, practice open communication, and show a personal interest in their employees may increase engagement. Nurse leaders who try to implement these methods are more likely to increase work engagement among their teams. Higher levels of work engagement are projected to reduce burnout, incivility, and turnover, while staff shortages and patient care quality will increase (Bergstedt & Wei, 2020).

Throughout the COVID-19 pandemic, hospitals reporting average scores in work engagement suggested that open and effective communication about the pandemic and safety measures were able to maintain engagement (Courson et al., 2022). A study in rural Texas hospitals emphasized the importance of effective communication in engaging employees in rural healthcare settings through face-to-face and online sessions with experienced nurse leaders (Gonzales & Bonswell, 2021). These sessions promote knowledge sharing, networking, and meaningful exchange between rural nurse leaders and governing boards. Such leadership communication styles and skills can be improved through training and ongoing assessment.

Four engagement factors (individual differences, self-regulation, perceived competence, and healthcare climate) have been shown to impact the readiness, ability, and commitment of nurses to respond during a disaster. Studies show that a nurses' participation in actual disaster events can enhance their confidence in disaster preparedness. Nurses noted the importance of hands-on education to improve their level of preparedness (Baack & Alfred, 2013).

Effective communication is essential in promoting engagement within rural healthcare settings. Open and effective channels of communication facilitate collaboration and teamwork among healthcare professionals. By encouraging transparent communication, rural hospitals can create an inclusive and supportive work environment that enhances engagement (Gonzales & Boswell, 2021).

Providing frontline nurses with additional psychosocial support is crucial in addressing their inclination to leave their positions as a result of burnout (Cole et al., 2021). This is especially significant in the context of rural hospitals, which may encounter specific challenges in delivering such support.

Summary

While rural hospitals face unique challenges, such as limited resources, geographic isolation, and community dynamics, these drivers of engagement can still be applied effectively. By tailoring strategies to address the specific challenges and opportunities present in rural settings, rural healthcare organizations can create an environment that supports and engages their nursing staff. This may involve offering flexible work arrangements, providing access to educational resources, implementing supportive leadership practices, ensuring fair compensation, and fostering open communication channels that bridge geographic barriers.

Rural hospitals have fewer nursing resources, including fewer BSN-degreed nurses and insufficient staffing. Understanding these differences is crucial for developing policies that address rural communities' needs and improve overall health (Smith et al., 2019). Recognizing the importance of the drivers of engagement and adapting them to the rural hospital context will provide a roadmap for rural healthcare organizations to promote the well-being and professional growth of rural nurses, ultimately leading to improved healthcare delivery and outcomes in rural communities.

Project Design

SOMC identified two units within the hospital to compare. “Unit 1” was identified by SOMC as previously ranking low in engagement, having received the lowest engagement ranking ever recorded at SOMC earlier in the year. Unit 1 is comprised of just under 20 nurses providing care to patients in a critical care setting following surgical procedures and operates under the organization’s mission statement of “we all make a difference.” Unit 1 experienced significant leadership turnover in the past six months, with a new leader having recently been hired at the time of our project.

“Unit 2” ranked high in engagement scores from previous hospital-wide surveys. Unit 2 has more than 60 nurses who work with patients admitted from the Emergency Department in need of potential surgical procedures. Unit 2 has an established mission of “providing the highest quality, cost effective service to all our customers in a friendly, positive manner.” Unit 2’s manager has been in place for over 10 years.

Data Collection

For this quality improvement project, we used a mixed-methods data collection approach to compare employee engagement factors between previously identified low-ranking and high-ranking teams. Our methods included qualitative interviews and a quantitative survey.

Interviews

The interviews were designed to explore a deeper understanding of the lived experiences and perspectives of employees regarding the drivers of engagement. Participants from both low-ranking and high-ranking teams were invited to share their thoughts, allowing for a qualitative exploration of how the drivers impact their individual engagement levels within the organization.

The interviews covered questions touching on conciliation, cultivation, confidence, compensation, and communication components, allowing participants to provide detailed insights, examples, and their perceptions. Examples of questions include: "How does SOMC promote a healthy work-life balance for their employees?" and "How is open and transparent communication with your team encouraged?" (Full interview protocol in Appendix B.)

We aimed to recruit five members from each unit, with an invitation from SOMC leadership. SOMC then provided a list of three employees, and one manager from each unit who

agreed to be interviewed along with their contact information to our project team. From the targeted list, we successfully interviewed three nurses and one manager from each unit, summing up to a total of eight individuals. Each interview session lasted between 30-45 minutes.

Survey

The electronic survey included questions related to the five drivers of employee engagement: conciliation, cultivation, confidence, compensation, and communication (De-La-Calle-Durán & Rodríguez-Sánchez, 2021). Participants were asked to rate their agreement or disagreement with statements reflecting each driver using the 7-point Likert scale Utrecht Work Engagement Scale (UWES-9) (Schaufeli et al., 2002). This quantitative data provided insights into the perceived influence of these drivers on employee engagement levels characterized by vigor, dedication, and absorption between a unit with recent management turnover and a unit with consistent management.

The electronic survey was sent to all members of each unit via email using SOMC's SurveyMonkey tool. Clear instructions were provided, emphasizing the importance of honest and thoughtful responses. Participants were asked to review the nine statements about their work experience and indicate how they felt about their individual job components. Participants were given one week to complete the survey, but with a poor response rate, the survey was extended to two weeks, with the administration's encouragement to complete it. Survey data was collected upon IRB quality improvement project approval. The timeline for the survey was July 28, 2023, through August 11, 2023, at SOMC. (Survey questions in Appendix C.)

Surveys were sent to all employees in the two separate units. In Unit 1, we received a response rate of 59% (10 responses) and in Unit 2, we received a response rate of 29% (18 responses).

Triangulation

By combining the quantitative data from the electronic survey with the qualitative data from the interviews, we formulated a comprehensive understanding of the relationship between the drivers and levels of engagement. This mixed-methods approach provided valuable insight into how the 5Cs Model drivers influenced employees and helped us to identify areas to target engagement improvement at SOMC.

Limitations to Data Collection

We recognize several limitations within our project. Our agreement with the organization included that SOMC would identify only two units our team would have access to. With access to more units within SOMC, our study could have been more robust with better insight into engagement components for both high- and low-ranking units, with various histories of leadership tenure. The two units we were given access to had significantly different numbers of employees – one with less than 20 and the other with more than 60 – causing difficulties with response rates and comparisons. In regard to our interview participants, they were selected by the SOMC administration. This form of nonprobability sampling leaves the potential for bias in potentially picking nurses with more favorable impressions. Lastly, without a mandatory survey, the respondents may be limited to those with strong opinions – positive or negative – and not encompass the full view of each unit.

Data Analysis

Qualitative Interview Analysis

What factors influence nurse employee engagement at SOMC?

Interviews were conducted with three nurses and one manager each from both Units 1 and 2, via Zoom with Otter.AI transcription service running concurrently. At the end of each interview, Otter.AI provided a text of the verbatim transcription. Responses were initially grouped by Unit 1, Unit 2, and supervisors. However, during our analysis it became apparent to the team that the data needed to be reorganized for additional analysis. Instead of only by unit, we needed to separate the data into unit and question (i.e., Question 1 for all respondents in Unit 1, and Question 1 for all respondents in Unit 2). This allowed us to better “read” the data and get a better understanding of the individual perceptions for each unit (Ravitch & Carl, 2021).

To start the analysis, each team member independently read through the transcripts several times and began pre-coding by hand to familiarize ourselves with the responses and noted any initial thoughts, feelings, and reactions to the responses and how they were conveyed by the participants (Ravitch & Carl, 2021). With our initial readings, we used an inductive approach to identify overarching concepts, based on repeated perceptions and similarities between the participants. As suggested by Ravitch and Carl, to improve reliability in our project, our team engaged in dialogic conversations to ensure consensus in our coding, as well as to document the initial ideas and themes we were finding (2021).

Our next step was to determine our deductive approach to generating codes. Deductive coding is derived from prior research pertaining to the project question (Ravitch & Carl, 2021). De-la-Calle-Duran & Rodriguez-Sanchez’s 5Cs engagement theory identified five drivers and three outcomes of employee engagement (2021). We began our codebook by identifying the 5Cs

and VDA outcomes as our thematic codes: conciliation, cultivation, confidence, compensation, communication, vigor, dedication, and absorption. To further the deductive approach, we created sub codes consisting of the simplified definitions of each of the 5Cs and VDAs (Vigor, Dedication, and Absorption) (i.e., Code: cultivation; Sub codes: personal growth, professional growth, development, learning). Lastly, we tied each of the 5Cs to their corresponding VDA output.

Figure 3: 5Cs to VDA Engagement Outcomes

5Cs to VDA Outcomes	
Conciliation	Vigor
Communication	Vigor
Confidence	Dedication
Compensation	Dedication
Cultivation	Absorption

We then uploaded our transcript data into Atlas.ti, a computer-assisted qualitative data analysis software to facilitate coding. Using Atlas, we began coding using the pre-determined codes and sub codes. To promote reliability in our coding, our group coded one response from each unit together to ensure we were interpreting the responses and the resulting codes similarly. We then coded the remaining interviews independently, taking note of any responses we were unsure of how-to code. Our team then engaged in further dialogic conversation to form a consensus on the best code to use for any response in question.

In our analysis of the two Units, we quantified qualitative comments to determine the percentage of positive responses associated with each VDA outcome and the respective 'C'. For

each of the VDA outcomes (Dedication: Compensation and Confidence; Vigor: Communication and Conciliation; and Absorption: Cultivation), we combined the total number of positive comments for each C per Unit and divided it by the total number of comments in both Units to determine the percent of response.

For Dedication, confidence showed positive feedback of 60.00% in Unit 1. while Unit 2 was at 60.34%. The compensation aspect showed a 40.00% positive response for Unit 1 and 39.66% for Unit 2. For Vigor, communication had higher positive feedback in Unit 2 with 68.75% compared to 59.57% in Unit 1; and conciliation had 40.43% positive feedback in Unit 1, whereas Unit 2 had a 31.25% positive response. For Absorption, which focuses on Cultivation, Unit 1 had a 46.67% positive response, whereas Unit 2 exhibited a slightly higher positive response at 53.33%.

Our team utilized a thematic analysis approach to develop themes to answer our project questions based on our participant's experiences (Ravitch & Carl, 2021). In order to embody validity throughout our project, our team has rigorously sought to maintain fidelity to our participant's experiences, represent the complex nuances of engagement, and be transparent regarding our challenges and limitations.

Limitations to the Analysis

Our project team recognizes that we come to this project with our own unconscious biases that have the potential to influence our analysis. Each team member has previous experience studying engagement in various industries that may affect our positionalities. We also recognize we have a limited sample of participants, so our sample may not encompass all views and approaches to engagement within SOMC.

Quantitative Survey Analysis

Do engagement factors differ on average for a unit with recent leadership turnover versus a unit with consistent leadership at Southern Ohio Medical Center?

The quantitative data was derived from a 7-point Likert scale with three questions each for: Vigor, Dedication, and Absorption, as well as demographic data for the participants. After surveying the two units – one known to be a high-ranking team in terms of engagement, and one known to be low-ranking – we compared the responses of the two units to determine if the recent leadership changes had an effect on engagement levels.

We first reviewed and cleaned the data to check for and remove missing or flawed values. Because of the different response rates for the two units (Unit 1 – 59% and Unit 2 – 29%) we weighted the average responses, and conducted a t-test using the two-sample assumption of unequal variances. We ran the t-test for all nine of the questions together and then for each set of questions for vigor, dedication, and absorption to determine if there was a significant difference between the two units on any of the VDA variables.

Figure 4: Survey Ranking of Engagement Outcomes

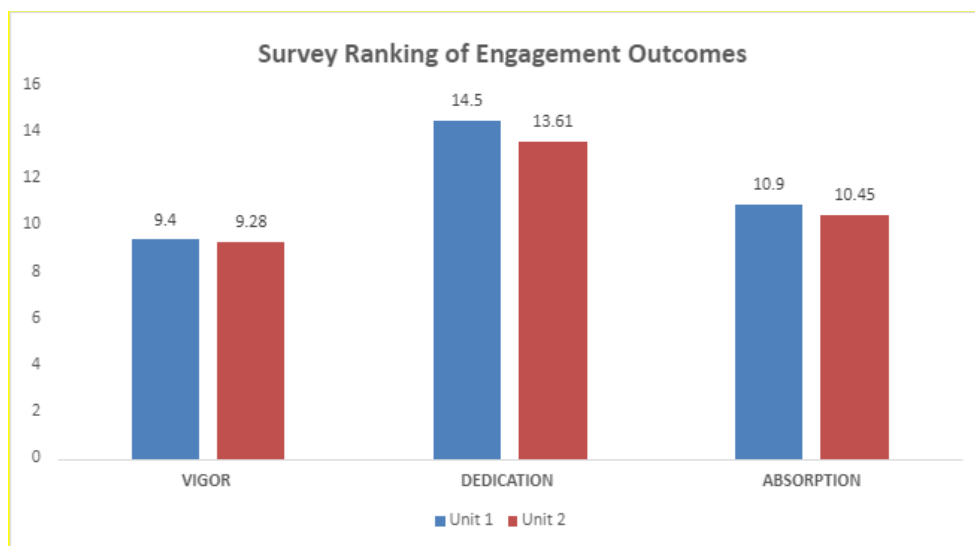
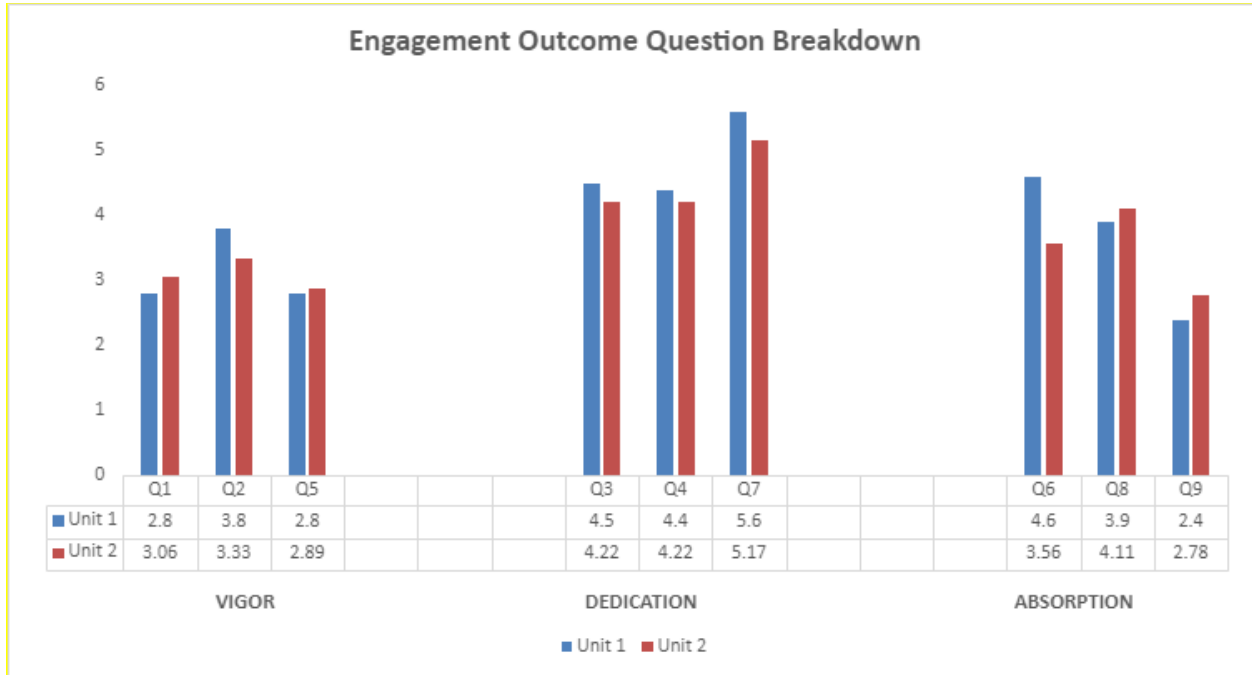
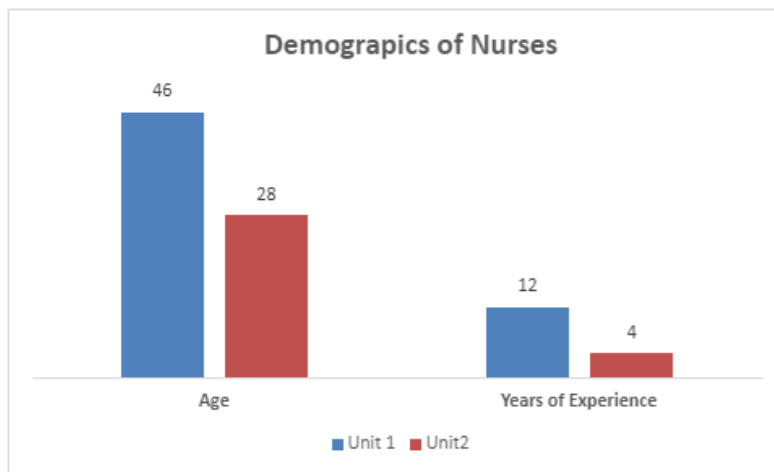


Figure 5: Engagement Outcome Question Breakdown



All respondents from both units were female, leaving the remaining demographic data to consider as age and years of nursing experience. We compared both the mean and the median for the two units on age and experience to determine if there were differences in the makeup of the employees in each unit.

Figure 6: Demographics of Nurses at SOMC



Limitations to the Analysis

We recognized once again that we had a small sample size from which to gather data. The survey was sent to all nurses in both Unit 1 and Unit 2, with encouragement from leadership to participate. However, the survey was not mandatory, and therefore we were unable to get a large sample of responses. Correspondingly, the hospital was at full capacity due to a COVID outbreak at the time of our survey, possibly hindering its priority for the nurses to complete.

Triangulation of Data

To increase validity of this project, we used methodological triangulation to interweave our quantitative and qualitative data (Ravitch & Carl, 2021). Our survey results provided quantitative data and demographics on the VDA outcomes of nurse engagement in regard to different stages of leadership. We then interwove the quantitative data with our qualitative interview data focusing on the 5Cs drivers of engagement to provide varied perspectives on the two units and their work engagement.

Findings

Project Question #1: What factors influence nurse employee engagement at Southern Ohio Medical Center?

Finding #1: Both the high-engagement and the low-engagement nursing units ranked dedication (compensation and confidence) as the highest indicator of their employee engagement. In terms of dedication, confidence influences SOMC nurse employee engagement more than compensation.

A. Compensation

SOMC nurses in Unit 1 and Unit 2 rated the three survey questions identifying dedication as factors of engagement higher than survey questions aimed at vigor and absorption. Despite literature that claims the three VDA factors – vigor, dedication, and absorption – co-equally influence engagement, dedication trumps both vigor and absorption at SOMC. According to one Unit 1 low engagement level nurse, “they try to do a cost of living like the market adjustments, they look at wages in the area hospitals and see how we compare. They also do like quarterly raises to bring us up to speed and usually once a year we get a bonus also based on hospital performance.”

A nurse in Unit 1, the lower engagement unit put it this way, “if you are compensated, the happier [you] are, the happier [you]’re going to work.” Another Unit 1 nurse acknowledged that compensation is “why we’re all here. You know, make a living taking care of our families. So, we try our best to make people want to come to this hospital so that we’re more likely to get those raises and those bonuses.” Both nurses expressed satisfaction with their salaries.

Higher engagement unit nurses were likewise pleased with their pay - “I feel like I get paid pretty good. I don’t think we get paid less than the hospitals around us. I feel fairly compensated.” Another nurse in Unit 2 agreed, “yeah, we definitely get, you know, paid well. They do [an] analysis to compare it to other hospitals to make sure we’re getting paid fairly. They definitely try to make sure that we get the compensation that we deserve.”

B. Confidence

While reasonable compensation is a necessary predicate to engagement, SOMC nurses consistently reported that trust in their unit leadership and in hospital administration is the critical dedication factor that led to their positive engagement at work. One nurse proclaimed, “I feel very comfortable here. Some people just care about the money, but I’m telling you the difference is the environment, and I feel very cared about here.” At SOMC, nurses gain confidence by building skills in a healthy and psychologically safe environment. “[Nurse managers] are always willing to help if you’re unsure about a skill. They’ll offer to do the skill first and show [nurses], and then watch [nurses] do the skill the next time, in order to make sure [the nurses are] comfortable.”

Nurses gain further confidence through trust, which is built at SOMC through a commitment to respectful, constructive feedback where the nurses feel supported and encouraged to learn. One nurse described an almost seamless ongoing dialogue with managers that values continuous improvement: “If there’s something that we need to work on, we just didn’t realize it. And so [by] just bringing it to our mind and putting it forefront, [nurse managers] ... just, get you into a groove.” One nurse from the low engagement unit explained that “on a larger level if something were to go wrong, we have the managers that can step in, and they can handle those problems as well. And I’ve never had a problem that they have not been in your corner.”

The confidence nurses feel at SOMC does not just flow from functional assistance managers provide on the floor. A hospital-wide culture of support builds confidence so nurses feel they are not alone facing challenges and can rely on their leaders to intervene and provide guidance when necessary. One nurse who had worked previously at other hospitals in the same

Appalachian region of Ohio explained that she "never really felt unappreciated [at SOMC]. But [she had felt underappreciated] at different hospitals."

Finding #2: In terms of vigor, the older, more experienced, low engagement unit valued communication more; while the younger, less experienced, high engagement unit valued conciliation more.

The more experienced Unit 1 focused on the practical need to talk to each other often to keep functions running smoothly. The nurses all work in one big open room and are often faced with unstable patients or emergency situations. "The more communication, the better," proclaimed one nurse. Daily shifts begin with briefing huddles, and if the day is too busy for a huddle, "the manager from that unit would come and catch us at our station."

There are potential risks to open communication, however. A nurse described that in a room with lots of informal communication, "if one person hears something, it just travels and travels." Another nurse added that "sometimes working in an emergency situation, you can be misunderstood." The more direct communication and "less speculation, the better your unit will run." More experienced Unit 1 nurses place value on knowing their voices and opinions are heard and ranked organizational transparency as important to engagement.

The less experienced Unit 2 emphasized workplace flexibility and work-life balance as the most significant factors influencing their engagement. Several nurses credited "the way they schedule and how good they are about [schedules] is probably one of the reasons a lot of people stay [at SOMC]." Unit 2 is made up of younger nurses, who need to feel supported by leadership in both personal and professional aspects of their lives. One respondent said, "[managers] are just

so great about making sure that we still get time off, because they need us here and don't want us to get burnt out.”

Two of the Unit 2 nurses mentioned needing time off for a wedding – one for her own and another for a friend. In both cases, the nurse manager accommodated the request. “Our manager is great about that ... we're [also] good about other employees switching days if we need to ... everybody here is great about helping each other out.” For younger nurses with families, a work-life balance that sometimes favors family-life can go a long way toward positive engagement. One nurse really appreciated consistent scheduling, so she could plan her week at home. Another was thankful for weekends off: “if you have children and have sporting events, and you have a kid that plays football every Friday, they'll give you out every Friday, so you can watch your kid play football.” SOMC nurses are allowed to “continue to have a normal home life, but also ... be able to work.”

Finding #3: In terms of absorption, cultivation was ranked more important by the higher engagement nurse unit than by the lower engagement nurse unit.

Both nursing units indicated that cultivation is material to employee engagement, however, it played a more vital role for nurses in the more engaged Unit 2. One Unit 2 nurse mentioned that “when [she] came to this floor as an intern, [she] immediately noticed that everybody helps everybody – they all know how it is to need help, and it's not even a question.” Younger nurses in Unit 2 have more interest than more experienced Unit 1 nurses in developing the trajectory of their careers. As with confidence, SOMC demonstrates a commitment to cultivation at both the unit level and the organizational level.

Nurse managers in Unit 2 were given credit for their commitment to practical scenarios that contributed to cultivation. One nurse recounted that she “encountered challenging patients, and [her] nurse manager has been incredibly supportive. She willingly assists me, even helping with tasks like inserting IVs for patients with tiny veins. Her willingness to step in and perform various skills is truly admirable.” Such hands-on manager involvement cultivates individual nursing skill development, and it also cultivates teamwork. In “other units, I just feel like nurses don't want to help,” but in Unit 2, “they're not mad, they're not annoyed. They will come and help because they know how it is to need help.”

The hospital also offers structured educational opportunities that cultivate nurse skill development and teamwork, from employer-paid tuition to mentorship programs. SOMC has an online learning platform that is used for credential building and will pay for existing employees to pursue bachelor's degrees, specialization, and board certification: “SOMC basically covered all of my bachelor's degree and board certifications, which was great for me to move forward.” A blend of applied support and structured professional development creates a cultivating environment at SOMC. The younger Unit 2 employees acknowledged they took advantage of these opportunities and acknowledged them as great resources more frequently than the older Unit 1 nurses.

Many mentioned mentorship programming, including a discontinued nurse residency program, as cultivation vehicles that worked well in the past and should be reconsidered. Nurses from both units expressed their appreciation and contributed their success at SOMC to the residency program. One nurse shared, “I started as a resident on the surgical vascular care unit, where I stayed for 12 years, and I've been in Unit 1 for four years. When I came to Unit 1, everyone helped me learn what I needed to know”.

Project Question #2: How do engagement factors differ on average for a unit with recent leadership turnover versus a unit with consistent leadership at Southern Ohio Medical Center?

Finding #4: No significant difference was found in overall engagement between the two units studied, regardless of manager longevity.

Despite significant reported differences in engagement scores between Unit 1 and Unit 2 from the previous year at SOMC, our survey found no significant differences in engagement scores between Unit 1 and Unit 2. SOMC's original survey showed Unit 1 had the lowest employee engagement scores of any unit in SOMC's history. Shortly thereafter, the Unit 1 nurse manager left SOMC. After several months with no official nurse manager, SOMC hired a new leader. The new Unit 1 nurse manager began less than a month before our survey went live, and Unit 1 then recorded a substantial improvement in its engagement results. While conditions raise questions about the extent to which a new manager could be singularly responsible for dramatic improvement in such a short period of time, the finding does suggest that leadership turnover can have a significant impact. And, once an ineffective leader is removed and/or an effective leader is installed, engagement scores can quickly improve.

Our study further suggests that while the longevity of a manager's tenure might influence a team, the quality of managerial leadership - not merely the duration - plays a key role in employee engagement. The new Unit 1 nurse manager described deliberate actions she took to address fractures in the unit in her first month: "I always want to be open and transparent with any conversation ... I don't want to tell one person one thing and another person another. And I feel like that was kind of like a big divider in some ways within the department prior to me being

there. So being upfront honest, answering questions, if I don't know the answer, I'm going to search it out and try to find the answer for them and get back with them.”

Unit 2 nurses surveyed expressed appreciation and admiration for their nurse manager, who had been in place for over ten years. Unit 1 nurses surveyed demonstrated a surprisingly similar level of appreciation and admiration for their nurse manager, who had only been in place for just over one month.

Recommendations

Based on these findings and our review of the literature, we propose four recommendations.

Recommendation 1: Continue to invest in Dedication.

Our study indicates that SOMC is performing well in the engagement factors that comprise employee dedication: confidence and compensation. Both Units 1 and 2 expressed satisfaction with their salaries at SOMC. This includes the process by which those salaries are regularly compared to the market, how that data is communicated to employees, and how raises and bonuses are awarded to maintain competitive levels. Nurses appreciate these practices and rely on their competitive pay as a prerequisite to staying on the job. SOMC should take pride in their attention to these compensation processes and continue the commitment to them.

Since confidence is the most important overall engagement factor across all categories for both units, we recommend that SOMC identify ways to further promote and expand the development of nurse confidence among all its nursing units. Nursing confidence is a function of one's belief in their own ability as well as in the ability of the hospital. Noting that rural hospitals

tend to have fewer resources for personal and professional development, we recommend that SOMC increase its investments in training and professional development.

SOMC currently supports online training through its Net Learning platform. Some of this training is required for all nurses and others for certain functions, but the full range of training encompassing several other competencies is neither required nor necessarily encouraged.

A meta-analysis of educational interventions conducted by Sapri et al., (2022) found that teaching evidence-based practice (EBP) was highly effective in building nurse confidence when delivered both online and face-to-face through lectures, group discussions, and hands-on practice. We, therefore, recommend that SOMC develop an EBP training program with a live group delivery format and incentives for participation and completion. This program would not only build self-confidence within nurses to reduce stress and anxiety (Cole et al., 2021), it would also help nurses build trust with unit teammates and improve confidence that the organization is willing to support nurse development through education (Courson et al., 2022).

Recommendation 2: Tailor programs that promote Vigor - according to age and experience.

Our study revealed clear differences between older and younger nurses with respect to the elements of vigor that most impact employee engagement. Older and more experienced nurses value communication more, while younger and less experienced nurses value conciliation more. We, therefore, recommend that SOMC take a deliberate approach to tailor its training programs to include specific aspects of vigor that will address nurses of all ages and experience levels.

To accommodate older and more experienced nurses who put a premium on communication, we recommend that the hospital require all nurse managers to lead a daily

huddle for every shift in each unit. This will serve to share information about the day's patients and work goals, while also opening dialogue on other matters inside and outside the unit. Ongoing communication skills training has been found to enhance nurse-to-patient communication (Al-Kalaldeh et al., 2020), and training in effective conflict management makes for better nurse-to-nurse communication (Al-Ajarmeh et al., 2021). We suggest adding communication skills training and conflict resolution training to the suite of EBP training programs to be developed.

To accommodate younger and less experienced nurses, we recommend formalizing the practices of the Unit 1 and Unit 2 nurse managers who allowed for flexible scheduling, consistent scheduling, advance scheduling notice, and other shift management techniques that were praised by the nurses interviewed in this study. While SOMC's HR policies give authority and discretion to active nurse managers to coordinate work schedules in this manner, not every nurse manager chooses to work this way. Before its new manager started, the low engagement unit did not experience a conciliatory atmosphere and felt marginalized by the lack of scheduling freedom they were granted. Formalizing conciliatory management practices into SOMC policy so they are a minimum standard would ensure more consistent employee engagement across all nurse units at the hospital.

Recommendation 3: Expand existing programs that increase Cultivation.

Cultivation is an important factor of engagement for younger nurses and an investment that leads to more engaged older nurses. Our study found that employer-paid tuition is an appreciated and well-utilized benefit for engaged nurses at SOMC. SOMC should maintain this benefit and consider expansion of the program by loosening the qualifications and requirements to participate.

Several survey and interview respondents in our study also recognized the importance of cultivation in onboarding. Nurses who completed an SOMC nurse residency program (NRP) were observed to be more engaged on the job. This is consistent with recent research that finds nurse leaders who are onboarded with NRPs report higher nurse satisfaction (Miller et al., 2023). Nurse residency programs are commonplace, but NRP formats vary widely, and nurse outcomes are mixed (Brown et al., 2022). We recommend that SOMC reinstate and refine its residency program to reflect the most recent best practices and then expand it to more incoming nurses. As Gonzelez & Bozwell (2021) recognized, SOMC can empower its nurses to tackle the unique challenges of rural nursing by investing in professional development. The nurse residence program specifically allows SOMC to meet these challenges while demonstrating the very kind of employee cultivation that is proven to increase nurse engagement.

Recommendation 4: Train nurse managers to ensure consistent leadership qualities are employed and regularly evaluate nurse managers to identify when re-training or removal is appropriate.

Adding a new nurse manager with leadership skills may have eliminated the employee engagement score gap between the previously high-ranking group and previously low-ranking group. This demonstrated that adding a new manager makes a difference and can make a difference quickly. In cases where there is a poorly performing nurse manager, or no nurse manager at all, SOMC will be well served to take steps to get a better nurse manager in place in short order.

We therefore recommend that SOMC restructure its nurse manager performance review policies to not only allow evaluation for compensation adjustments, but also to ensure that low-

performing nurse managers can be identified at regular intervals. Procedures need to be put in place to allow SOMC to employ an expedient curative response. Such responses should include mandatory training or re-training that incorporates management competencies outlined in recommendations #1- #3 above; and/or removal of nurse managers unable to meet established standards.

Conclusion

Targeted strategies to address the 5C drivers of employee engagement – conciliation, cultivation, confidence, compensation, and communication – can be effective in rural settings if they are tailored to meet the unique characteristics of the environment. In the case of Southern Ohio Medical Center in Appalachian Ohio, the hospital has demonstrated a commitment to confidence and compensation that should be continued to firm up employee dedication. Programs aimed at communication and conciliation should be strengthened, paying particular attention to employee age and experience. Cultivation initiatives at SOMC have had a demonstrated impact and should be expanded with more promotion and investment.

Broad application of flexible work arrangements expanded access to educational resources, implementation of supportive leadership practices, ensuring fair compensation, and fostering open communication channels across all units are all interventions to be considered. Training nurse managers to ensure consistent leadership qualities are employed and regular evaluation of nurse managers to identify when re-training or removal is appropriate will bolster employee engagement. Recognizing the importance of the drivers of engagement and adapting them to SOMC will provide a roadmap for the hospital to promote the well-being and

professional growth of its nurse managers and staff nurses, ultimately leading to improved healthcare delivery and outcomes at Southern Ohio Medical Center.

Appendices

Appendix A: 5Cs Model Definitions

Key Term	Simplified Definition
Conciliation	Achieving a balance between work and personal life.
Cultivation	Opportunities for personal and professional growth, development, and learning.
Confidence	Abilities and the trust they have in the organization's leadership and direction.
Compensation	Rewarding employees for their contributions.
Communication	Open and transparent dialogue between employees and management.

Appendix B: Interview Protocol: (Based on the 5Cs Model)

Introduce our self/ourselves (dependent on who is conducting the interview)

Introduce the Project

Thank you for taking the time to speak with me/us today. As you may know, we are exploring employee engagement in the workplace. Engagement is defined as the level of enthusiasm and dedication an employee feels toward their job. Our goal today is to get a better understanding of your experiences at SOMC, and how your perception of those experiences may or may not affect your engagement. We have several questions for you today that should take about a less than an hour. We appreciate honest and candid responses. Your responses will be kept confidential to our Vanderbilt project team, and we will combine and anonymize all data before presenting our findings back to SOMC. Do you have any questions or concerns before we get started?

Questions

Let's first look at your professional-private life.

1. How does SOMC promote a healthy work-life balance for their employees?
2. Tell us how you have faced challenges managing your personal and professional responsibilities.
3. How do you feel flexibility in your personal work arrangement contributes to your engagement at work?

Now, we will move on to career opportunities and growth.

4. Tell us about SOMC's approach to providing opportunities for employee professional development.
 - a. Do you see a clear career path for yourself at SOMC?

5. Describe a personal or professional growth opportunity you have experienced at SOMC.
6. Tell us about the impact of any mentorship programs or career advancement opportunities you have encountered at SOMC.

Next, we will explore your confidence in the workplace.

7. Describe how SOMC supports employee skill building.
8. Share an experience in which you felt supported by your leaders and how that influenced your engagement at work.
9. Who do you receive feedback from at SOMC?
 - a. How do you use that feedback to improve your performance and commitment?

We will now look at compensation and benefits.

10. Other than salary, how does SOMC make you feel valued and recognized?
11. How does compensation affect your motivation at SOMC?
12. Describe a time you felt undervalued or under-recognized for your contributions at work.

Lastly, we'll look at communication.

13. Describe SOMC's approach to communication and sharing of information in the workplace.
14. How is open and transparent communication with your team encouraged?
15. Describe a situation where communication played a role in your engagement at SOMC.

That is the end of our questions today. Do you have anything you want to add or go back to? If we need to clarify anything, is it ok to reach back out? If so, do you prefer email or a phone call?

(Confirm email/phone number.)

We really appreciate your time and your thoughtful responses today. If you think of anything you'd like to add, please don't hesitate to contact us. (Give contact information.)

Appendix C: Survey

Survey Questions: Based on VDA

The same survey will be sent separately to two units (one high ranking and one low ranking) to compare results.

UWES Survey Questions

- Q1. At my work, I feel bursting with energy
- Q2. At my job, I feel strong and vigorous
- Q3. I am enthusiastic about my job
- Q4. My job inspires me
- Q5. When I get up in the morning, I feel like going to work
- Q6. I feel happy when I am working intensely
- Q7. I am proud of the work that I do
- Q8. I am immersed in my work
- Q9. I get carried away when I'm working

Demographic Questions (may be available through existing SOMC Employee Perspectives Survey):

- Q10. Gender
- Q11. Age
- Q12. Years of Experience

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