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Chief Nurse Executive Work Engagement: System Leadership Through a Natural Disaster, Strike, and Pandemic

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Title

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Acknowledgments

First, I thank my organization for the visionary leadership to invest in the future of nursing by providing the opportunity to return to school to pursue both my master's and doctoral education with significant financial support. It is an incredible gift that will undoubtedly shape the remainder of my professional and academic career.

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Finally, thanks to all my friends and family who supported me through this – although I am still confident most of you have no idea what I was doing other than becoming a doctor nurse.

Abstract

Problem. In a 21-hospital region of a 39-hospital integrated health system, CNE turnover peaked at 63% (12 CNEs) in 2015. Interviews were conducted in 2019 with 12 CNEs across the region to understand potential issues related to CNE job satisfaction. Responses revealed concerns regarding empowerment, alignment, work-life balance, information transparency/sharing, and recognition. While identifying a solution to address CNE concerns, the organization experienced successive crisis events during a 12-month period that included a record-setting wildfire, multiple labor union strikes, and a novel pandemic. The regional leadership team (RLT) required new approaches to facilitate effective communication during a crisis between the regional office and local hospital CNEs.

Context. As far back as 1988, an ongoing chief nurse executive (CNE) role crisis is identifiable in the literature. The crisis is attributable, at least in part, due to an environment that lacks focus on the importance of cultivating a positive and sustainable work environment for the nurse leader in practice. Although the nurse executive plays a central role in the hospital and nursing organization's culture, there is almost no literature that explores engagement at the nurse executive level in single or multiple hospital systems. Since the Affordable Care Act's implementation, health system mergers increase the frequency at which hospitals work together under a regional or system office; mergers often create multi-executive teams led by a regional or system CNE.

Interventions. For the literature review and DNP project, the PICOT question is in CNEs (P) does a communication strategy (I) compared to no strategy (C) impact work engagement (O) in 8 months (T)? Although there are no direct instances in the literature that examine measuring and improving CNE engagement, there are ample examples of similar activities in frontline nurse

leader populations, including nurse managers and nurse directors. Relevant to the CNE population, work engagement complements examining existing literature on CNE turnover, role stress, and burnout. The first aspect of the intervention was introducing weekly work engagement measurement using a commercial product called OfficeVibe®; the product measures engagement every week, sending a simple 5-question survey. The second facet of the intervention was to design and implement a technology-driven communication strategy that cultivates community at work, provided rewards and recognition, aligns values, and strengthens culture within and across the local CNEs and the RLT group.

Measures. Outcome analysis focused on OfficeVibe® engagement scores pre- and post-intervention. Process measures of the communication strategy were: (a) number of virtual huddles; (b) number of daily consolidated reports distributed; (c) number of weekly huddle messages distributed. The balancing measure was CNE turnover.

Results. The decrease in annual CNE turnover of 2 CNEs was statistically significant $t(8) = 22.91$, $p < .001$. Overall work engagement score decreased from 7.6 in December 2019 to 6.1 in August 2020 and was statistically significant $t(62) = 16.95$, $p < .001$. Eight out of 10 sub-domains of the engagement score experienced a statistically significant decrease: recognition (-2.5), alignment (-2.2), personal growth (-1.9), satisfaction (-1.4), and relationship with manager (-1.4) sub-domains, while smaller decreases occurred in the feedback (-1.3), and relationship with peers (-0.2). Ambassadorship decreased (-1.1), and happiness reflected no change from baseline, and both were not statistically significant. NetPromoter Score decreased from 50 to -5 (-55) points which was statistically significant $t(62) = 9.45$, $p < .001$. Participation starting value was 100% in December 2019 and ended at 44% in August 2020. Decrease in participation (56%) over the course of the intervention was statistically significant $t(62) = 19.08$, $p < .001$.

Throughout the intervention's 8-months, the virtual communication strategy's implementation resulted in 96 virtual huddles, 87 daily consolidated reports, and 16 weekly huddle messages.

Discussion. Although CNE turnover was lower than average during the eight months of the project, many factors likely contributed to the decrease. OfficeVibe® was a significant and low-cost commercial product to measure work engagement. The project's original intention was to design and implement a comprehensive CNE work engagement strategy, yet the successive crisis events, including the COVID-19 pandemic, required the project to focus more specifically on communication and information sharing. The overall decrease in work engagement scores was disappointing, but it reinforces the paradigm that CNE work engagement is essential to measure on an ongoing basis at the micro-, meso-, and macrosystem level. The results reflect issues that need to be addressed within the organization and more broadly within our profession. These issues, such as unsatisfactory work-life balance, high levels of stress, and the development of an "us vs. them" mentality within large systems, otherwise may go unacknowledged and unaddressed.

Conclusion. This DNP project merely broaches the topic of CNE work engagement, and further research in this area is needed. The lack of published literature on the topic is concerning, and attitudes towards work engagement at the executive level must be considered. Communication tactics introduced in this project proved helpful during the crisis events, but a more robust work engagement strategy was needed. Complex workforces evolve from system mergers that do not reflect the past's health system, yet instead that of the future. Appreciating the “systemness” that evolves from complexity thinking requires organizations to begin acting more deliberately in support of their human capital – this is especially true at the executive level. Much like frontline nurses and nurse leaders, executives require purposeful support, growth, and

development to be successful. Expectations of CNEs in practice must shift towards more reasonable and healthy working conditions that foster their ability to thrive. Nurse executive leadership is already in short supply, and a lack of attention to the quality of their work environment is a recipe for exacerbating future workforce shortages. Leveraging lessons learned from existing nurse manager and frontline work engagement studies, the CNE population is sure to benefit from an increased focus on work engagement in the high-stress, high-stakes role they occupy.

SECTION II: INTRODUCTION

Problem Description

Long workdays, often including weekends, have become ubiquitous amongst chief nurse executives (CNEs) across the country as nursing oversees more of the business of health care. Today, CNEs and other nurse leaders aim to drive rapid quality and service improvements while sustaining affordability and excellence cultures. What keeps a nurse executive from disengaging from work or leaving their job altogether? What keeps them on a trajectory to delivering their best day after day while achieving highly reliable outcomes in a fast-paced environment? The answer, at least in part, is work engagement.

As far back as 1988, an ongoing chief nurse executive (CNE) role crisis is identifiable in the literature. The crisis is attributable, at least in part, due to an environment that lacks focus on the importance of cultivating a positive and sustainable work environment for the nurse leader in practice (Borman, 1993; Jones, Havens, & Thompson, 2009; Lee & Henderson, 1996; Prado-Inzerillo, Clavelle, & Joyce, 2018; Scalzi, 1988). Workforce engagement strategies are critical to the successful recruitment, retention, and development of health care employees (Parsons, 2019). On the pacific coast, the hired RN full-time equivalent (FTE) has grown approximately 20% between 1979 and today (Auerbach, Buerhaus, & Staiger, 2017). Although this growth is expected to remain flat on the pacific coast for the next decade, the volume of RN FTE growth is projected to increase up to 40% in other areas of the country; in simpler terms, what is already the largest health care workforce in the United States is projected to continue to grow in the next ten years rapidly (Auerbach, Buerhaus, & Staiger, 2017; Van Bogaert et al., 2017). CNEs within a health system are responsible for leading this expanded workforce within their respective hospitals. System or regional CNEs are charged to guide the multi-executive workforce within

their division or health system. These workforces can range from a few hundred FTEs to tens of thousands of FTEs depending on the system size and the CNEs span of control (Bradley, 2014).

According to a recent Gallup poll, 32% of U.S. employees are engaged in their job (Mann & Harter, 2016). Engagement is defined as the characteristics of vigor, dedication, and absorption in an employee and is a tenant of modern human resources management theory; work engagement can and should be directly tied to turnover intention and organizational commitment amongst CNEs (Van Bogaert et al., 2017; Leach, 2005; Prado-Inzerillo, Clavelle, & Joyce, 2018; Kelly, Lefton, & Fischer, 2019). As an antecedent to preventing burnout and turnover intent amongst employees, engagement is a predictor of employee wellness and provides critical insight into a team or organization (Van Bogaert et al., 2017; Peng & Tseng, 2019; Prado-Inzerillo; Shanafelt & Noseworthy, 2017).

Although the CNE plays a central role in the hospital and nursing organization's culture, there is almost no literature that explores engagement at the nurse executive level in single or multiple hospital campus systems (Prado-Inzerillo; Shanafelt & Noseworthy, 2017). However, extensive evidence exists regarding nurse engagement and its role in mitigating burnout and turnover in frontline nurses as well as in mid-level nurse managers across the continuum of nursing roles and work settings (Dyrbye, Johnson, Johnson, Satele, & Shanfelt, 2018; Conley, 2017; Kath, Stichler, Ehrhart, & Sievers, 2013; Wong & Laschinger, 2015; Peng & Tseng, 2019; Garcia-Sierra, Fernandez-Castro, & Martinez-Zaragoza, 2016).

The organization under investigation intends for all 21 hospitals to apply for the American Nurses Credentialing Center (ANCC) Magnet designation over the next five to nine years. ANCC's (2017) Magnet designation standard EP2EO requires that a nursing professional practice strategy is in place that results in the ability for the organization to outperform the

median national benchmark in four of seven defined categories of nurse satisfaction; these seven categories are: (1) autonomy; (2) professional development; (3) leadership access and responsiveness; (4) interprofessional relationships; (5) fundamentals of quality nursing care; (6) adequacy of resources and staffing; (7) RN-to-RN teamwork and collaboration. Without a workforce engagement strategy, this requirement will not be achievable and inhibit the organization's ability to submit for ANCC Magnet designation. Further, CNE turnover threatens a hospital's ability to successfully reach ANCC Magnet designation as the CNE plays an instrumental role in developing and sustaining a culture that can achieve ANCC Magnet standard requirements (Prado-Inzerillo; Shanafelt & Noseworthy, 2017).

This context is amplified by the rapid increase in hospital mergers as the 2011 Affordable Care Act continues to transform the county. The mandate for improving quality, safety, service, and affordability requires many health systems to merge rapidly to stay competitive in a changing landscape. In 2019 alone, health care giants such as Dignity Health have merged with other colossal systems like Catholic Health Initiatives to become a $29 billion-dollar merger known as CommonSpirit Health (Kacik, 2019). This merger makes CommonSpirit Health the second-largest health system by direct operating revenue in the United States; the health system under investigation for this project is currently the top system by direct operating revenue (Kacik, 2019). Nurse executives at the helm of these merged systems now lead a workforce of nurse executives akin to how a nurse executive of 1993 would have managed a group of nurse managers or directors across one or two campuses. It is now common for chief nurse executives to report to regional or system chief nurse executives. Yet, there is little evidence on the evaluation of strategies that drive job satisfaction, intent to say in the role, and engagement levels

amongst nurse executives – especially in systems (Bradley, 2014; Prado-Inzerillo; Shanafelt & Noseworthy, 2017).

Further, the organization under investigation has experienced successive wildfire events beginning in October 2017, each event resulting in the activation of the Hospital Incident Command System (HICS) at the regional office and local hospital sites. In December 2018, November 2019, and December 2019, the region experienced labor union strikes. Once called by the nursing union and twice called by an allied health union. Each allied health union strike included a sympathy strike from the nursing union on both occasions. These events coincided with the organization's CEO's untimely death in late December 2019, resulting in unplanned leadership changes at the $82 billion organization's highest levels. Collectively, the wildfires, union strikes, and leadership changes exhausted internal resources, invoking high uncertainty levels while demanding increased communication and collaboration between the regional office and the local hospital teams.

Finally, the COVID-19 global pandemic's unfortunate rise in February of 2020 required the regional leadership team (RLT) to quickly adapt operational practices to embrace leading executives in a 100% remote format. Historical practices of monthly in-person gatherings of executives at the regional office were indefinitely suspended and enhanced virtual communication practices were needed.

Setting

In a 39-hospital integrated health system with 21 hospitals in the Northern California region, CNE turnover sustained at least 15% each year, with a high of 63% in 2015. In July 2019, a new regional chief nurse executive assumed her role and began a region-wide 90-day assessment where workforce strategy emerged as a critical focus area.

Available Knowledge

As stated earlier, there is almost no available literature on the topic of CNE engagement (Prado-Inzerillo; Shanafelt & Noseworthy, 2017). However, there is extensive literature across disciplines regarding workforce engagement and its impact on RNs in various other roles within health care organizations.

PICOT question. For the literature review and project, the PICOT question is in CNEs (P) does a communication strategy (I) compared to no strategy (C) impact work engagement (O) in 8 months (T)?

Literature review. The following Boolean/Phase was used to conduct a review of the currently available literature: ((MH 'Nurse Administrators+) AND (MH "Job Satisfaction+)) AND (executive OR CNO OR "chief nurs* officer"). The databases searched included FUSION, CINHAL, and PubMed. The search filters used included articles in English, published 1980 or later, scholarly-peer reviewed journals and full PDF. The initial search resulted in 105 articles. Article abstracts were reviewed for relevance to the topic and included studies were from nursing, business, public relations, human resources, communications, and organizational development literature.

Sixty abstracts were reviewed for relevance to the topic of employee engagement, job satisfaction, and organizational commitment. Articles were filtered out that did not directly examine the impact of either communication or job resources on employee engagement, job satisfaction, and organizational commitment. Forty-four articles were selected as relevant and reviewed in their entirety. Upon reviewing the articles, 12 were relevant to the topic and added knowledge or insight relevant to the PICOT question.

These 12 were evaluated using the Johns Hopkins University (JHU) (2017) Nursing

Evidence-based Practice Appendix E: Research Evidence Appraisal Tool and all were included based on having a rating of level III-B or higher except for those expert opinion articles rating V-A that could contribute to the design of an evidence-based intervention. Limitations included the availability of literature specific to CNE engagement and a lack of actionable strategies in the literature that explain specific strategies and their impact on improving engagement. The 12 articles are organized in a literature evaluation table due to their relevance to the PICOT question and were evaluated using the JHU Nursing Evidence-based Practice Appendix E: Research Evidence Appraisal Tool (see Appendix C).

An integrated review of the evidence. The 12 articles that emerged in the systematic review of the literature were organized into four themes: (1) CNE characteristics and engagement; (2) strategic leadership to enhance executive engagement; (3) nurse leader work engagement; (4) impact of nurse leadership on the practice environment. These categories help frame an evidence-based approach to designing an intervention that aims to address the PICOT question.

CNE characteristics and engagement. Despite holding a critical role in health care organizations across the country, there is little evidence on the impact of CNE turnover and staff engagement (Jones, Havens, & Thompson, 2009). Further, there is also almost no evidence on CNE engagement and its impact on an organization or the likelihood of turnover in the CNE (Prado-Inzerillo et al., 2018). While this is true, it is widely accepted in the literature that the CNE and their leadership style impact almost all aspects of nursing and the care delivery system in which they work (Prado-Inzerillo et al., 2018; Jones et al., 2008; Leach, 2005). Transformational leadership characteristics are of specific interest when evaluating the impact of a CNE in a system and their ability to drive engagement within the workforce (Prado-Inzerillo et

al., 2018; Leach, 2005; Lewis & Cunningham, 2016). Specific characteristics mentioned in the literature that impact engagement are providing a manageable workload, control work, quality of rewards, sense of community, perceived fairness, and the organization (Shanafelt et al., 2017; Lewis and Cunningham, 2016). The Utrecht Work Engagement Scale (UWES) is a standard scale to measure employee engagement but has been historically used in frontline employees and managers (Prado-Inzerillo et al., 2018; Lewis & Cunningham, 2016). UWES was identified once as an instrument for measurement within the CNE population (Prado-Inzerillo et al., 2018). The departure of a CNE exhibiting transformational leadership characteristics can have a significant impact on an organization, which can include a loss of nursing voice, decline in the work environment, increased employee intent to leave; and a decline in nursing resources (Prado-Inzerillo et al., 2018; Jones et al., 2008; Leach, 2005).

Strategic leadership and executive engagement. Executives experience an unusual workload burden that can easily lead to exhaustion, depression, substance abuse, loss of personal relationships, decreased productivity, and turnover (Shanfelt et al., 2017). Clinicians who assume executive roles and their work engagement is not well understood within the literature; however, there is evidence of CNE and physician executive burnout and moral distress in the instance where work engagement is lacking or inadequate (Prestia, Sherman, and Demezier, 2017; Shanafelt et al., 2017). Organizational culture and values, meaning in work, workload and job demands, social support, control and autonomy, voice and trust, and work-life integration are all vital to support and maintain wellness amongst clinical executive leadership in health care organizations (Holland, Cooper, & Sheehan, 2017; Prestia et al., 2017; Shanafelt et al., 2017). There is a misconception that clinical executives within an organization are responsible for their well-being, preventing burnout, and obtaining professional satisfaction regardless of the work

environment and psychological safety they experience (Holland et al., 2017; Prestia et al., 2017; Shanafelt et al., 2017). The consequences of executive burnout and lack of engagement impact the quality, safety, workplace culture, and affordability of the entire health care organization and the community they serve (Prestia et al., 2017; Shanafelt et al., 2017). Further, frameworks exist to improve clinical executives' engagement like CNEs, increasing the frequency and type of communication channels used (Shanfelt et al., 2017).

Nurse leader work engagement. There is substantial evidence that levels of job strain, stress, and satisfaction have a direct impact on the likelihood of experiencing burnout, cynicism, emotional exhaustion, and ultimately low levels of workplace engagement and organizational commitment (Lewis et al., 2016; Kath, Stichler, Ehrhart, & Sievers, 2013; Wong & Laschinger, 2015; Kelly, Lefton, & Fischer, 2019). Burnout and engagement often occur interchangeably throughout the literature, although each has a distinct definition (Lewis et al., 2016; Kath et al., 2013; Wong et al., 2015; Kelly et al., 2019). Burnout is defined as a psychological syndrome that occurs in response to prolonged stress on the job, whereas engagement focuses on the dimensions of vigor, dedication, and absorption of an employee (Lewis et al., 2016; Wong et al., 2015). Vigor is defined as having high levels of energy, resilience, and a willingness to invest effort while not easily fatiguing and maintaining persistence despite obstacles. Dedication is the quality of being enthusiastic about one's work while feeling a sense of pride and inspiration due to the job's challenge and nature. Absorption is the state of being happy and immersed within one's scope of work (Prado-Inzerillo et al., 2018). Stressors that lead to burnout include role ambiguity, role overload, role conflict, organizational constraints, and interpersonal conflict (Kath et al., 2013). These stressors mirror other articles that have presented models that lead to decreased engagement and increased turnover, which all include elements of communication and

the impact that communication has on influencing work engagement (Wong et al., 2015; Kelly et al., 2019; Lewis et al., 2016).

Impact of nurse leadership on the practice environment. The impact of engagement on quality and patient safety is well documented within the available body of knowledge (Van Bogaert et al., 2017; Hall, Johnson, Watt, Tsipa, & Connor, 2016; Adams, Djukic, Gregas, & Fryer, 2018). Multi-state and systematic review studies have demonstrated nurse leaders have a measurable impact on both qualitative and quantitative outcomes of their teams; these include care experience scores, nursing-sensitive quality indicators, the turnover intention in employees, burnout, compassion fatigue, and ultimately workplace engagement (Van Bogaert et al., 2017; Hall et al., 2016; Adams et al., 2018; Wong et al., 2015; Lewis et al., 2016; Kelly et al., 2019; Jones et al., 2009). Work engagement and the three characteristics of vigor, dedication, and absorption have been shown as mediating variables alongside workload, decision latitude, and social capital as predictors of nurse leadership's impact on nurse quality of care and nurse job outcomes (Van Van Bogaert et al., 2017). These interdependencies align with other literature that suggests that clinician well-being impacts patient care, and clinician well-being is significantly impacted by nurse leadership and senior leadership (Adams et al., 2018; Hall et al., 2016; Lewis et al., 2016; Wong et al., 2015).

Gaps in the literature. There are substantial gaps in the literature related to CNE engagement, the measurement of CNE engagement, and the impact the CNE engagement has on organizational outcomes. The lack of evidence on this subject is documented in a recent peer-reviewed article, and since the publication of that article, there appears to be little to no additional research in this area (Prado-Inzerillo et al., 2018). There appears to be almost no literature on CNE engagement measurement or its impact. There is very little evidence to base an

evidence-based practice on the subject of CNE work engagement directly. Therefore, the evidence-based approach to measuring and improving CNE engagement will need to leverage the existing and substantial literature on nurse leader engagement, assuming that nurse leader engagement and its antecedents are similar in the CNE population. However, the evidence-based improvement project can leverage more extensive literature on CNE burnout, turnover, and organizational commitment.

Impact of the evidence. The evidence provides a foundation upon which to build a project. The organization seeking to improve CNE engagement can learn from the experience of the body of knowledge related to understanding the value and importance of measuring and improving work engagement in other nursing populations. Although there are no direct instances in the literature that examine measuring and improving CNE engagement, there are ample examples of similar activities in frontline nurse leader populations, including nurse managers and nurse directors. These examples can be extrapolated to the CNE population, examining existing literature on CNE turnover, role stress, and burnout. This literature identifies the essential experiences of clinical executives in practice that help illuminate potential opportunities within the health care executive's unique and influential role. The literature on physician executive engagement provides concrete and actionable drivers of burnout and low engagement. There is also substantial literature that the CNE impacts health system outcomes, and the retention of CNEs is critical to driving performance, quality, safety, and service within an organization. There is a clear opportunity to understand better, measure, and impact engagement at the CNE level across the 21-hospital region under investigation.

Rationale

This project's rationale interweaves relevant models from the literature under the guiding tenants of the Evidence-Innovation-Leadership Framework, an evidence-based communication engagement model, the ANCC Magnet Model, and the Theory of Human Caring. Each aspect plays a vital role in the development and implementation of the project. Together, they help form a conceptually guided rationale by the intent of sustaining change within a complex system with multiple interdependencies while acknowledging human dignity as a central tenant of the organization's employee well-being strategy, all while providing infrastructure for the emergence of an ANCC Magnet journey.

Evidence-innovation-leadership Framework. The evidence-innovation-leadership framework proposed by Weberg and Davidson (2019) explains the synergist and interdependent relationship between evidence, innovation, and leadership and how their convergence can drive and explain high performance amongst teams (see appendix D). Building on the principles of complexity science, the important interplay between the three variables can drive meaningful change within health care systems that are ridiculed by the status quo. The framework suggests that the simplistic notion of evidence without innovation or leadership, leadership without evidence or innovation, and innovation without evidence and leadership is inherently flawed. Each is necessary in order to drive meaningful and sustained change within any health care organization. The framework identifies five drivers that influence the interplay of evidence-innovation-leadership; these are (a) patient-centered care; (b) technology; (c) failure; (d) patterns; (e) partnership. These drivers all influence the ability to successfully lead evidence-based innovation into practice while directly challenging the prevailing status quo.

The five drivers help to ground the project; each is well defined by Weberg and Davidson (2019). First, patient-centered care has become a ubiquitous term in health care; however, the

implications of putting the patient at the center of care are as relevant today as they were when the concept was first introduced. Without the focus on the patient, the customer of the organization's mission, there is a risk of focusing on the organization's internal needs before its customer's needs. The project aims to improve the engagement of CNEs who have a documented and substantial impact on the frontline workforce's care. This aspect of the framework grounds the project back to a direct impact on the patient. Next, technology as a driver is critical in a 21st-century health care system. Reliance on old, outdated, or cumbersome processes requiring manual work and rework must be eliminated. The technology driver of the project rethinking the traditional methodological approach of engagement surveys is a questionnaire. Instead, it challenges the use of new technology available and utilized well in other local industries such as the Silicon Valley tech companies. The failure driver encourages rapid cycle improvement without inhibition to try, test, and retest methodology to quickly identify better-performing methods. Failure as a possible outcome is critical to success in rapid cycle improvement using the evidence-innovation-leadership framework. Patterns frequently emerge in complex systems, and the health care organization as a complex system is laden with patterns. Identifying, analyzing, and adapting strategy to address the patterns that emerge regarding communication and work engagement will be critical to this project's success. Finally, a partnership approach is critical to developing and sustaining meaningful change within the organization's large networked, matrixed, relationship-driven nature under investigation. Partnership with teams across functional areas, including communications, regional patient care, and local patient care teams, was essential to successfully implement the project intervention.

Communication and work engagement. Walden, Jung, & Westerman (2017) evaluates communication and how it impacts job engagement and organizational commitment

(see Appendix E). Specifically, the model tests three facets of communication, and the degree to each facet impacts both engagement and commitment. The three facets of communication studied are information flow, information adequacy, and interaction supportiveness. The study found that all three facets had an impact on engagement and commitment. However, information adequacy was the largest predictor of both engagement and commitment in the population studied. Based on this research, a project focused on communication is likely to improve employees' work engagement scores.

ANCC magnet framework. The rationale for this project also considers the ANCC Magnet Model. The ANCC Magnet Model is comprised of five components: (a) structural empowerment; (b) exemplary professional practice; (c) new knowledge, innovations, and improvements; (d) transformational leadership; (e) empirical quality outcomes (ANCC, 2017). These five components are interdependent and interrelated and help guide health care from a nursing perspective. This framework shapes the relevance of literature related to actors' structural empowerment and transformational leadership in the health care system. These factors impact the facets of nurse engagement and, subsequently, organizational commitment. The ANCC Magnet Model is widely respected as an industry-leading framework to engage and improve the professional practice of nursing in inpatient hospital settings, and the CNE as the leader of the organization plays a critical role in the success or failure of an ANCC Magnet journey. The organization has committed to a Magnet journey, and understanding the well-being and engagement of the hospital CNEs could prove valuable to senior leadership as the Magnet journey is designed.

Theory of Human Caring. Dr. Jean Watson's (2008) Theory of Human Caring provides an essential theoretical framework for the project. The organization under investigation utilizes

Dr. Watson's Theory of Human Caring as the organization's nursing theorist makes the theory a critical lens to understand the project from a nursing professional practice perspective. Additionally, the Theory of Human Caring has a clear and dynamic association with the nature of work engagement. Engagement can be viewed as a measure of the joy, passion, and presence that individual experience in any given moment; those moments over time begin to tell the story of the individual and ultimately will impact their perception of how their work does or does not provide fulfillment and meaning in their life. Measuring CNE engagement helps to understand the wellness/wholeness of the individuals who assume these high-stress, high-stake roles within an organization.

Specific Aims

The project's global aim was to improve CNE engagement and retention through the design, measurement, and implementation of a strategy that supports the vigor, dedication, and absorption of CNEs within the 21-hospital region. The project's specific aim was to implement a qualitative and quantitative feedback process and strategic communication channels aimed to understand and improve the work engagement of the hospital CNEs by August 2020.

SECTION III: METHODS

Context

The project was designed and implemented during a period of rapid change within the organization, where the 22 person CNE team had experienced 60% turnover in 2015, resulting in an estimated $25 million in turnover expenses to the organization in one fiscal year (see turnover calculations in Appendix L and cost estimates in Appendix N). These direct costs may not fully account for the impact that leadership turnover has on culture, morale, and productivity across the nursing team as there are few estimates in the literature on the direct and indirect costs of CNE turnover.

There have also been significant changes within the organization's leadership structure, including hiring a new vice president for nursing in 2019; her successor stayed in their role for three years. Many other significant changes in executive leadership have occurred within nursing and within the broader executive team. These factors collectively inspired a complete reorganization of the 105 FTE regional team under nursing's vice president.

The regional team has one regional CNE (vice president for nursing), three regional nurse executive directors, ten regional nurse directors, and 25 regional nurse leaders for 39 members of the RLT. Also, the 21-hospital team collectively has 19 hospitals CNEs and three associate CNEs for 22 local CNEs. The combined number of local CNEs and RLT members is 61. The RLT has an average in-role tenure of 6.5 years, and the local CNE team has an average in-role tenure of 3.9 years. The lower tenure and higher turnover rates of the local CNE team compared to the RLT are concerning.

The organizational changes and stressors exist at a time where executive organizational leadership is driving for increased performance, efficiency, and affordability goals beyond what

have been set in previous years; at least partially as a result of the external competition and evolving regulatory requirements to drive value in health care in the United States. These forces have increased pressure on both hospital and regional CNEs while shifting more authority and responsibility to an expanded regional office team under nursing's vice president. These contextual factors drive the need to align better and engage the broad chief nurse team while improving the collaboration and social network between the regional office and local hospitals. Finally, the mitigation of future turnover in uncertain and demanding times is critical to the broader team and health care organization's success and stability.

Gap analysis. The new vice president for nursing was presented with a proposal to evaluate the current climate of CNE engagement and job satisfaction through a qualitative gap analysis. The vice president accepted and provided permission to interview the CNE group to evaluate the current state and determine what gaps exist regarding job satisfaction and work engagement. Thirteen CNEs were interviewed before the intervention, and the results of those interviews are summarized in the appendix (see Appendix J for interview questions and Appendix V for interview summary). The results of the interviews revealed that CNEs were working long hours, current job constraints limited their social capital, their workload was too high, their decision latitude was low, information sharing and communication where an area of primary concern, and overall, many expressed they were anecdotally considering a potential change in role, or retirement when feasible if the status quo prevailed. These results were presented to the vice president for nursing, and as a result, she agreed to act. The DNP student has received permission (see Appendix B) to develop an engagement strategy to understand CNE work engagement better and improve it.

Gantt chart. A Gantt chart was created to identify the project's completion timeline and key milestones (see Appendix F). The project's Gantt chart follows the flow of the work breakdown structure (WBS) created for this project, and each aspect is placed on the timeline in the order of dependency. Therefore, the project activity is naturally divided into the pre-, intra-, and post-phases across the seven summary tasks.

Work breakdown structure. The work breakdown structure was created to understand the project's key milestones, their relationship, and the project's core aspects that need to be completed (see Appendix G). The WBS is broken down into seven summary tasks with dependent work packages below each task. The first task was to conduct a nurse leader assessment. This step consisted of interviewing 12 of the CNEs to qualitatively understand their current perceptions, work engagement levels, and future improvement opportunities. The second summary task was to identify and launch a tool that enables the organization to measure CNE engagement. The third item was to design and implement nurse leader huddles to improve communication voice and social network amongst the group. Fourth, the nurse leader reassessment is part of the outcome measurement strategy to identify if the interventions resulted in the population's desired impact under investigation. Finally, the fifth summary task was to evaluate the program's overall impact and determine if both qualitative and quantitative data show an improvement in retention and work engagement.

Responsibility/Communication plan. The responsibility and communication plan was developed to understand stakeholders' accountability within the project and identify how communication about the project would occur (see Appendix H).

SWOT analysis. A SWOT analysis was performed to determine the strengths, weaknesses, opportunities, and threats (SWOT) of the project (see Appendix I). The project's

strengths include the evidence regarding the positive impact workforce engagement has on nurse leader populations in previous studies, the buy-in from the key stakeholders in the project, the organization's support, and the project's alignment to the student's role. The project's weaknesses include the lack of evidence regarding CNE engagement, the lack of validated/reliable tools that exist to measure engagement in a developed platform, and many conflicting priorities within the organization. The opportunities include the ability to contribute additional knowledge to the literature base regarding the application of employee engagement principles to the CNE population, the opportunity to improve job satisfaction within the executive group, and potential unintended outcomes such as improvements in quality, safety, service, and productivity metrics within the hospitals. Threats to the project include apathy amongst the CNE group overtime to complete the huddles or surveys, a lack of interest in the nurse leader portal, and the intervention not addressing the underlying needs of the CNEs in order to improve engagement and retention.

Intervention

The first aspect of the intervention aimed to implement a quantitative and qualitative engagement measurement strategy. The second aspect leverages low-cost strategic virtual communication tools to improve collaboration and foster information sharing. Collectively, these two interventions complement one another and comprise the overall strategy of the project.

OfficeVibe®. There is extensive literature indicating that the ongoing and frequent measurement of employee engagement is critical to understanding and improving workforce engagement (Smith-Lewis et al., 2015; Kath, Stichler, Ehrhart, & Sievers, 2013; Wong & Laschinger, 2015; Kelly, Lefton, & Fischer, 2019). The organization had a product that measured engagement on an annual basis, focusing more on frontline employees versus leadership. Therefore, a subscription to the work engagement platform OfficeVibe® was purchased. This

platform measures workforce engagement using weekly pulse surveys (see Appendix K). The product sends five questions four times a month, with an email reminder to complete the survey. The results are anonymous and aggregated into a centralized database. The product aggregates and analyzes the results automatically and provides national benchmarking against all other system users. The results are broken down into ten sub-domains of engagement: feedback, personal growth, relationship with manager, relationship with peers, recognition, ambassadorship, satisfaction, happiness, wellness, and alignment. These ten sub-domains are further divided into 26 sub-metrics to further drill down on the various engagement elements. For this project, the results are analyzed down to the sub-domain level.

Communication strategy. The second aspect of the intervention aimed to improve work engagement amongst the CNEs based on literature that cites the importance of fostering a sense of community, building a culture of belief and trust in senior leadership, building strong social networks, and leveraging technology to improve proactive leadership approaches as vital in improving and sustaining employee engagement (Young, Landstrom, Rosenberger, Guidroz, & Albu, 2015; Garcia-Sierra et al., 2015; Parsons, 2019; Eisenberger, Malone, & Presson, 2016; Holland et al., 2016; Shanafelt et al., 2017).

This aspect of the intervention leverages simple technology-based communication modalities that cultivate community at work, provides reward and recognition, and align values and strengthens culture within and across the CNE group. In order to achieve this aspect of the intervention, a 1.0 FTE Sr. Communication Consultant position was posted in the regional department.

Study of the Intervention

OfficeVibe® implementation. To collect weekly work engagement surveys from the CNEs, OfficeVibe® was utilized. OfficeVibe® is a commercial proprietary product that has been externally built and validated by Deloitte, Towers Watson, and AON Hewitt consulting groups (OfficeVibe®, 2019). There are no publicly available validity or reliability measurements available, and the company declined a request for any statistical testing showing the internal testing conducted on the product. OfficeVibe® was selected based on the current human resources literature that cites more frequent measurement of employee engagement in pulse surveys can be beneficial when compared to the status quo tradition of measuring engagement once per year. The product provides insight into the work engagement of matrixed employees, like the CNE population, that traditionally the regional CNE would not have insight into current organizational practices of only measuring direct-report employees' engagement. OfficeVibe® provides an intuitive user interface, automates the data collection and analysis process, and provides national benchmarking against all other system users.

The survey was introduced during a monthly meeting and an email from the DNP student requesting the CNE complete the survey. The system automatically sent surveys weekly to the CNEs, and reminders were sent occasionally by the DNP student to encourage participation. The results were not shared intentionally to limit bias or groupthink in answers or decision-making and preserve a sense of anonymity of responses. Users were added and removed as employees shifted within the organization during the project.

Communication strategy implementation. The pillars of communication engagement were virtual huddles, consolidated daily reporting, and improved communication and decision-making transparency.

Virtual huddles. Virtual huddles were identified as an opportunity for enhancing communication and engagement amongst the CNE group. Historically, the CNE group met monthly in-person and occasionally had a bi-weekly call in between in-person meetings; virtual options were offered for anyone who could not attend an in-person session. Upon evaluating the gap analysis, feedback from the CNE group revealed that meeting frequency was insufficient for the volume of information sharing nor relationship building. In response, virtual huddles with increased frequency were piloted. These meetings were held throughout the pilot via Microsoft Teams and hosted by one of the four regional chief nurse executives. Meeting frequencies varied during the pilot from daily to once per week. The population in attendance varied from CNE only to CNE and hospital-level director. Huddle topics were aligned to relevant, timely discussions that provided just-in-time updates, transparency in decision-making, the opportunity for dialogue and input on decision-making, identification of organizational priorities, and time for recognition and acknowledgment of accomplishments and achievements.

Consolidated daily reporting. During the gap analysis, the CNEs identified no central repository for reporting and that identifying key data points was cumbersome and involved searching through email to identify specific reports generated by specific individuals. It was also identified that information often did not cascade effectively, and it was dependent on the CNE to share most communication and reporting with their directors. Many reports had not been updated and contained jargon or confusing data interpretation requiring expertise and previous training or knowledge to understand the reports. Often, reports were not distributed consistently across even those in the CNE role based on outdated distribution lists and sent by other departments without input or review from the regional nursing team. Throughout the pilot, the DNP student worked with the regional team and CNEs to identify key metrics, reports, and dashboards that were

needed daily. The DNP student helped develop a consolidated daily report sent to all CNEs and directors, including all vital information on daily operations. This report was published using a distribution list and central mailbox to reduce person dependency; this report was also used by the regional executives to ensure that all CNEs and NELs looked at the same data sources. Over time, trends focused on reporting enhancements, as many reports were static snapshots in time versus historical trends that provided insight into trajectory and variance year-over-year.

Improved communication and decision-making transparency. The ability to identify decision-making in rapidly changing circumstances such as the wildfires, strikes, and then pandemic required the organization to provide documented decision-making using simple communication tools that supported improved clarity and unified messaging at the frontline. The gap analysis affirmed a "us vs. them" mentality between the regional offices and the local hospital teams. The strategies mentioned above assisted with creating direct-line communication between the local teams and the regional team.

Halfway through the pilot, it was identified that simplified messaging appropriate for all audiences, including frontline nurses, was necessary to support the CNEs in providing consistent and standard messaging around decision-making. Halfway through the pilot, weekly huddle messages were added as a third intervention in the pilot project. These messages reflected a weekly message from the regional chief nurse executive and highlighted critical decisions or changes that needed visibility and immediate action. These weekly huddle messages also provided connection, an opportunity for reward and recognition, and reinforced the culture of transparency and unity across the 21-hospital region.

Sustainability of the intervention. To drive and sustain this work, a 1.0 FTE for a communications consultant focused on CNE and nurse leader communication is incorporated into the budget (see Appendix P for job description).

Budget. The project's cost includes purchasing a one-year subscription to the engagement platform OfficeVibe® and the hiring of a 1.0 FTE communications consultant for the CNE team at the regional level (see Appendix M). The total budget for the project is $156,150 annually. All other expenses were covered through the existing budget of the RLT.

Cost-avoidance/ROI. The project's projected cost avoidance is calculated by first estimating the current salary for both CNEs comparing that to the estimated replacement expenses based on Kosel and Olivio (see Appendix N); the estimated expense to replace a CNE is $139,500. Based on the average turnover of 4 CNEs per year, the cost avoidance calculation assumes that 2 CNEs will be retained annually due to the initiative resulting in cost avoidance revenue of $279,000 each year. Next, the cost of the project is factored in based, which is $156,150 annually. The overall cost avoidance or return on investment is $122,850 annually by investing in the project to prevent turnover in both the CNE group (see Appendix O).

Measures

The outcome measurement for the project was OfficeVibe® engagement scores pre- and post-intervention, including an aggregate engagement score, ten sub-domain scores, NetPromoter Score (NPS), and weekly participation rate. Process measurements quantified the communication strategy: (a) number of virtual huddles by month; (b) the number of daily reports distributed by month; (c) the number of huddle messages by month. Finally, the balancing measure was CNE turnover during the eight months of the project.

Analysis

The quantitative analysis consisted of descriptive statistics and t-test evaluation of OfficeVibe® engagement scores in aggregate and across individual engagement sub-domains. The analysis examined baseline assessment scores compared to the final month of analysis in the project. Analysis of quantitative data sets was conducted using the statistical tools package built into Microsoft Excel.

Ethical Considerations

The project received full support and permission to occur from the regional chief nurse executive and vice president on October 15, 2019 (see appendix B). This project's focus is on quality improvement and, therefore, does not require an Institutional Review Board (IRB) approval for implementation. The project was evaluated and approved as a quality improvement project through the University of San Francisco School of Nursing and Health Professionals (see Appendix A). The organization's Intuitional Review Board provided a review of the project and a research determination statement that the project was not a research project and, therefore, exempt from IRB oversight (see appendix Q).

The project also integrates and addresses both the Ignatian values of Cura Personalis and Magis. Cura Personalis means " to care for the person or personal care." The project helps identify how well we are supporting our CNE population in their ability to reach vigor, absorption, and dedication within their work, and these measures have a direct and indirect relationship to the well-being of the individual. Work engagement is a measure of personal satisfaction, interest, and investment in the work that one does each day. By fostering and developing a supportive, connected, and engaging environment, the CNEs working within the region will hopefully find the ability to find a deeper, more meaningful connection to their work. Also, Magis means "more or the greater good". This project aims to improve the region for the

greater good by creating an infrastructure to enhance the structures that support work engagement amongst the region's CNE population. Again, the project aims to enhance their retention through increasing work engagement and job satisfaction. If successful, this is truly in line with Magis, as the literature indicates that improvements in CNE satisfaction and retention positively impact the directors, managers, and frontline nurses under the CNE. Also, there are positive correlations between work engagement and the quality and safety of care delivered to patients – the ultimate customer in any health care setting.

Finally, the project also addresses the American Nurses Association's (2019) Code of Ethics in various ways. Specifically, the project addresses provision 5 and provision 7 of the Code of Ethics. Provision 5 states that "The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth" (ANA, 2019). The project aims to maintain and promote wholeness and integrity amongst the executive leaders of the organization who work long hours, have high stake accountability, and historically have received little focus on their well-being and level of work satisfaction. It is critical to ensure that the organization's executive leadership is cared for equal to the attention an organization places on its frontline employees' well-being. Also, provision 7 states, "The nurse in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy" (ANA, 2019). This project aims to elevate the attention and focus on CNE work engagement and the critical necessity to establish and maintain well-being standards for the country's CNE workforce. Measurement of CNE work engagement, along with director and nurse leader engagement, should be minimum requirements for ANCC Magnet designation. However, current standards only focus on the well-

being and work engagement of frontline nurses and nurse leaders. As a nursing scholar and practicing professional, the DNP student aims to increase awareness and drive meaningful change to incorporate these standards in future iterations of our professional discourse.

SECTION IV: RESULTS

Results

CNE turnover. During the 8-month project, CNE turnover was 9% representing the retirement of 1 CNE and the promotion of 1 associate CNE to replace the retirement; no other voluntary or involuntary turnover occurred during the eight months. The decrease in an annual average turnover of 2 CNEs was statistically significant $t(8) = 22.91$, $p < .001$.

OfficeVibe® engagement survey. CNE engagement was successfully measured over the eight months from the beginning of the project in December 2019 until the project's conclusion in August 2020 (see Appendix R and W). During that timeframe, 63 response-days were captured by the OfficeVibe® pulse surveys. The platform does not report individual responses and instead reports responses summarized by day received to support anonymity.

All surveys except for NPS are measured 0-10, with ten being the highest and 0 being the lowest. NPS is a proprietary formula calculated by subtracting the percentage of detractors (score of 0-6) from the percentage of promoters (score of 9-10), resulting in a score ranging from -100 as the lowest score to 100 as the highest score possible. Finally, overall survey participation is reported as a percentage of participants engaged in at least one pulse survey per week on a scale of 0 to 100%.

Overall engagement. Mean engagement score (M= 6.63, SD= 0.05, *Range*= 6 – 7.6) starting value was 7.6 in December 2019 and ended at 6.1 in August 2020. Decrease in score of 1.5 was statistically significant $t(62) = 16.95$, $p < .001$.

Overall participation. Participation (M= 45.11, SD= 22.66, *Range*= 17 – 100) starting value was 100% in December 2019 and ended at 44% in August 2020. Decrease in participation of 56% over the course of the intervention was statistically significant $t(62) = 19.08$, $p < .001$.

Recognition sub-domain. The mean recognition score (*M*= 6.31, *SD*= 0.1, *Range*= 2.6 – 5.4) starting value was 7.9 in December 2019 and ended at 5.4 in August 2020. Decrease in score of 2.5 was statistically significant $t(62) = 16.33$, $p < .001$.

Ambassadorship sub-domain. The mean ambassadorship score (*M*= 8.03, *SD*= 0.05, *Range*= 2.6 – 5.4) starting value was 8.2 in December 2019 and ended at 7.1 in August 2020. Decrease in score of 1.1 was not statistically significant $t(62) = 2.49$, $p < .78$.

Feedback sub-domain. The mean feedback score (*M*= 5.92, *SD*= 0.5, *Range*= 1.5 – 7.1) starting value was 6.6 in December 2019 and ended at 5.3 in August 2020. Decrease in score of 1.3 was statistically significant $t(62) = 6.46$, $p < .001$.

Relationship with peer's sub-domain. The mean relationship with peer's score (*M*= 8.26, *SD*= 0.02, *Range*= 8 – 8.6) starting value was 8.4 in December 2019 and ended at 8.2 in August 2020. Decrease in score of 0.2 was statistically significant $t(62) = 8.26$, $p < .001$.

Relationship with manager sub-domain. The mean relationship with manager score (*M*= 6.8, *SD*= 0.48, *Range*= 5.9 – 7.9) starting value was 7.9 in December 2019 and ended at 6.5 in August 2020. Net decrease in score of 1.4 was statistically significant $t(62) = 18.79$, $p < .001$.

Satisfaction sub-domain. The mean satisfaction score (*M*= 6.51, *SD*= 0.33, *Range*= 5.7 – 7.5) starting value was 7.5 in December 2019 and ended at 6.1 in August 2020. Decrease in score of 1.4 was statistically significant $t(62) = 25.07$, $p < .001$.

Alignment sub-domain. The mean feedback score (*M*= 6.9, *SD*= 0.56, *Range*= 6.2 – 8.6) starting value was 8.6 in December 2019 and ended at 6.4 in August 2020. Decrease in score of 2.2 was statistically significant $t(62) = 26.01$, $p < .001$.

Happiness sub-domain. The mean happiness score (*M*= 5.52, *SD*= 0.35, *Range*= 5 – 6.4) starting value was 5.4 in December 2019 and ended at 5.4 in August 2020. The lack of change in score was not statistically significant $t(62) = 2.85$, $p < .30$.

Wellness sub-domain. The mean wellness score (*M*= 65.78, *SD*= 1.11, *Range*= 4 – 7.9) starting value was 7.9 in December 2019 and ended at 6 in August 2020. Decrease in score of 1.9 was statistically significant $t(62) = 15.50$, $p < .001$.

Personal growth sub-domain. The mean personal growth score (*M*= 6.71, *SD*= 0.74, *Range*= 5.4 – 8.1) starting value was 7.9 in December 2019 and ended at 6 in August 2020. Decrease in score of 1.9 was statistically significant $t(62) = 13.93$, $p < .001$.

NPS. The mean NPS score (*M*= 19.91, *SD*= 22.66, *Range*= -6 – 50) starting value was 50 in December 2019 and ended at -5 in August 2020. Decrease in score of 55 points was statistically significant $t(62) = 9.45$, $p < .001$.

Communication Strategy. Overall, the communication strategy was successfully implemented throughout the project (see Appendix W). The development of virtual huddles, daily report consolidation, and the introduction of weekly huddle messages resulted in increased quantifiable communication between the regional office team and the local hospital leadership.

Virtual huddles. Virtual huddles began implementation in December 2019 in conjunction with a called strike by an allied health union with a sympathy strike from the nurses' union. Throughout the 8-months of the intervention, a total of 96 virtual huddles (*M*= 11.14, *SD*= 1.57, *Range*= 8 – 12) were held between regional office nursing leadership and local hospital nursing leadership.

Daily report consolidation. In total, 87 daily reports were sent over the course of the 8-month intervention (*M*= 12.42, *SD*= 10.21, *Range*= 0 – 21). The reports summarized core

operational data by the hospital and summarized regionally for midnight census, staffing status, bed capacity, hours per patient day (HPPD) performance, worked overtime, daily employee absence, contingent workforce, surgical case volume, supply chain days-on-hand, COVID-19 patient data, and outpatient utilization and repatriation status. All business-critical email communications sent from the regional office to the local hospital leadership were re-attached and summarized in this daily report to mitigate the risk of 'missing' an important email update.

Weekly huddle messages. In April, the weekly huddle message began distribution every Monday, and a total of 16 were sent during the 8-month intervention (M= 2.26, SD= 2.13, *Range*= 0 – 4). The topics focused on the four pillars of the regional leadership team: practice and care delivery innovation, performance and workforce, professional excellence, and care experience. Topics were provided by the regional nursing directors and edited by the communications consultant for clarity; the regional CNE wrote a weekly leadership message and approved the final content for distribution each Monday.

SECTION V: DISCUSSION

Summary

Overall, all project aims were met except for the aim of increasing CNE engagement scores. The OfficeVibe® engagement survey's implementation provided valuable data and real-time feedback on CNE perceptions and work engagement that otherwise would not have been available. The virtual huddles' development provided a consistent platform for engagement and discussion between the regional and local leadership. Further, the sessions' feedback identified the need for additional tools and resources, which resulted in developing the daily report consolidation and the weekly huddle messages. Each of these four aspects of the intervention had strengths and weaknesses that provide valuable insight for other projects that improve engagement, communication, recognition, feedback, and decision-making transparency in multi-site hospital regions or systems coordinated by a centralized office.

CNE turnover. Turnover reflected a lower than the anticipated rate during the intervention, with a statistically significant decrease in 2 CNE turnover events. This turnover is the lowest observed rate in a running 10-year period where records have been maintained by the RLT tracking CNE turnover for the region.

OfficeVibe® engagement survey. The cumulative work engagement metric and nine out of ten sub-domains of the metric decreased throughout the 8-month intervention; 8 out of 10 decreases were statistically significant. Happiness was the only sub-domain that exhibited no change throughout the project, and ambassadorship is the only sub-domain that had a decrease that was not statistically significant. The decrease in participation and NPS was also statistically significant.

Virtual huddles. Although initially intended to huddle only between the CNEs and the regional nursing leadership, the strike influenced the decision to include hospital-level directors in the huddles. During the week, huddles were held daily, leading up to the strike to facilitate real-time communication (see Appendix U for a sample huddle agenda). In January, the huddles were structured based on feedback to be held three times a week; on Mondays between the CNEs and regional nursing leadership and Wednesday and Fridays between the CNEs, local hospital directors, and regional nursing leadership. In mid-June, the Friday huddle was removed to reduce the local teams' burden based on feedback and lack of new information to share. Huddles continued at twice a week, with one being for CNEs only on Monday and the other being for CNEs and local hospital directors on Wednesday.

Daily report consolidation. Following three months of implementation of the virtual huddles, the DNP student received feedback from local hospital leadership that additional tools and resources would support the effort to improve communication and information transparency. In collaboration with the regional nursing leadership team, efforts to improve reporting were undertaken. Dashboards were reviewed for relevance, distribution frequency/audience, and clarity. Upon examination, it was determined that CNEs were receiving ad-hoc reporting from multiple sources, and the data were inconsistently being presented and distributed. As a result, the regional nursing leadership team created a consolidated report that included vital data from various reports in a consistent and easy to digest format (see Appendix S for a sample daily report dashboard). This report was pilot tested with the CNE group beginning in March and then spread to include the local-hospital directors.

Weekly huddle message. In addition to the daily report consolidation, the local hospital leadership identified the need for a communication tool that consolidated valuable messages that

should be shared more broadly across the entire nursing team to include the department managers, assistant managers, house supervisors, and frontline registered nurses (see Appendix T for a sample weekly huddle message template). These weekly huddle messages provided information on broad-impact decisions to increase a sense of decision-making transparency and ensure alignment between all hospital leadership teams. In collaboration with the RLT, the weekly huddle message was drafted and sent to the CNEs for review and input in March. Following review, they began widespread distribution in April.

Interpretation

Throughout the project, the data and observations are rich with information that can better understand the challenges and opportunities for measuring and acting upon CNE and nurse leader engagement. Each aspect of the project has specific areas of focus worthy of examination.

CNE turnover. Although CNE turnover was lower than average during the eight months of the project, many factors likely influenced this decrease. CNE turnover is influenced by a wide array of confounding variables that this project did not attempt to control. Most important amongst those was the COVID-19 pandemic, which began in the third month of the project. With an uncertain climate and job market, job movement during the pandemic is likely to decrease due to multiple factors, including the sense of duty of CNEs to stay in their role and support their nursing team through a crisis, the lack of job opportunities, or difficulty in changing jobs during a pandemic, as well as the difficulty in moving or relocating during state and federal shelter-in-place requirements. Beyond the pandemic, the hiring of a new regional CNE and the observable changes being made to improve their working conditions, as demonstrated by this project, are likely to inhibit job changes within the region due to an interest in what changes they may make in support of the CNEs. Although these assumptions are speculative, there is ample

opportunity for measurement and discourse on these topics as they are timely and central to the paradigm of CNE work engagement under investigation by this project.

OfficeVibe® engagement survey. The survey results were not surprising, given the context under which the project was conducted. Most notable amongst the contextual factors outlined earlier in this paper, the successive wildfires, strikes, and then pandemic created a colloquial perfect storm under which to measure CNE engagement. Albeit the results are disappointing, they also reinforce the fact that CNE work engagement is essential as a metric to measure on an ongoing basis. During the project, the CNEs reported a statistically significant decrease in 8 out of 10 sub-domains and overall engagement. Troubling and illuminating, this fact only bolsters and exemplifies an immediate and compelling argument in favor of tracking and improving CNE work engagement. Assuming no further change inaction by the health system, CNE engagement would logically continue to decrease, putting the organization at substantial risk for high turnover rates soon, similar to what was experienced in 2015 when more than 60% of the CNEs turned over in one calendar year.

Overall, the most significant decreases occurred in the recognition (-2.5), alignment (-2.2), personal growth (-1.9), satisfaction (-1.4), and relationship with manager (-1.4) sub-domains, while smaller decreases occurred in the feedback (-1.3), ambassadorship (-1.1), relationship with peers (-0.2) sub-domains. Again, no change occurred in the happiness domain (0). These results help to identify the crucial areas of focus for continued work to drive improvements in engagement. Opportunity to improve recognition of work, alignment to strategic thinking, the possibility for personal growth, and relationships with the CNEs direct manager are ample. These are likely to improve the satisfaction, feedback, and happiness sub-domains reported by the CNEs. Ambassadorship for the system brand decreased without

significance, which is unremarkable, considering the high level of ambassadorship and brand loyalty that the CNEs of the health system display regularly.

The NPS decrease is very concerning, considering it is a validated national scale that determines an individual's loyalty and likelihood to a brand. Decreasing from 50% promoter to -5% promoter illustrates the change in culture and engagement during the project. Although very likely to be driven partly by the global pandemic, the qualitative feedback from the CNEs within the OfficeVibe® platform indicates that the pandemic is not the sole driver of dissatisfaction. Specific direct quotes are not appropriate to share, however globally, and the feedback reflects a workforce who feel unempowered to make individual decisions at their hospitals, frustration over long work hours including all or most weekends, a lack of time off or protected time away, the need for better and more technologically advanced tools, as well as a need for additional or different resources to manage their hospital's workload better.

Finally, participation likely decreased throughout the project due to survey fatigue, overwhelming responsibilities during the pandemic that required de-prioritization of non-essential tasks like the engagement survey, and a lack of an ability to review and discuss the results of the survey regularly with the CNEs as to encourage their participation.

Virtual huddles. The huddles provided regular touchpoints between the regional office leadership and the hospital leadership that was historically communicated primarily by email when not in their monthly peer group meetings. Once the pandemic began, peer group meetings were no longer possible, and virtual huddles became ubiquitous overnight. Although not reflective in the engagement score, the DNP student believes that its overall community and culture from an information sharing and transparency perspective did improve. Open dialogue, discussion, and explanation occurred during these critical touchpoints.

Further, upon the beginning of the global pandemic, these virtual huddles became an integral tool to maintain relationships, productivity, feedback, and strategic thinking amongst the collective leadership team across the 21-hospitals. By implementing the huddles three months before the pandemic, the hospital system was better prepared to communicate during the challenging rapid-paced time. The huddles structure remained relatively unchanged during the project, focusing on sharing whatever was most relevant and timely for the audience. Agenda planning was mindful regarding which topics would generate the most value from a discussion or operational strategy perspective.

The frequency of the huddles varied during the project-driven primarily by feedback from the hospital leadership. One meaningful learning was not to create the impression that huddles' specific frequency will happen for an indefinite period. Instead, huddles are best suited to occur as frequently or infrequently as business operations demands except that huddles should likely happen at least weekly if not bi-weekly, to maintain engagement and a culture of information sharing. Although no data exists behind these assertations, they are also areas of potential research that could help understand the correct frequency of engagement between a regional office and local hospital sites to drive optimal workforce engagement.

Daily report consolidation. Daily report consolidation was driven by feedback from the CNEs and the need to adapt and evolve quickly during the successive crisis' experienced by the health system. The efforts to consolidate reports were reasonably simple in approach and allowed all leadership to have a standard set of metrics and a consolidated digest of business-critical communications daily. Although a manual cut-and-paste process, once the report structure was built by an executive consultant and streamlined over the first 30-days of use, the daily consolidated report has now been turned over to a consultant-level position for sustainability. On

average, the consultant takes 45-60 minutes to consolidate and produce the daily report. Attempts to automate the consolidation of reports from over 20 sources were more cumbersome and time-consuming than investing less than one hour of human capital into this resource's ongoing development.

Most important to this aspect of the intervention's success was that it simplified the lives of overburdened CNEs, including the regional CNE. By having a typical deck of critical reports summarized, it became easier to have focused conversations and identify trends or needs proactively. Further, it enabled leadership to speak to critical issues without recall who sends a specific report or when a specific report was released. Often, reports were not being emailed at all, which required the CNE to get onto a computer to access the necessary data, which was unrealistic given their severely impacted work schedules.

Weekly huddle message. The weekly huddle message was born out of the review of the COVID-19 nursing communication plan built collaboratively by the DNP student, regional nursing leadership, and its corporate communication team. It was identified and then validated that a lack of consistent messaging reached an audience broader than the CNE and hospital-level nursing directors. This population included nurse managers, assistant nurse managers, house supervisors, and frontline nurses. Although a broad audience, there was a lack of transparency and communication in a documented and consistent fashion that provided vital information and talking points around business-critical issues.

Although not originally part of the intervention design, it addressed the third pillar of increasing information and decision-making transparency. Therefore, it was adopted as the formal strategy to address the third and final pillar of the communication strategy. The consultants in the regional office headed this task. The weekly message amplified key messages

from emails sent the previous week and provided any new updates or information that was important for all nurses to see. Further, it provided a stable platform for the regional CNE to communicate and socialize herself, strategy, and the organization's current objectives in a humanistic way. This vehicle closed the perceived leadership ambiguity in large regions where a frontline nurse often may not know the senior executive who is 5 or 6 employees higher in the hierarchy than they are. This is especially true in a region where the regional CNE has changed two times in 4 years.

An unintended consequence of the weekly huddle message was that they became excellent resources during regulatory site visits. They served to summarize and document historically the fundamental changes or messages shared broadly across all nursing audiences. This proved to be a robust regulatory tool that archived information consistently and straightforwardly. Multiple CNEs commented that this was perhaps their favorite aspect of the weekly huddle message. It simplified and supported their role locally of ensuring information was communicated and shared consistently and accurately. During a crisis, these elements are critical to maintaining operations in a very high-paced environment.

Impact of COVID-19 Pandemic

The global COVID-19 pandemic had a substantial impact on the course of the implementation of the DNP project. The pandemic was the sequel to 3 successive crisis events that occurred between October and December of 2019. Although the global pandemic is often cited as starting in late February or early March, for the health system under investigation, the impact was felt much sooner as the hospitals in the region were amongst the first in the nation to receive and treat COVID-19 patients due to proximity to a national air force base. These early pressures were amplified as the contagion spread throughout the community and impacted

additional hospitals in a surge fashion. Significant and exhaustive energy went into the planning and execution of an operational strategy for nursing to mitigate the virus's impact on the employees, patients, and the communities in the area.

The DNP student worked more than 45 days consecutively between February and April without a day off, spending 12 to 14-hour days in the regional command center. This was after already spending weeks in the command center for the wildfires and union strikes. As much as the DNP student worked, it was only mirrored or more intensified for the local CNEs and hospital directors who were on the frontlines of the pandemic as it emerged. All energy and efforts were focused on supporting the hospital teams and, ultimately, the patients at the work's core mission. The DNP project was shaped by the organization's emerging operational needs, both positively and negatively, throughout the intervention. Further, it illustrates the exhaustion and stress-driven by the local and regional team's workload during the ongoing crisis'.

Overall, plans and intentions shifted rapidly, and the project evolved to support the operations of the health system while maintaining the original ideation of communication and information transparency as tenants of the work product. These aspects could not have been more critical during the crisis, and they have proven to maintain their value and significance as the health system seeks a “new normal” equilibrium point.

As mentioned in earlier sections, the pandemic shaped aspects of the intervention and informed areas of opportunity. However, in a project that aims to improve CNE engagement, the contextual factors in which the health system and CNEs are operating in become paramount. In a pandemic, circumstances become highly variable, and anecdotally are highly irregular compared to usual operations. The DNP student believes that the drop in overall engagement and 9 of 10

sub-domains is reflective, at least in part, of the pandemic's significant impact on the dedication, vigor, and absorption of the CNEs under analysis.

Limitations

Although work engagement literature regarding the specific CNE population is limited, there is ample opportunity to apply the learnings from studies on frontline managers and frontline nurses to develop a comparable strategy for the executive population.

The specific interventions identified are built upon examples within the literature where communication, collaboration, and recognition systems drive increased engagement. Although no one article pointed specifically to any specific combination of activities, the gap analysis performed led to identifying those specific interventions outlined in this project. Additionally, resources were considered and evaluated when the development of the intervention was conducted. Although the interventions aimed to improve work engagement, there is no certainty that these are the correct interventions, nor may they address the actual underlying needs of the CNEs in the organization. Extensive work-related pressures are inherent to the CNE population, including quality, safety, and financial performance metrics that must be met regularly.

Despite the potential impact of the interventions proposed in this project, work engagement decreased throughout the intervention. Further, the project itself is human resource-intensive and will be dependent on the continued financial and human resource support of the regional CNE sponsoring the work. Therefore, the interventions are incorporated into the nursing workforce's strategic plan to identify these activities as high-priority and necessary to meet short and long-term goals.

Although the project addressed organizational needs due to a series of crises, the crises were not originally part of the project's framework. Therefore, no literature reviews occurred

regarding how to lead in crisis, nor were best practices in virtual/remote leadership explored. The interventions in this project were based on the work engagement literature that cites the importance of information sharing and transparency, along with other tenants, that informed the ultimate work product.

Further, the impact of the intervention's specific aspects unintentionally went unmeasured, which included a survey or other tool to measure each change in practice to gather documented qualitative and quantitative feedback for analysis. The intent was to use OfficeVibe® to collect this data. However, this did not work as intended.

Finally, the DNP student's intent was to re-interview the CNEs interviewed in the summer 2019 semester to identify positive or negative changes that occurred since the initial gap analysis was conducted. Due to time constraints and higher priority issues resulting from the pandemic, this step of the project was not completed and will be completed as part of the DNP student's continued work in the future.

Conclusions

This project broadens the professional discourse on work engagement to include the CNE population. It also highlights the emerging trend towards “systemness” and the need to think differently about leading multi-CNE teams from a central office. A modern technology-based work engagement survey was used to understand the overall state of work engagement. This population historically was unmonitored by the organization. It appears based on the literature review that it is also unmonitored across the broader discipline of nursing. The work engagement survey provided valuable insight into the strengths and opportunities of the executive team. Although this project focused exclusively on CNEs, it quickly and organically evolved to include

the hospital-level directors and even frontline nurses. Communication was and continues to be an area that requires considerable improvement and additional investment in.

Further efforts to include directors and managers in a weekly or bi-weekly pulse survey would illustrate the total picture of hospitals' engagement. In addition, engagement could and should be measured within the central office nursing team at least at the same frequency, and with the same tools, as those measuring the local hospital teams. It is also essential that the local hospital teams have a familiar and ongoing mechanism to provide feedback on the central office team to the regional CNE. Prior to this project, all mechanisms to provide perspective on the helpfulness and usefulness of the regional team did not exist. Based on qualitative feedback provided by the CNEs in the 2019 interviews, it became clear that the perception was the CNE group believed it did not matter what they thought because no one from the regional team had ever asked them.

The work environment must aspire to shift from top-down to a more collaborative approach where open, transparent, two-way communication lines can foster higher vigor, dedication, and absorption amongst all nurses within a health system. The impact of three communication strategies implemented in this project aimed to improve the strategic communication, information transfer, and recognition of teams between the local and regional CNE teams were essential stepping-stones in a positive direction. However, further research on the efficacy of these interventions is needed. Systems cannot lead effectively from a distance by simply relaying instructions and communications to the local teams circumventing their ability to provide input and feedback on changes to policy or practice within their hospitals. This behavior breeds mistrust and disregard for the system office as it fosters the perception that the system

office does not care what the local leadership thinks or that the local leadership does not know how to run their hospitals better than the system office does.

Health care is often said to be in the business of helping people live longer and healthier lives. Although a noble cause, this should start with the people who power these organizations. The workforce examined in this project expressed clear dissatisfaction with long work hours, high levels of stress, and a lack of time to take care of themselves. It is imperative that the organization's attitude towards "self-care" shifts to "organizational-care" where the employer takes ownership of the wellbeing of its employees. The onus of "self-care" implies that the burden for staying well is on the employee and it is their responsibility to ensure their mental, physical, and emotional wellbeing. Although the employee is responsible for maintaining a self-care strategy, it may be severely limited or not possible if their work environment causes significant stress and discomfort in their life. Their unhappiness may be related to their employment, and the factors driving their dissatisfaction outside of their locus of control. Moving beyond a catch phrase, "self-care" and the unofficial fourth aim of "care for the caregiver" need support, strategy, and investment from the organization in order to be actualized. This must be true not only frontline nurses, but also for executives. Taking care of the workforce should not be viewed as optional, nor should it be assumed that benefits like paid time off, employee assistance programs, and generous compensation packages will make up for a job that is not satisfying and fulfilling to the employee. Working conditions can improve for any population in any workforce setting – this paradigm is not unique to health care and is relevant in any organization around the globe. Humans thrive in conditions that not only meet their basic needs but also attend to their spiritual and emotional desires. Perhaps employees work best when they feel cared for and that their hopes and dreams coincide with the organization's. Workforce

strategies that leverage ongoing measurement of workforce engagement should include executives. Annual surveys are not evidence-based, and dependence on once-a-year results will result in an organization that is unable to respond to needs that shift constantly in a modern workforce. When all groups are bunched together, especially in large workforces, it is also easy to dilute what the data is conveying. Nursing leaders, especially in system settings, should take workforce engagement measurement into their own hands and invest in tools that enable them to attain real-time and ongoing measurement of their employees.

Crises are a part of the nursing team's DNA. Unfortunately, they are also becoming more common around the globe. Hurricanes, floods, fires, riots, active shootings, social unrest, and public health emergencies are unfamiliar to today's health care system. The pandemic has only amplified the importance of robust virtual/remote infrastructure that supports leadership from a distance. In large systems, the ability to be physically at any individual hospital may be as limited as once or twice a year for most executives. It is also unrealistic or not possible during crisis events. This means that technology must be embraced and refined to provide consistent, measurable, useful tools that support work engagement for all nurses in the organization up to and including the CNE. System or regional nurse leaders must unlearn dependency on phone calls and excessive meetings that exhaust employees and often lack actionable/tangible takeaways. Structures and processes that build work engagement infrastructure are critical to the viable health system of the future.

Executives must be able to care for themselves, so that they may care for others. Dr. Watson’s first Caritas Process® is to treat yourself and others with loving kindness. How might an executive do this if their workload is unreasonable or the demands made of them are not achievable? Should executives be treated differently because they are paid more? As a

millennial, the working conditions and job satisfaction of the executives interviewed is very concerning. One may doubt that future generations will be interested in these critical roles if expectations of organizations do not change. Already, current generations are expressing their dissatisfaction as reflected in higher CNE turnover rates and the ever-present need for interim CNE leadership across the country.

As Magnet organizations are already measuring nurse engagement within a hospital, there is a clear need to extrapolate that further to include the CNE and look at work engagement at the macrosystem level of multi-hospital CNE teams. Work engagement occurs in the micro- and mesosystem but ultimately explains the macrosystem's collective level of work engagement. Each interdependent actor within a health care system is inextricably linked and are as indistinguishable as a drop of water is to the ocean. Appreciating the interconnectedness and "systemness" that evolves from complex thinking requires organizations to act more deliberately around their human capital. Nursing leadership is already in short supply, and a lack of attention to the quality of the work environment and the perceived work engagement of those leaders is a recipe for future shortages and wage increases driven by a lack of qualified candidates. Leveraging lessons learned from nurse manager and frontline nurse work engagement studies, the CNE population is sure to benefit from an increased focus on work engagement in the high-stress, high-stakes role they occupy.

SECTION VI: OTHER INFORMATION

Funding

No additional funding sources were established during this DNP project. Funding was supported through the existing budget established by the organization.

SECTION VII: REFERENCES

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SECTION VIII: APPENDICES

Appendix A - Signed Statement of Non-Research Determination Form

DNP Statement of Non-Research Determination Form

Student Name: Ryan M. Fuller

Title of Project:

Development of a Regional Level Chief Nurse Executive Engagement Strategy: An Evaluation of Nurse Leader Perceptions Across a 21 Hospital system

Brief Description of Project:

According to a 2016 Gallup poll, 32% of U.S. employees are engaged in their job. Engagement is defined as the characteristics of vigor, dedication, and absorption in an employee, and is a central tenant of modern human resources management theory. As an antecedent to preventing burnout and turnover intent amongst employees, engagement is a predictor of employee wellness and provides critical insight into the culture of a team or organization. Although the chief nurse executive plays a central role in the culture of the hospital and nursing organization, there is limited literature that explores engagement at the chief nurse level especially in multi-campus region. However, extensive evidence exists regarding nurse engagement in frontline nurses and mid-level nurse managers in a wide variety of settings.

The project will explore the qualitative and quantitative perceptions of chief nurse executives in a 21-hospital region over a period of 12 months. Following baseline assessment, an engagement strategy will serve as the project's intervention aimed to understand and cultivate nurse executive engagement across the region. The strategy will be co-designed with the chief nurse executive group and based upon the opportunities identified in the baseline qualitative (interview) and quantitative (engagement survey) assessment.

A) **Aim Statement:** By July 2020, co-design, deploy, and evaluate a nurse executive engagement strategy across a 21-hospital health care region.

B) **Description of Intervention:** The intervention will consist of co-designing a nurse executive engagement strategy, which will include methodology to track and trend nurse executive engagement. The strategy will be based upon the summary findings of interviews with a representative sample of the chief nurse executive group in the hospital region. The tactics will be integrated into the nursing strategic plan. The intervention approach is evidence-based and builds upon the physician and executive engagement and burnout prevention framework offered by the Mayo

Clinic.

C) How will this intervention change practice? Current practice is there is no nurse executive engagement strategy, nor is there any methodology to track nurse executive engagement in the health region. Deploying the nurse executive engagement strategy will give the region office a pulse on the current state of nurse executive engagement, assist with identifying opportunities to improve operations, and provide trend data to identify changes in culture that could indicate intent to turnover or another issue that otherwise would not be identified. Further, the intervention provides a voice for nurse executives to express their concerns, frustrations, hopes, and ideas in a structured and anonymous method that promotes psychological safety and vigor in their work.

D) Outcome measurements: Outcome measurements will include qualitative and quantitative measures. Qualitative measures will consist of confidential interviews with a representative sample of the chief nurse executive group (at least 50%) 6 months before and 6 months after the intervention. Qualitative themes will be themed and summarized. Quantitative analysis will include the introduction of an employee engagement measurement platform, OfficeVibe®, which will provide monthly measurement of chief nurse executive engagement across 10 sub-domains. OfficeVibe® also provides national benchmarking of engagement for comparison to national engagement trends. Finally, retention of chief nurse executives will be tracked over the course of the 12-month period and exit interviews will be conducted with any nurse executives who leave the region during the project and are willing to participate in the project.

To qualify as an Evidence-based Change in Practice Project, rather than a Research Project, the criteria outlined in federal guidelines will be used:
(http://answers.hhs.gov/ohrp/categories/1569)

X This project meets the guidelines for an Evidence-based Change in Practice Project as outlined in the Project Checklist (attached). Student may proceed with implementation.

☐This project involves research with human subjects and must be submitted for IRB approval before project activity can commence.

Comments:

EVIDENCE-BASED CHANGE OF PRACTICE PROJECT CHECKLIST *

Instructions: Answer YES or NO to each of the following statements:

Project Title:	**YES**	**NO**
The aim of the project is to improve the process or delivery of care with established/ accepted standards, or to implement evidence-based change. There is no intention of using the data for research purposes.	**X**	
The specific aim is to improve performance on a specific service or program and **is a part of usual care**. ALL participants will receive standard of care.	**X**	
The project is **NOT** designed to follow a research design, e.g., hypothesis testing or group comparison, randomization, control groups, prospective comparison groups, cross-sectional, case control). The project does **NOT** follow a protocol that overrides clinical decision-making.	**X**	
The project involves implementation of established and tested quality standards and/or systematic monitoring, assessment or evaluation of the organization to ensure that existing quality standards are being met. The project does **NOT** develop paradigms or untested methods or new untested standards.	**X**	
The project involves implementation of care practices and interventions that are consensus-based or evidence-based. The project does **NOT** seek to test an intervention that is beyond current science and experience.	**X**	
The project is conducted by staff where the project will take place and involves staff who are working at an agency that has an agreement with USF SONHP.	**X**	
The project has **NO** funding from federal agencies or research-focused organizations and is not receiving funding for implementation research.	**X**	
The agency or clinical practice unit agrees that this is a project that will be implemented to improve the process or delivery of care, i.e., **not** a personal research project that is dependent upon the voluntary participation of colleagues, students and/ or patients.	**X**	
If there is an intent to, or possibility of publishing your work, you and supervising faculty and the agency oversight committee are comfortable with the following statement in your methods section: *"This project was undertaken as an Evidence-based change of practice project at X hospital or agency and as such was not formally supervised by the Institutional Review Board."*	**X**	

ANSWER KEY: If the answer to **ALL** of these items is yes, the project can be considered an Evidence-based activity that does NOT meet the definition of research. **IRB review is not required. Keep a copy of this checklist in your files.** If the answer to ANY of these questions is **NO**, you must submit for IRB approval.

*Adapted with permission of Elizabeth L. Hohmann, MD, Director and Chair, Partners Human Research Committee, Partners Health System, Boston, MA.

STUDENT NAME (Please print): Ryan Fuller

Signature of Student:

8/10/19

SUPERVISING FACULTY MEMBER (CHAIR) NAME (Please print): Dr. KT Waxman

Appendix B - Letter of Support from Organization

KAISER PERMANENTE®

PATIENT CARE SERVICES
NORTHERN CALIFORNIA

Ryan M. Fuller
1950 Franklin Street
Floor 17 - PCS
Oakland, CA 94621

October 15, 2019

Dear Ryan,

This letter serves as my permission for you to conduct your DNP project within Kaiser Permanente Northern California. I am in full support of your project, "Development of a System Level Chief Nurse Executive Engagement Strategy: Evaluation of Nurse Leader Perceptions Across a 21 Hospital System".

Your project will receive both financial and human capital support in order to meet the objectives outlined in our discussions. Further, your project will be incorporated into the Northern California Nursing Strategic Plan for sustainability following the implementation and evaluation of your project and its learnings.

Thank you for your hard work, and we look forward to seeing how your project turns out. If your chair has any questions, they may contact me at Ann.M.Williamson@kp.org or 510-301-8545.

Ann Williamson

Ann M. Williamson, PhD, RN, NEA-BC
Regional Chief Nurse Executive and Vice President Clinical Integration
Northern California Regional Offices
Kaiser Permanente

Appendix C – Literature Evaluation Table

Study	Design	Sample	Results	Evidence Rating
Adams, Djukic, Gregas, & Fryer (2018) Influence of Nurse Leader Practice Characteristics on Patient Outcomes: Results from a Multi-State Study *Nursing Economic$*	Non-experimental Quantitative Research	N=35 hospitals N=778 participants	A cross-sectional correlational survey design was used. Nurse leaders were surveyed using different instruments to examine the relationship between executive leadership, frontline performance, patient and clinical outcomes. Emerging from the research is the Model of the Interrelationship of Leadership, Environments, and Outcomes for Nurse Executives (MILE ONE). The model emphasizes a shift from organizations holding nurse leaders accountable directly for outcomes, and instead holding leaders accountable for the practice environment which they oversee – focusing on the support, coaching, and development of the leaders and their followers. The article provided context for shifting the focus on executive leadership from a sole focus on performance to the support and development of leaders in order to facilitate their ability to support he practice environment.	III B
Holland et al. (2016) Employee Voice, Supervisor Support, and Engagement: The Mediating Role of Trust	Non-experimental Quantitative Research	N=1,039 Employees	The study examined the impact of direct voice and supervisor support on employee engagement in nurses. Direct voice is defined as direct communication between management and employees, versus indirect communication through a third party such as a labor union. The study findings validated that employee engagement increases	III A

Human Resource Management			when trust is present between supervisors and their employees, and trust is built through regular and consistent direct communication. Communication impacts the perception and viewpoint of the employee on the employer, however the perceived support an employee receives from their supervisor was three times as likely to predict employee engagement.	
Jones, Havens, & Thompson (2009) Chief Nursing Officer Turnover and the Crisis Brewing: Views from the Front Line *The Journal of Nursing Administration*	Non-experimental Quantitative Research	N= 1,277 Staff Nurses and Nurse Managers	The study surveyed nurses to understand what they perceive at as important in the CNO role – and the impact that CNO turnover has on frontline staff and management. Staff agreed that the CNO acted as the voice of the hospital but was not always visible and often was respected less than the other top-level hospital executives. The article provides meaningful context to the critical role the CNO plays in a hospital and the larger health system – provides relevant context as to why the CNO role needs to be better supported at a system level and articulates the danger in not doing so. The data provided about perceptions of the visibility of the CNO (and their support of staff and management) is critical for this DNP project, as it provides basis for developing strategies that provide more visibility for both the regional and local CNEs in the hospital.	III A
García-Sierra, Fernandez-Castro, &	Systematic review of the literature	N=27 Studies	There were 24 quantitative and 3 qualitative studies reviewed in this integrative review of the literature. The most common theme amongst	III-A

Martinez-Zaragoza (2015) Work Engagement in Nursing: An Integrative Review of the Literature *Journal of Nursing Management*			the 27 articles were the 17 studies that investigated organizational predictors of work engagement. The themes that emerged were work-life, structural empowerment, and social support. The review found that organizations that built positive, supportive workplaces where staff felt their work climate provided open channels of communication, involved them in decision making, and their workload, control, reward, community, and fairness were balanced. Interestingly, the study found that only 4% of workplace engagement was attributable to aspects such as staffing and availability of human resources to complete their job. The review also found that leadership was critical in creating and sustaining the practice environment and therefore workplace engagement, and the outcomes of a unit such as performance and safety were attributable to the nurse manger's level of support to the unit and their ability to foster a sense of engagement amongst employees.	
Kelly, L. A., Lefton, C., & Fischer, S. A. (2019). Nurse Leader Burnout, Satisfaction, and Work-life Balance *The Journal of Nursing Administration*	Mixed-methods non-experimental research study	N = 672 quantitative responses N=16 qualitative interviews	The Professional Quality of Life scale was given to nurse leaders at 29 hospitals in 1 health systems. Sixteen leaders from 2 hospitals participated in qualitative interviews. The interview process conducted as part of the qualitative analysis was particularly interesting, as the investigators found that qualitative themes of misalignment to the strategy of the organization, lack of sense of voice, balancing competing priorities, and other	III-A

			factors were prevalent amongst the nurse leader groups interviewed. The article emphasized the social and psychological capital necessary to function in the nurse leader role, and that in absence of processes to support and encourage workplace engagement and structural empowerment, nurse leaders can suffer from burnout and lose professional meaning due to focus on tasks, lack of a larger vision, and day-to-day drain of employee management. Z	
Leach (2005) Nurse Executive Transformational Leadership and Organizational Commitment *The Journal of Nursing Administration*		N=102 CNEs, 148 NM's, 651 Staff Nurses	This investigational study took a cross section of the nursing population at the time by taking a convenience sample of CNEs, NM's, and Staff Nurses in order to understand the impact that CNEs and their transformational leadership characteristics (as defined by the Transformational Leadership Profile) had on organizational commitment (when correlated with the Organizational Commitment Scale). The study found that transformational leadership significantly impacted organizational commitment, and further positively impacted nurse manager leadership and organizational commitment. This study demonstrates the importance of the CNE role and their ability to positively impact the practice environment through both direct and indirect influence over the organizational culture and actors.	

			Further, this study provided additional evidence for the use of Transformational Leadership Theory as a basis for the project. The study also suggests that staff nurses should be exposed more frequently to their CNE, and that this is likely to increase organizational commitment more than exposure to their nurse manager.	
Lewis & Cunningham (2016) Linking Nurse Leadership and Work Characteristics to Nurse Burnout and Engagement *Nursing Research Online*	Non-experimental Quantitative Research	N=120	This article does the best job articulating the difference between burnout and engagement and offers that the two might live on each end of a spectrum for how an employee experiences work. This article also uses transformational leadership theory as the basis of the study. This is the only article to utilize the areas of work life model to help identify those aspects of work that impact the nurse. The AWL model looks at employees perceptions of manageable workload, control over one's work, fair recognition and reward for work the quality of social relationships or community in the workplace, fairness in management and organizational promotion decisions and treatment of staff, and alignment of personal values with the organization and its goals. These items align well with the domains of work engagement (dedication, vigor, and absorption). The models in this study are paramount in the development of this DNP project, as they help articulate how AWL interact/intersect with both burnout and engagement and validate the difference structurally between the two concepts.	III A

			The study has many important findings, but perhaps the most relevant for this study was the finding that nurses' perceptions of transformational leadership qualities in their nursing leaders in strongly associated with nurse's perception of positive work environment characteristics and their subsequent experience of either burnout or engagement.	
Prado-Inzerillo, Clavelle, & Fitzpatrick (2018) Leadership Practices and Engagement Among Magnet Hospital Chief Nursing Officers *The Journal of Nursing Administration*	Non-experimental Quantitative Research	N= 56 CNOs	This study was published last year and cites that no previous literature has studied CNO engagement – which confirmed the findings of the literature search conducted for this paper. This finding is critical, as it articulates the emergence of knowledge in this domain for CNEs. The article also makes the same hypothesis that the literature on nurse and nurse leader engagement can and should be extrapolated to apply to the CNE population. 430 Magnet hospitals were surveyed and 56 CNO's completed the survey. The survey consisted of multiple instruments including the Leadership Practices Inventory Self and the Utrecht Work Engagement Scale. Although the actual results of the study are somewhat less helpful, they do articulate the relationships between transformational leadership characteristics and the three measures of work engagement (absorption, vigor, and dedication). The strongest correlations were between vigor and challenging the process as well as vigor and modeling the way; in general, vigor had higher correlation scores to	III A

			transformational leadership behaviors when compared to any relationships between TL and dedication or absorption.	
Prestia, A. S., Sherman, R. O., & Demezier, C. (2017). Chief Nursing Officers' Experiences with Moral Distress *Journal of Nursing Administration*	Non-experimental qualitative research	N = 20 CNE/CNO's	Six themes were identified from the 20 CNE/CNO interviews which described the CNO experience of moral distress including lacking psychological safety, feeling a sense of powerlessness, seeking to maintain moral compass, drawing strength from networking, moral residue, and living with the consequences. Although this study was on moral distress, the qualitative aspects of the study are helpful in designing the interview process for the CNE analysis conducted in this project. Although the researcher focused on moral distress, there are many parallels to work engagement. The CNEs in the interviews described feelings of a sense of powerlessness, lacking psychological safety, drawing strength from the network, and seeking to maintain their moral compass. These findings are similar to those identified in the gap analysis, and the development of interventions that address the related underlying aspects of work engagement will be critical. Preventing burnout in CNEs requires fostering positive levels of work engagement, which includes creating a environment that supports the moral and ethical needs of the executive in practice.	III-B
Shanafelt, T. D., & Noseworthy, J. H. (2017). Executive Leadership and	Expert Opinion	N/A	This is the only level V evidence included in this literature review. This article describes the work that the Mayo Clinic has done to improvement their physician executive engagement levels and	V

Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout. *Mayo Clinic Proceedings*			support a culture of well-being amongst executives in clinical leadership. The article outlines the consequences of complex health care environments, and the role that burnout plays in both the executive leader and the organization. The model outlines 7 dimensions as drivers of either engagement or burnout; workload and job demands, control and flexibility, work-life integration, social support and community at work, organizational values and culture, efficiency and resources, and meaning in work. These facets positively or negatively impact an individual towards either burnout (exhaustion, cynicism, and inefficiency) or work engagement (dedicated, vigor, and absorption). Each of the facets is outlined as individual factors, work unit factors, organizational factors, and national factors. Based on these factors and the matrix described above, the authors present a model nine-step organizational strategy to promote physician well-being in executive practice. This model could easily be apapted to nurse leaders in executive practice. The model is to: (1) acknowledge and address the problem; (2) harness the power of leadership; (3) develop and implement targeted work interventions; (4) cultivate community at work; (5) use rewards and incentives wisely; (6) align values and strengthen culture; (7) promote flexibility and work-life integration; (8) provide resources to promote resilience and self-care; (9)	

			facilitate and fun organizational science. Many aspects of this study are pivotal in the design of an intervention to address similar challenges in the CNE population. Understanding the importance of cultivating community and rewards at work is critical in this model and should be integrated into any strategy for CNEs.	
Van Bogaert, P., Peremans, L., Van Heusden, D., Verspuy, M., Kureckova, V., Van de Cruys, Z., & Franck, E. (2017). Predictors of Burnout, Work Engagement and Nurse Reported Job Outcomes and Quality of Care: a Mixed Method Study *BMC Nursing*	Mixed-methods non experimental research	N=751	This study surveyed nurses at two hospitals to examine the relationship of work engagement and burnout as mediating variables on the mediating variables of workload, decision latitude, and social capital on the independent variables of nurse-physician relationship, nurse management at the unit level, and hospital and management organizational support on the dependent variables of nurse-assessed quality of care and job outcomes. Two models emerged that looked at how the two sets of mediating variables interacted and influenced the independent variable on the dependent variables. The results of the study identified a complex interdependent relationship between both sets of mediating variables and their effect on the dependent variables. The article's methodology provides a framework for future research on the relationship between the CNE work environment and their work outcomes; also, the article specifically measured the impact of organizational leadership on job outcomes of frontline nurses.	III-A

Appendix D – Weberg and Davidson's Evidence-innovation-leadership Framework

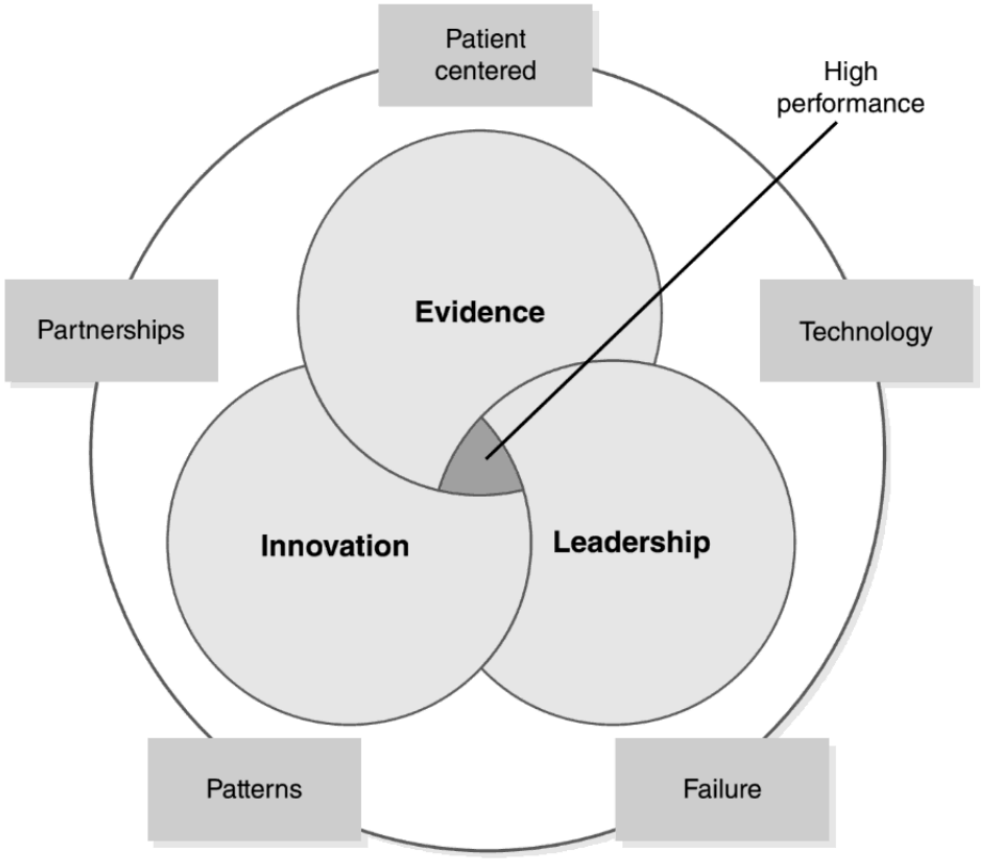


FIGURE 1-8 The evidence–innovation–leadership framework.

Appendix E – Walden, Jung, & Westerman Model

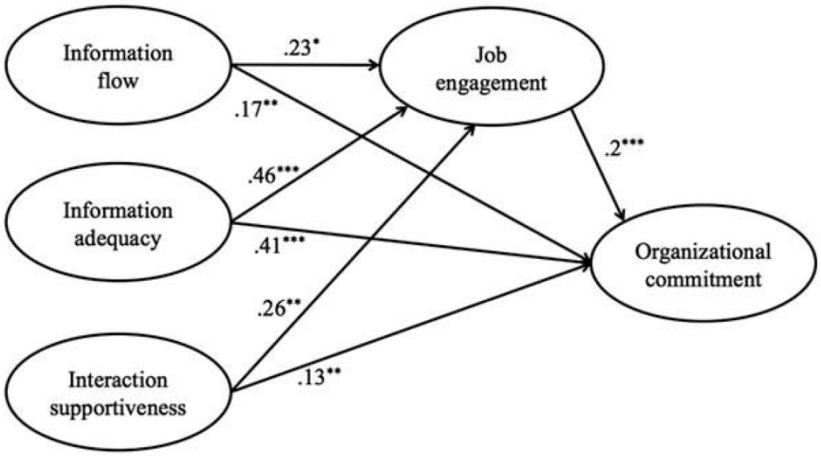
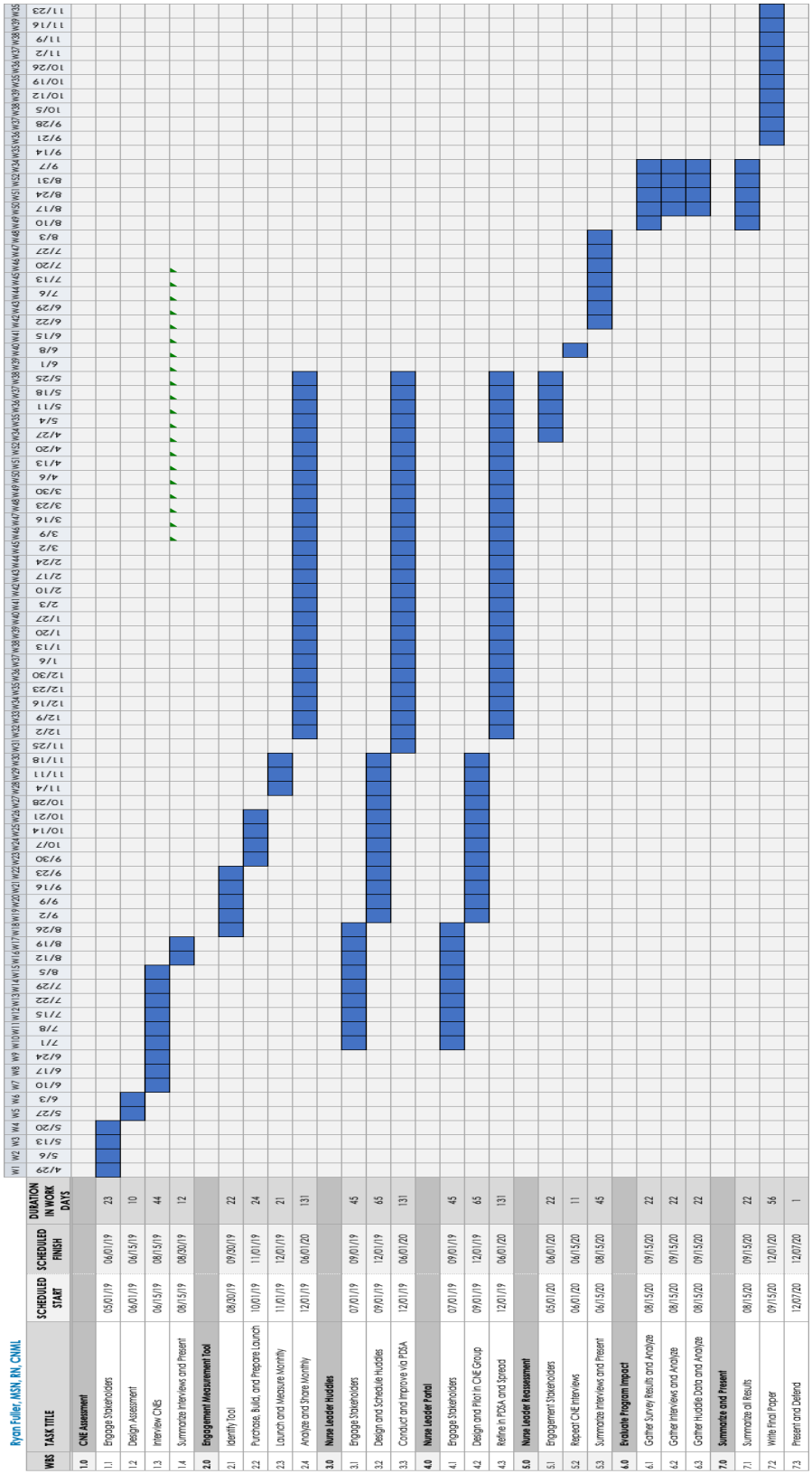


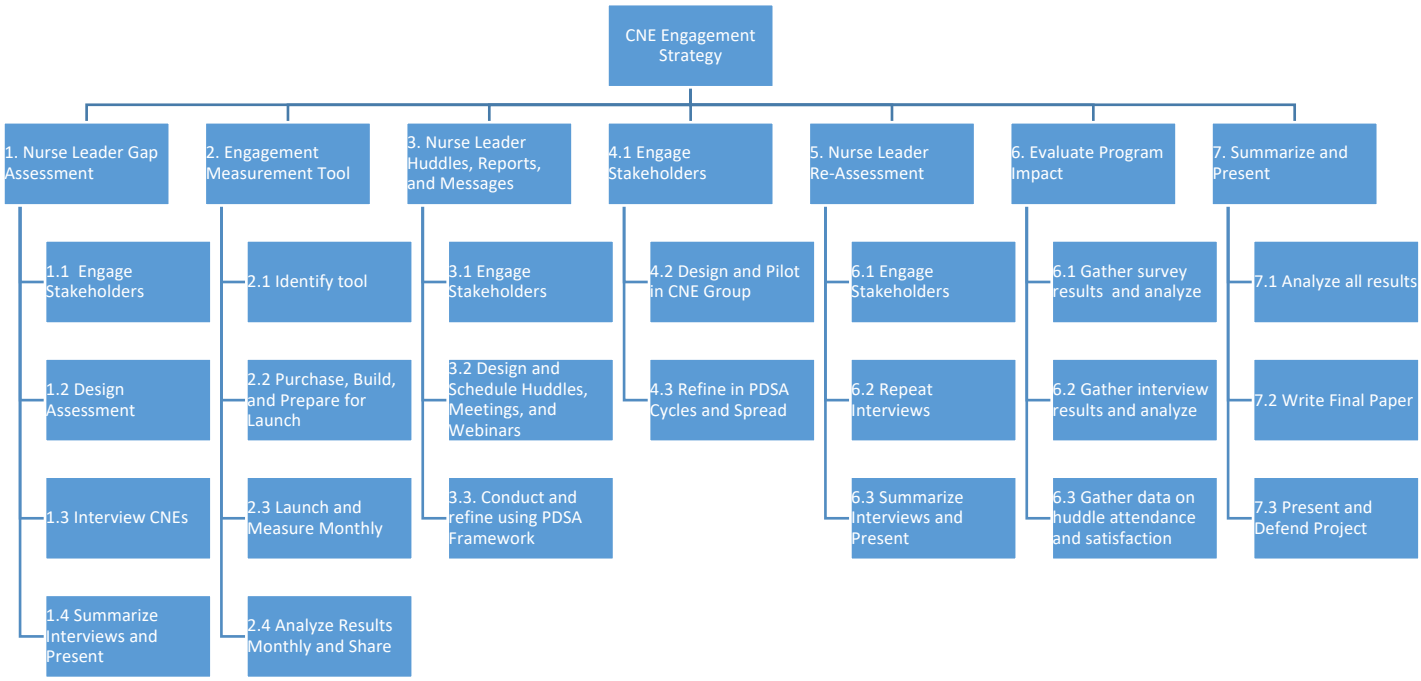
Figure 2. Standardized path coefficients for the final model.

Note. *$p < .05$; **$p < .01$; ***$p < .001$.

Appendix F – Project Gantt Chart



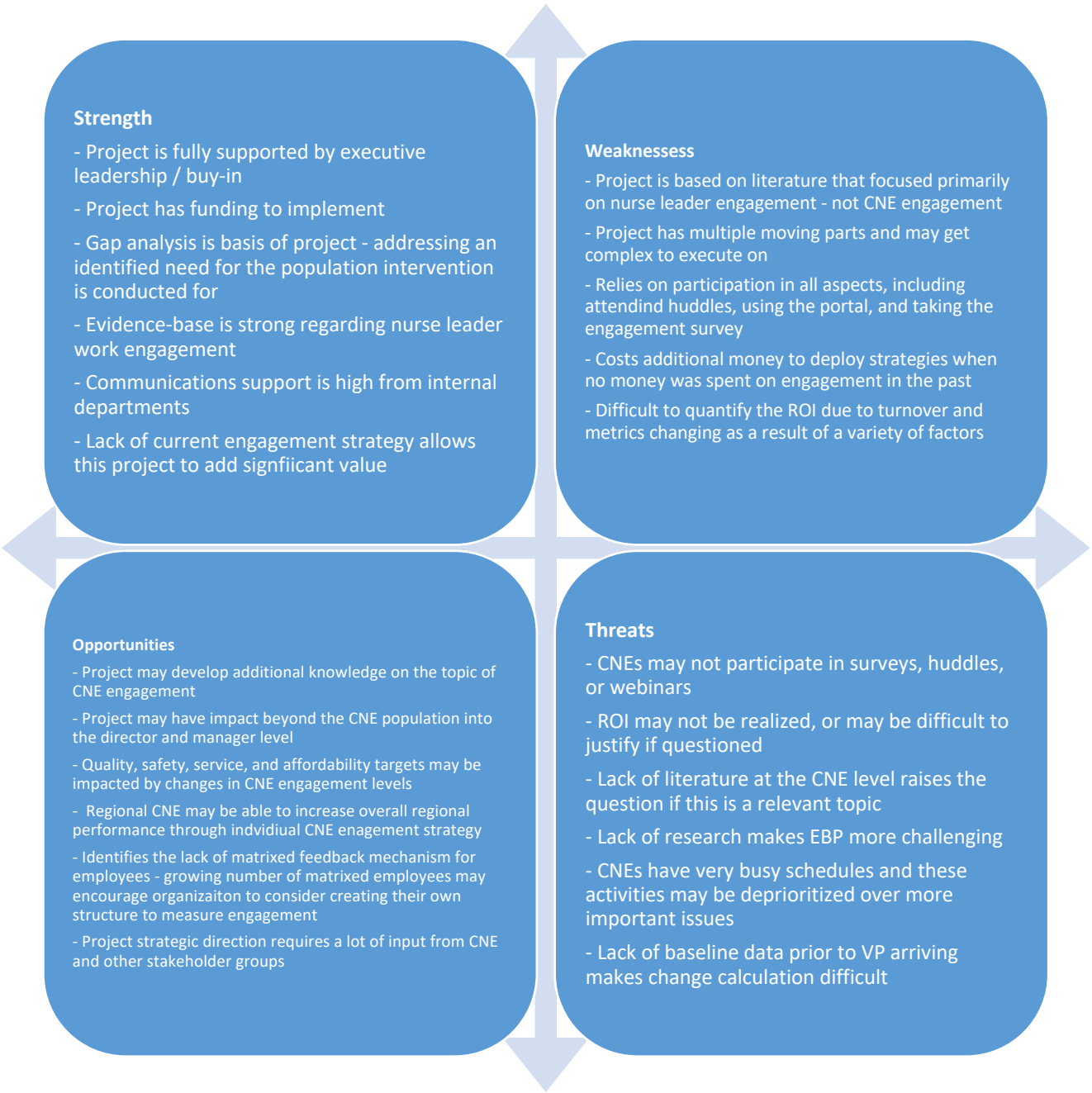
Appendix G - Work Breakdown Structure



Appendix H - Responsibility/Communication Matrix

	DNP Student	VP Nursing	Regional Nurse Leadership Team	Hospital Chief Nurse Executives	Communication Consultant	Corporate and Multimedia Comms
Develop Communication Materials	X				X	X
Determine Strategies to Deploy (Products, systems, etc.)	X	X	X	X		
Develop Content for Sharing	X				X	X
Take Engagement Surveys			X	X		
Analyze Surveys	X					
Coordinate Daily Huddles	X	X	X			
Attend Daily Huddles	X	X	X	X		
Coordinate Daily Reporting	X		X		X	X
Distribute Daily Reporting			X			
Produce and Socialize Weekly Huddle Message	X	X	X		X	X
Distribute Weekly Huddle Message					X	

Appendix I - SWOT Analysis



Appendix J – Gap Analysis CNE Interview Questions

Qualitative Interview Questions (Pre/Post Assessment):

Primary Questions

What are your biggest concerns right now, with regards to operations between regional offices and your hospital team?

How do you obtain information about current initiatives, rollouts, and strategic priorities from Regional Offices?
How many different Regional Offices departments do you actively need to keep track of information related to operational changes, priorities, and strategy?
Is it easy or difficult to stay up to date with operational changes, priorities, and strategies led by Regional Offices?
Is it easy or difficult to locate tool kits and resources generated by Regional Offices?
Do you think there are opportunities to improve communication between Regional Offices and the local medical center nursing leadership team? If so, how?
If there was a centralized communication tool between Regional Offices and Medical Center nurse leaders, what would you want it to include?

Secondary Questions

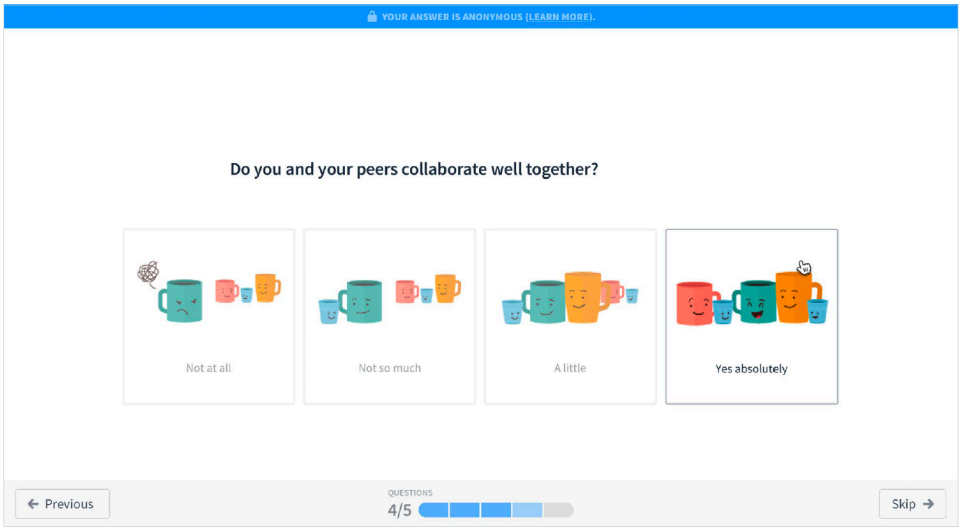
How much email do you get on a daily basis regarding operational changes, priorities, and strategy from Regional Offices?
Do you feel it's easy to keep track of the information flow between Regional Offices and your team?
What challenges do you have in managing rollouts, initiatives, and strategic priorities led by Regional Offices?
How could Regional Offices improve communication with your team?
What information from Regional Offices do you not get in a timely fashion?
What information from Regional Offices do you need on a daily or weekly basis?
How do your teams stay connected to the broader regional priorities, initiatives, and rollouts?
What information/communication from Regional Offices do you receive that is helpful?
What information/communication from Regional Offices do you receive that is NOT helpful?
Do you think the peer groups are effective for information flow as much as they are for networking and team building?

Appendix K – OfficeVibe® Platform

Question Format:

Multiple-Choice

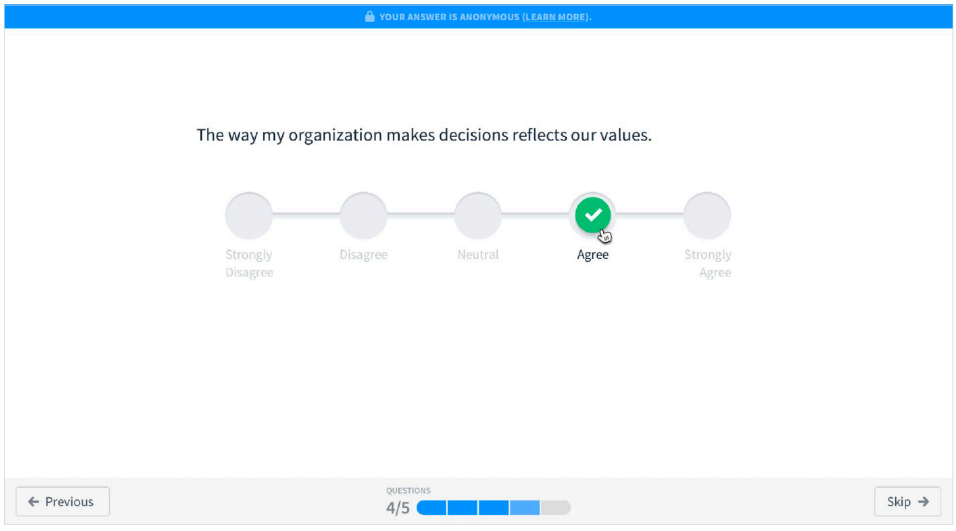
The Multiple-Choice question type presents a question with 4 possible answer choices.



Multiple-choice Question Example

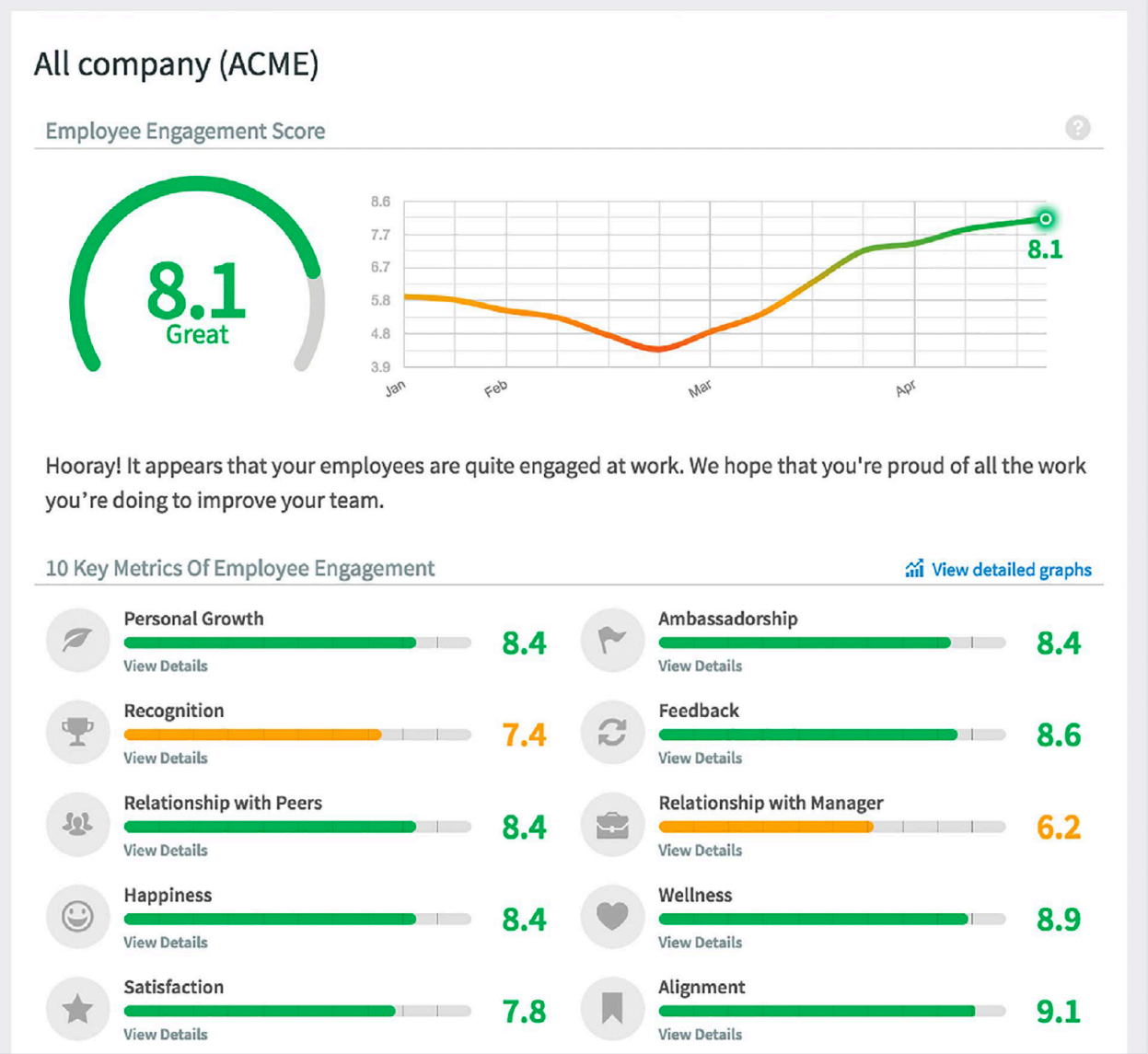
Likert Scale

The Likert scale question type presents a statement and offers 5 fixed answer options: *Strongly Disagree*, *Disagree*, *Neutral*, *Agree* and *Strongly Agree*.



Likert Scale Question Example

Sample of OfficeVibe® Dashboard:



OfficeVibe® 10 Engagement Sub-domains:

The 10 Employee Engagement Metrics are:

Feedback
The *Feedback* Metric represents both the quality and the frequency of feedback that employees receive, as well as the consideration of their opinions and suggestions by the organization.

Personal Growth
The *Personal Growth* Metric represents the level of autonomy employees have, whether or not they're improving their skills and if they believe in the bigger purpose of their role.

Relationship with Manager
The *Relationship with Manager* Metric represents trust, communication and collaboration between employees and their direct manager.

Relationship with Peers
The *Relationship with Peers* Metric represents trust, communication and collaboration between peers.

Recognition
The *Recognition* Metric represents both the quality and the frequency of recognition employees receive.

Ambassadorship
The *Ambassadorship* Metric represents the level of pride employees have towards the organization and if they would recommend it to other people.

Satisfaction
The *Satisfaction* Metric represents how satisfied employees are with their compensation and benefits, their role inside the organization, as well as their overall work environment.

Happiness
The *Happiness* metric represents the employees' level of happiness at work and their satisfaction with their work-life balance.

Wellness
The *Wellness* Metric represents the level of stress employees feel at work and how they perceive the organization's efforts towards promoting healthy life habits.

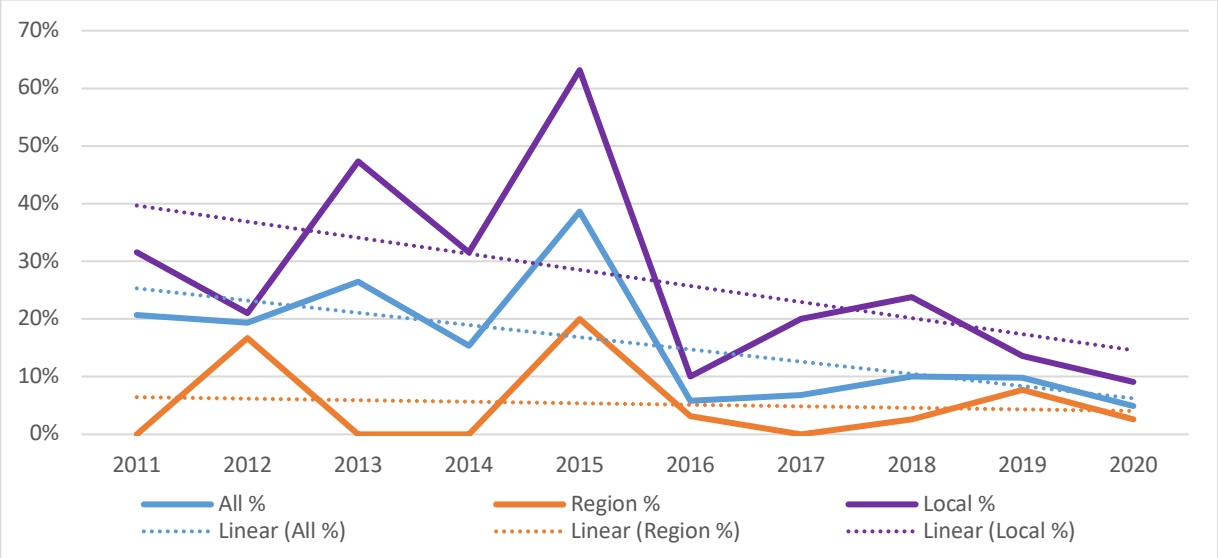
Alignment
The *Company Alignment* Metric represents how employees align themselves with the organization's vision, mission and values, as well as what they think about the organization's commitment towards Ethics & Social Responsibility.

Appendix L - CNE and RLT Turnover

Figure 1. Turnover Data by Year

	Regional Leadership Team (RLT) Turnover			Local (CNE) Turnover				Turnover #			Turnover %		
Year	Hired FTE	VP	ED or RD	Hired FTE	CNE	CNE/COO	ACNE	All	Region	Local	All	Region	Local
2011	10	0	0	19	4	1	1	6	0	6	21%	0%	32%
2012	12	0	2	19	3	1	0	6	2	4	19%	17%	21%
2013	15	0	0	19	8	1	0	9	0	9	26%	0%	47%
2014	20	0	0	19	5	1	0	6	0	6	15%	0%	32%
2015	25	1	4	19	10	2	0	17	5	12	39%	20%	63%
2016	32	0	1	20	0	1	1	3	1	2	6%	3%	10%
2017	39	0	0	20	4	0	0	4	0	4	7%	0%	20%
2018	39	1	0	21	4	1	0	6	1	5	10%	3%	24%
2019	39	0	3	22	3	0	0	6	3	3	10%	8%	14%
2020	39	0	1	22	1	0	1	3	1	2	5%	3%	9%
10-Year Total		2	11		42	8	3	66	13	53			
10-Year Average	27	0	1	20	4	1	0	7	1	5	15%	6%	27%

Figure 2. Graph of Turnover % by Year



Appendix M – Project Budget

Item	Description	Cost
PCS Communications Consultant	1.0 FTE @ $155,100 ($110K salary + 41% Tax & Benefit load)	$155,110
Engagement Survey	Annual subscription fee for OfficeVibe®® survey platform	$1,040
	Total	**$156,150**

Appendix N - CNE Replacement Cost and Cost Avoidance Calculation

# of CNE Turnover	Salary[1]	Replacement Cost[2]	Potential Cost Avoidance[3]
1	$279,000	$418,500	$139,500
2	$558,000	$837,000	$279,000
3	$837,000	$1,255,500	$418,500
4	$1,116,000	$1,674,000	$558,000
5	$1,395,000	$2,511,000	$1,116,000
6	$1,674,000	$2,929,500	$1,255,500

[1] Average salary is based on 2020 estimate of CNE salary

[2] Replacement cost is based on 150% of the base salary; Kosel & Olivio (2002)

[3] Potential cost avoidance is calculated as: (Replacement Cost – Salary) x (# of CNE Turnover)

Appendix O - Project Benefit/ROI Analysis

	Description	Quantity	$	Total
Revenue				
Chief Nurse Executive (CNE)	Cost avoidance of replacement expense	2	$139,500.00	$279,000
			Revenue Total	**$279,000**
Expenses				
Sr. Communication Consultant	FTE @ $155,100 ($110K + 41% T&B)	1	$155,110	$155,110
Engagement Survey	Annual subscription fee for OfficeVibe®® survey platform	1	$1,040	$1,040
			Expense Total	**$156,150**
			Cost Benefit / ROI	**$122,850**

Appendix P - Sr. Communications Consultant Job Description

JOB DETAILS

Job Code Effective Date: **Job Descr/Revised Eff Dt:**	2004-05-01 2019-12-22	**JD Status:**	Active
Job Title:	Sr Communication Consultant	**Job Reports To (Title)**	

SUMMARY

This job's purpose and primary focus.

Responsible for providing complex communications consultation, communications planning, implementation and recommended solutions for large organization initiatives (targeting both internal and external audiences) to meet organizational brand and reputation goals. Serves as expert advisor on overall communications strategy to leadership team of organization initiatives. Gives voice to the [redacted] story internally, develops positive relationships with stakeholders, and protects and enhances the brand image and reputation of the organization. Position will exercise judgment within broadly defined policies in developing methods and techniques for obtaining results.

MAJOR RESPONSIBILITIES/ESSENTIAL FUNCTIONS	Estimated % of Time spent
The primary job duties this position is responsible for achieving are listed in order of importance.	
Develops and implements communications plans and tactics to fulfill the strategic and operational goals and objectives of the overall communications program, promote and protect the organization's brand and reputation and Northern California strategy. Provides communications consulting to internal clients on internal and external communications. Consulting activity will vary from verbal communications or advice on communications issues to providing customized communications materials. Strategizes with client, writes creative briefs, researches and analyzes information, prepares presentations (PowerPoint presentations, speeches and talking points), plans logistics, and manages overall coordination. Ensures content is consistent with the [redacted] brand in terms of tone, manner, and messaging. Manages and completes multiple assignments in short time frames and coordinates diverse projects and activities into a cohesive and strategic program. Acquires the input and resources of other communications staff in the organization to fulfill the objectives of communication plans and projects on behalf clients. Coordinates the deliverables of other communicators in the organization to ensure that special projects are in compliance with negotiated timelines/financial allocations. Implement measures to determine effectiveness of communications programs and create plans to improve results. May supervise other communications staff for the purpose of implementing specific communications projects, events, or programs within a given timeframe. Position may require travel throughout the Northern California region. [redacted] conducts compensation reviews of positions on a routine basis. At any time, [redacted] reserves the right to reevaluate and change job descriptions, or to change such positions from salaried to hourly pay status. Such changes are generally implemented only after notice is given to affected employees.	0%

JOB QUALIFICATIONS

Minimum Education (Indicate minimum education or degree required.)

- Bachelor's degree in public relations, communications, journalism or related field OR four (4) years of experience in a directly related field.
- High School Diploma or General Education Development (GED) required.

Preferred Education (Indicate preferred education or degree required.)

- Master's degree preferred.

Minimum Work Experience and Qualifications (Indicate minimum years of job experience, skills or abilities required for the job.)

Basic Qualifications:

- Seven (7) or more years of experience in corporate communications environment.

Additional Requirements:

- Excellent writing and editing skills.
- Demonstrated excellence in working effectively with senior leaders and managers in large organizational and influencing their approach to communications.
- Demonstrated excellence in working collaboratively in a team setting.
- Demonstrated results in Project management, Consulting skills, customer focus, Writing and editing skills, and Strategic thinking.
- Must be able to work in a Labor/Management Partnership environment.

Preferred Work Experience and Qualifications (Indicate preferred years of job experience, skills or abilities required for the job.)

experience preferred.

- Experience in planning and implementing complex communications plans and projects for a large complex organization, agency and health care background with in the past three (3) years.
- Research and measurement experience.

Required Licensure, Certification, Registration or Designation (List any licensure or certification required and specify name of agency.)

- N/A

Appendix Q - Statement of Research Determination Official (RDO)

October 17, 2019

Title: Improving Region-level Chief Nurse Executive Engagement

Dear Mr. Fuller:

As a Research Determination Official (RDO) for the Northern California region, I have reviewed the documents submitted for the above referenced project. The project does not meet the regulatory definition of research involving human subjects as noted here:

[X] Not Research

The activity does not meet the regulatory definition of research at 45 CFR 46.102(d):

Research means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.

[ ] Not Human Subject

The activity does not meet the regulatory definition of human subjects at 45 CFR 46.102(f):

Human subject means a living individual about whom an investigator conducting research obtains (1) data through intervention or interaction with the individual, or (2) identifiable private information.

Therefore, the project is not required to be reviewed by our Institutional Review Board (IRB). This determination is based on the information provided. If the scope or nature of the project changes in a manner that could impact this review, please resubmit for a new determination. Also, you are responsible for keeping a copy of this determination letter in your project files as it may be necessary to demonstrate that your project was properly reviewed.

Provide this approval letter to the Physician in Charge (PIC), your Area Manager, and Chief of Service, to determine whether additional approvals are needed.

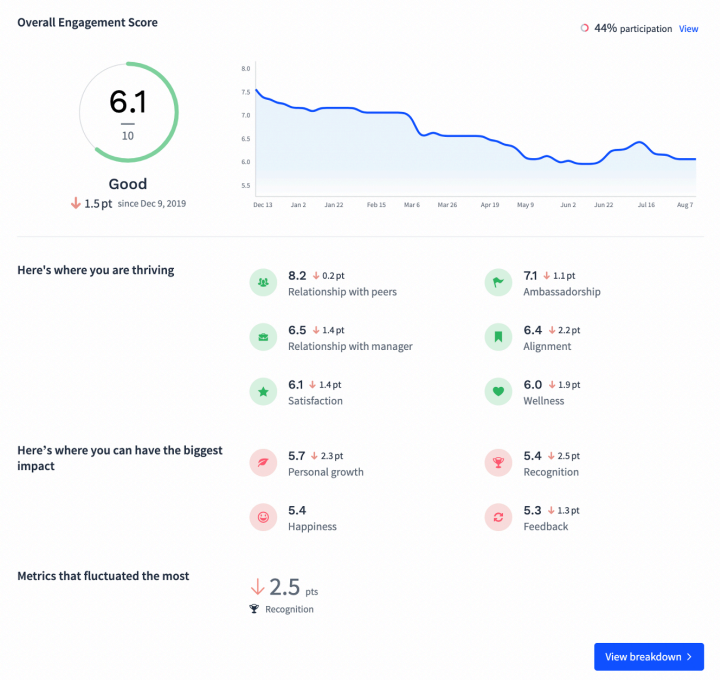
Sincerely,

Research Compliance and IRB Administration
Financial Conflict of Interest Officer

Appendix R: OfficeVibe® Result Dashboards

Overall Engagement

12/2019 – 7/2020



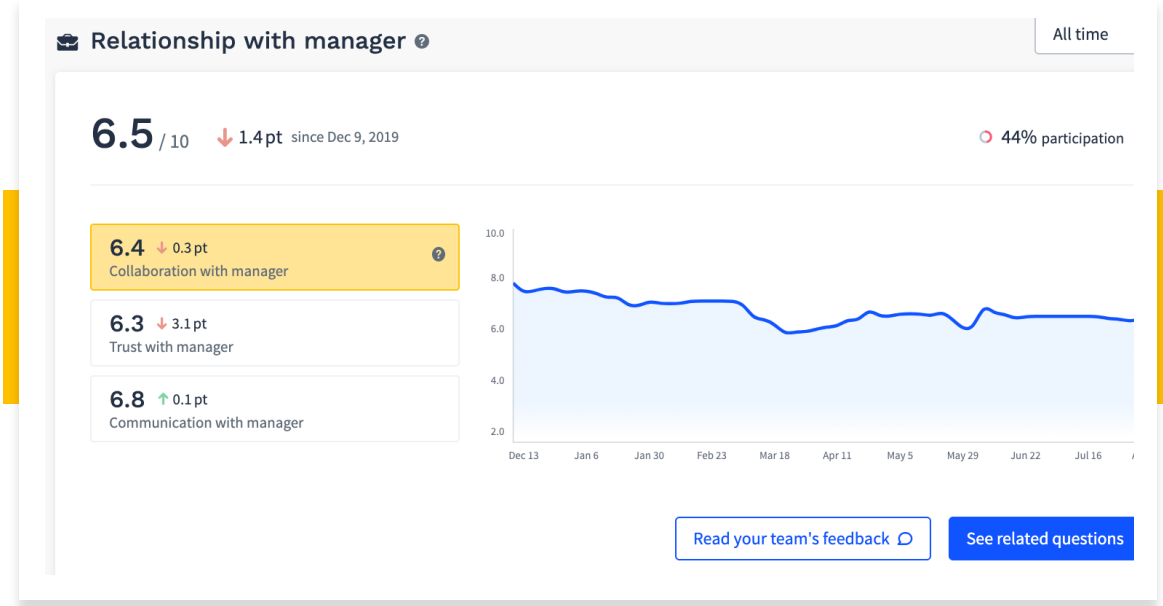
Net Promoter Score (NPS)

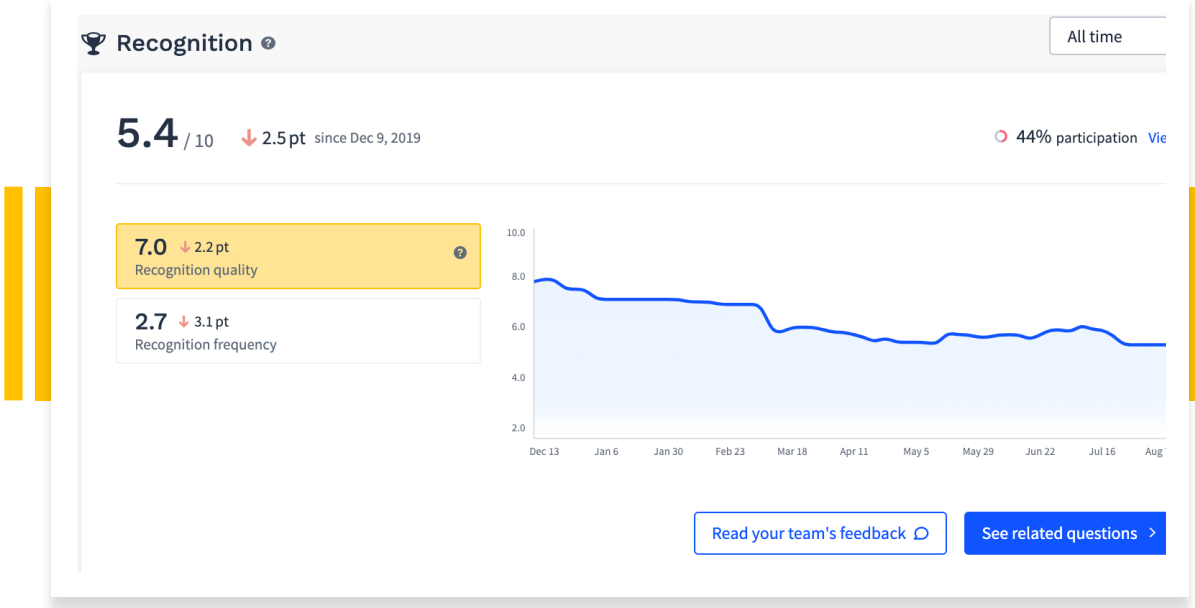
12/2019 – 7/2020

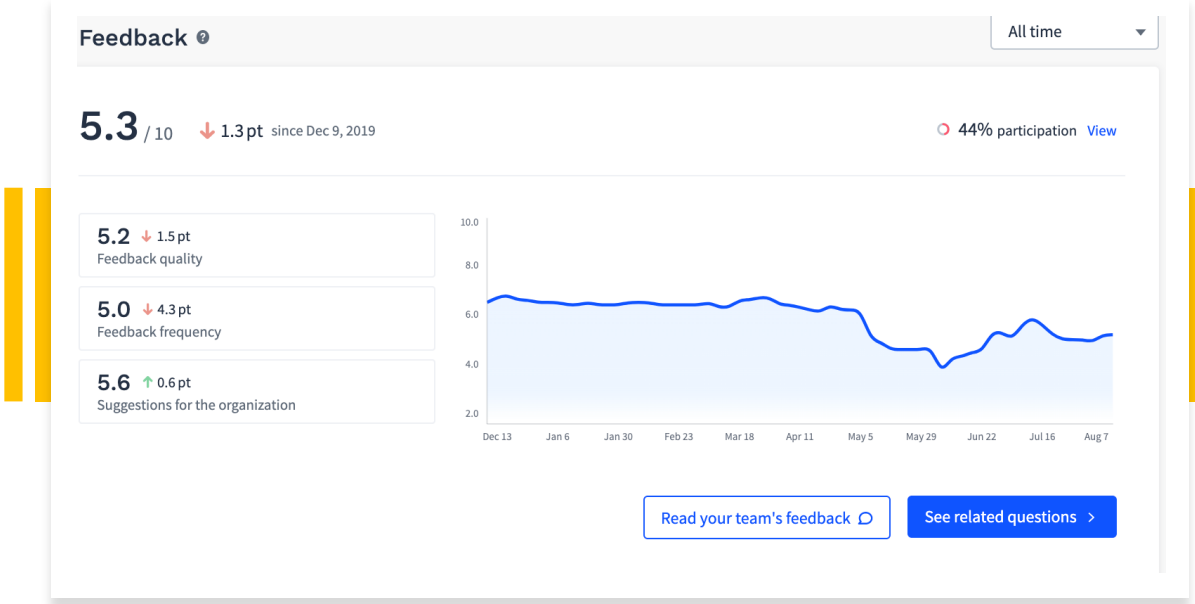
Participation
12/2019 – 7/2020

Low participation rate

This is usually the result of not replying to feedback often. Reply to more feedback to get your rate back up. View feedback




Recognition
All time
5.4 / 10
2.5 pt since Dec 9, 2019
44% participation Vie
7.0 2.2 pt
Recognition quality
2.7 3.1 pt
Recognition frequency
10.0
8.0
6.0
4.0
2.0
Dec 13
Jan 6
Jan 30
Feb 23
Mar 18
Apr 11
May 5
May 29
Jun 22
Jul 16
Read your team's feedback
See related questions


Feedback
All time
5.3 / 10
1.3 pt since Dec 9, 2019
44% participation View
5.2 1.5 pt
Feedback quality
5.0 4.3 pt
Feedback frequency
5.6 0.6 pt
Suggestions for the organization
10.0
8.0
6.0
4.0
2.0
Dec 13
Jan 6
Jan 30
Feb 23
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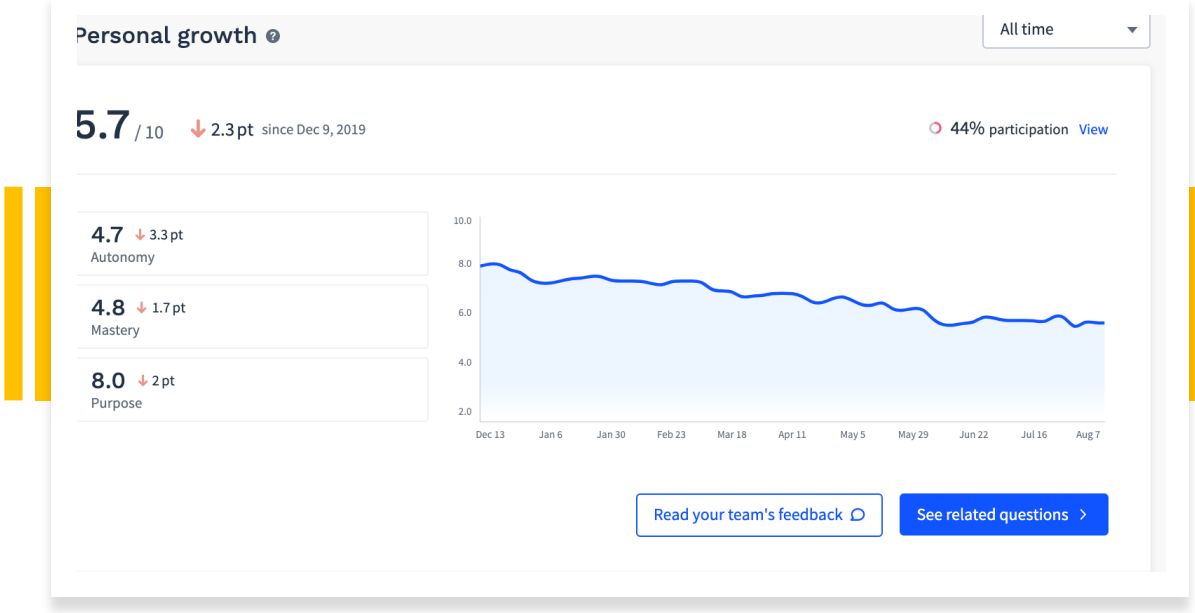
Apr 11
May 5
May 29
Jun 22
Jul 16
Aug 7
Read your team's feedback
See related questions


Personal growth
All time
5.7 / 10
2.3 pt since Dec 9, 2019
44% participation View
4.7 3.3 pt
Autonomy
4.8 1.7 pt
Mastery
8.0 2 pt
Purpose
10.0
8.0
6.0
4.0
2.0
Dec 13
Jan 6
Jan 30
Feb 23
Mar 18
Apr 11
May 5
May 29
Jun 22
Jul 16
Aug 7
Read your team's feedback
See related questions


Alignment
All time
6.4 / 10
2.2 pt since Dec 9, 2019
44% participation View
7.1 0.6 pt
Values
6.1 2.7 pt
Vision & mission
5.9 3.6 pt
Ethics & social responsibility
Jan 14, 2020
7.5 Alignment
10.0
8.0
6.0
4.0
2.0
Dec 13
Jan 6
Jan 30
Feb 23
Mar 18
Apr 11
May 5
May 29
Jun 22
Jul 16
Aug 7
Read your team's feedback
See related questions


Satisfaction
All time
6.1 / 10
1.4 pt since Dec 9, 2019
44% participation View
5.5 0.3 pt
Compensation
6.4 2.8 pt
Role within organization
6.4 0.3 pt
Workplace
10.0
8.0
6.0
4.0
2.0
Dec 13
Jan 6
Jan 30
Feb 23
Mar 18
Apr 11
May 5
May 29
Jun 22
Jul 16
Aug 7
Read your team's feedback
See related questions


Relationship with peers
All time
8.2 / 10
0.2 pt since Dec 9, 2019
44% participation View
6.9 1.5 pt
Collaboration between Peers
9.0 0.3 pt
Trust between peers
8.2 0.2 pt
Communication between peers
10.0
8.0
6.0
4.0
2.0
Dec 13
Jan 6
Jan 30
Feb 23
Mar 18
Apr 11
May 5
May 29
Jun 22
Jul 16
Aug 7
Read your team's feedback
See related questions


Wellness
All time
6.0 / 10
1.9 pt since Dec 9, 2019
44% participation View
5.3 3.6 pt
Stress
7.0 0.3 pt
Personal health
10.0
8.0
6.0
4.0
2.0
Dec 13
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Feb 23
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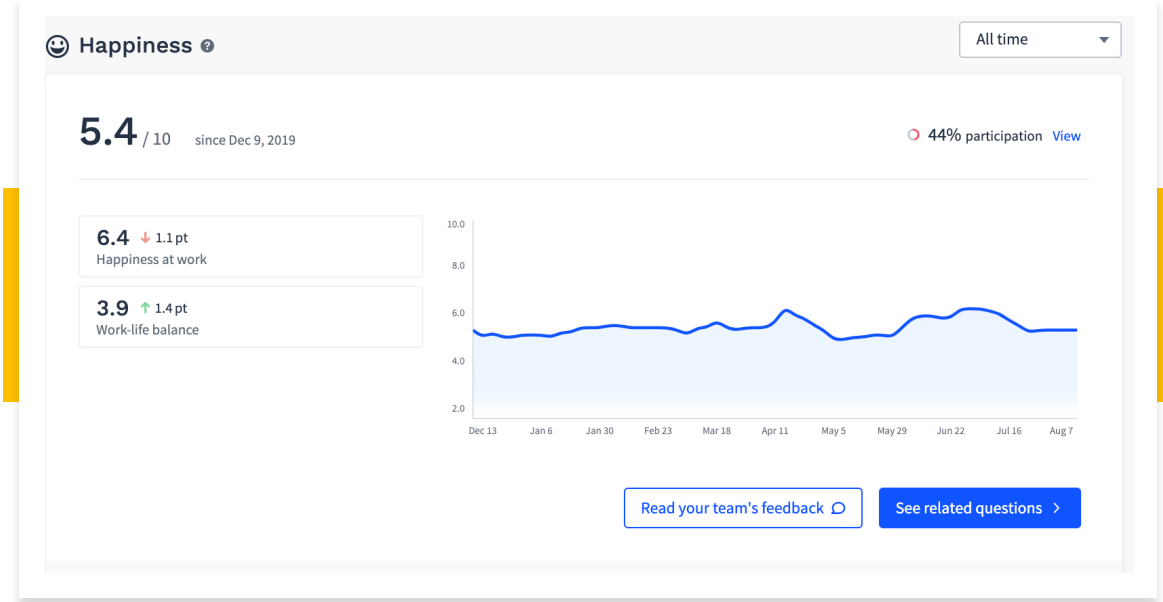
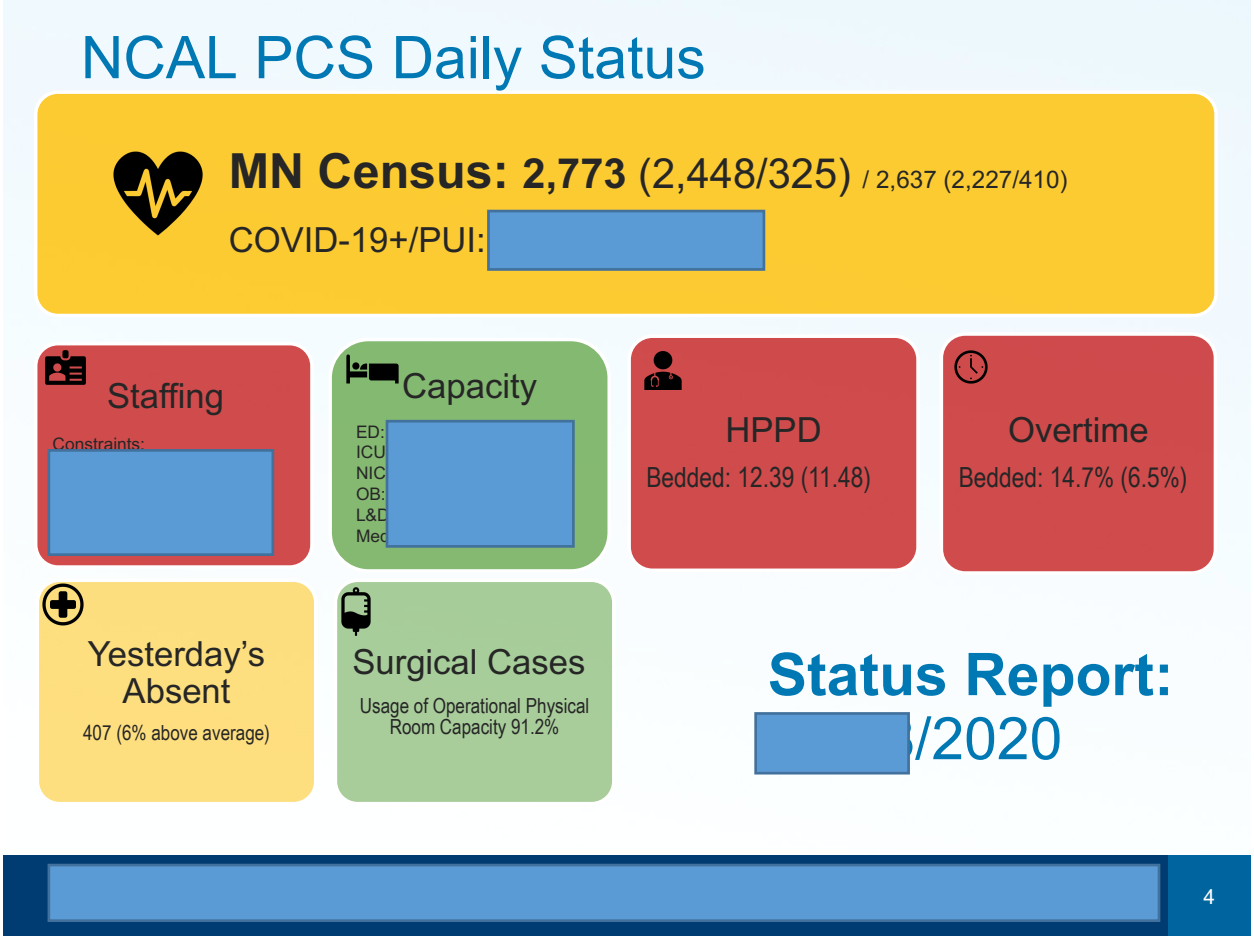
Apr 11
May 5
May 29
Jun 22
Jul 16
Aug 7
Read your team's feedback
See related questions


Happiness
All time
5.4 / 10
since Dec 9, 2019
44% participation View
6.4 1.1 pt
Happiness at work
3.9 1.4 pt
Work-life balance
10.0
8.0
6.0
4.0
2.0
Dec 13
Jan 6
Jan 30
Feb 23
Mar 18
Apr 11
May 5
May 29
Jun 22
Jul 16
Aug 7
Read your team's feedback
See related questions


Ambassadorship
All time
7.1 / 10
1.1 pt since Dec 9, 2019
44% participation View
6.7 1.5 pt
Championing
8.4
Pride
10.0
8.0
6.0
4.0
2.0
Dec 13
Jan 6
Jan 30
Feb 23
Mar 18
Apr 11
May 5
May 29
Jun 22
Jul 16
Aug 7
Read your team's feedback
See related questions

Appendix S: Daily Report Consolidation Sample Dashboard



*Contents of the consolidated daily report are redacted for internal confidentiality reasons.

The dashboard above reflects the summary view that starts the report that is then followed by 20-30 slides of summary report data (with no more than 1 slide per topic).

Appendix T: Weekly Huddle Message Summary Example

*Redacted for confidentiality

Appendix U: Virtual Huddle Sample Agenda

Huddle Summary

	Topics	Audiences	Key Messages
Leadership Message	• Welcome • Caring Moment	All	• Thank you for your continued leadership through the pandemic
Performance & Workforce	• New CTMP Process • Audit Traveler Backfill • PP 12 Prelim • PP 13 Forecast	CNE Director Nurse Manager Staffing Office	• [redacted]
Practice Excellence and Care Delivery Innovation	• None	N/A	• None
Professional Excellence and Care Experience	• Pre-licensure student rotations • NICHE Training	CNE Director Nurse Manager	• [redacted]

[redacted]

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*Redacted for confidentiality

Appendix V – CNE Interview Summary

2019 NCAL CNE Assessment

Understanding Senior Nurse Leader Perceptions
to Support Co-Design of an ANCC Magnet Journey

Ryan M. Fuller, MSN, RN, CNML
ELDNP Cohort 10
University of San Francisco

Confidential August 2019

What I Saw

Why were the following things happening?

Multiple initiatives rolling out that were unsuccessful once implemented locally often due to a lack of accounting for local variables; driving mistrust and frustration

Rapid decision making across functional areas causing percieved/real increase in workload and pace of business; increased turnover in all roles

Communication/collaboraiton between regional offices and hospitals focused more on information sharing vs. shared-decision making causing confusion

Interviews

- **Hospital Service Line Directors**
- **Hospital Chief Nurse Executives**
- **Regional Leadership**
  Southern / Northern California
- **National Leadership**

Assessment

Theme: Collaboration and Shared Decision Making

Decision making does not often occur collaboratively; solutions are not co-designed with front-line staff/leadership causing failure

Unclear and undocumented processes for how nursing decision making occurs; CNEs feel that they are executing on others decision's

Collaboration requires open channels of communication that allow for feedback much earlier in the design process than has recently occurred

Regional Assessment

Theme: Information Sharing, Transparency, and Accessibility

Information is shared almost exclusively through email, email attachments, peer groups, and webinars

Unorganizaed plethora of dashboards, SharePoints; must rely on (and know) the right individuals in order to do their job

Information is often confidential, and is withheld in small groups or not shareable for fear of something (union, image, etc.)

Regional Assessment

Theme: Role of the Executive Nurse Leader

The CNE role has full accountability for nursing operations locally, but does not have the full scope of authority to make decisions

CNE's need more consistent support or infrastructure to execute locally on the regional and national goals of the organization (they also have local goals they are driving)

The lifestyle is unbalanced, and causing many CNE's and other nurse leaders to sacrifice personal wellness (Total Health) for organizational success

NCAL Nursing Strategy and Ops Plan

Recommendations

We need to drive together; throttle and drive how and when rollouts and practice occurs; plan initiatives in partnership

"We aren't engaged early enough"

"Local variation isn't accounted for"

Provide an overview of all nursing projects on a timeline and maintain/update/monitor this document on a regular and ongoing basis

"I made my own calendar"

"I find out strategy from my directors"

Collaboratively develop the NCAL Nursing Strategy including Magnet plan with a representative stakeholder group of leaders

"We want to be Magnet"

"What is our plan to get there?"

Nursing Communication

Recommendations

Design, develop, and implement a regional nursing intranet for NCAL centralizing as much information as possible

"Information is everywhere, but I can find it eventually"

"I get so much email"

Nurse leaders need ongoing operational news/updates around hot topics including talking points, explanation of decisions, and actions being taken

"I am the face of nursing on my campus"

"There's a large volume of information exchanging daily"

Nurse Leader Role

Recommendations

The nurse leadership model and roles need to be examined and co-designed to improve hospital operations

"the ANM role is broken"

"I don't have good work-life balance"

Move away from a one-size-fits-all approach when solutioning; we must account for variation in our 21 hospital system

"We weren't asked"

"Our hospitals are not the same"

Gather input on a more consistent basis using both surveys and in-person listening

"I haven't been asked"

"Is this confidential?"

Summary

Shifting the locus of control closer to the point of decision making for as many decisions as possible; structural empowerment such as governance is likely to help

Collaboration requires **earlier engagement, increased co-design, and strategic tracking** that occurs on an ongoing basis as organizational needs shift and timelines change

Act on collective desire to critically examine structures and find ways to improve them; **senior nurse leaders are engaged, and are committed to working at Kaiser Permanente**

Appendix W – Outcome Data

OfficeVibe® Survey Results (Beginning and End of Project)

Date	Overall Engagement	Participation (%)	eNPS	Recognition	Ambassadorship	Feedback	Relationship with Peers	Relationship with Manager	Satisfaction	Alignment	Happiness	Wellness	Personal Growth
December 2019	7.6	100	50	7.9	8.2	6.6	8.4	7.9	7.5	8.6	5.4	7.9	8
August 2020	6.1	44	-5	5.4	7.1	5.3	8.2	6.5	6.1	6.4	5.4	6	5.7
Net Change	**(1.5)**	**(56)**	**(55)**	**(2.5)**	**(1.1)**	**(1.3)**	**(0.2)**	**(1.4)**	**(1.4)**	**(2.2)**	**(0)**	**(1.9)**	**(2.3)**
Statistically Significant Change	**Y**	**Y**	**Y**	**Y**	**N**	**Y**	**Y**	**Y**	**Y**	**Y**	**N**	**Y**	**Y**
Rank Order of Change	5	-	-	1	9	8	10	6	6	3	11	4	2

OfficeVibe® Survey Results (All Responses)

Survey Submission Date	Engagement	Participation (%)	eNPS	Recognition	Ambassadorship	Feedback	Relationship with Peers	Relationship with Manager	Satisfaction	Alignment	Happiness	Wellness	Personal Growth
12/9/19	7.6	100	50	7.9	8.2	6.6	8.4	7.9	7.5	8.6	5.4	7.9	8
12/13/19	7.4	100	50	8	8.4	6.8	8.3	7.5	7.1	8	5.1	7.2	8.1
12/17/19	7.4	100	50	8	8.4	6.9	8.3	7.6	7	8	5.3	6.9	8.1
12/21/19	7.3	100	42	7.6	8.2	6.7	8.3	7.7	7	7.5	5.1	7.2	7.8
12/25/19	7.3	100	42	7.6	8.5	6.7	8.4	7.7	7	7.5	5.1	7.2	7.8
12/29/19	7.2	100	47	7.6	8.5	6.6	8.5	7.5	6.9	7.6	5.2	7.2	7.4
1/2/20	7.2	100	47	7.2	8.5	6.6	8.3	7.6	6.8	7.5	5.2	7	7.3
1/6/20	7.1	100	47	7.2	8.5	6.6	8.3	7.6	6.7	7.4	5.2	7	7.3
1/10/20	7.1	47	47	7.2	8.5	6.5	8.3	7.5	6.7	7.5	5.1	7.1	7.4
1/14/20	7.2	53	47	7.2	8.5	6.5	8.3	7.3	6.7	7.5	5.3	7.1	7.5
1/18/20	7.2	53	47	7.2	8.5	6.6	8.2	7.4	6.7	7.6	5.3	6.9	7.5
1/22/20	7.2	53	47	7.2	8.5	6.5	8.3	7	6.7	7.6	5.5	7.1	7.6
1/26/20	7.2	47	47	7.2	8.6	6.5	8.3	7	6.7	7.6	5.5	7.1	7.6
1/30/20	7.1	47	47	7.2	8.5	6.5	8.4	7.2	6.7	7.4	5.5	7.1	7.4
2/3/20	7.1	50	50	7.2	8.5	6.6	8.4	7.1	6.6	7.4	5.6	7.1	7.4
2/7/20	7.1	50	50	7.1	8.5	6.6	8.4	7.1	6.6	7.4	5.6	7.1	7.4
2/11/20	7.1	50	50	7.1	8.5	6.6	8.4	7.1	6.7	7.4	5.5	7	7.4

Survey Submission Date	Engagement	Participation (%)	eNPS	Recognition	Ambassadorship	Feedback	Relationship with Peers	Relationship with Manager	Satisfaction	Alignment	Happiness	Wellness	Personal Growth
2/15/20	7.1	39	50	7.1	8.5	6.5	8.4	7.2	6.7	7.3	5.5	7	7.3
2/19/20	7.1	39	50	7	8.5	6.5	8.4	7.2	6.8	7.3	5.5	7	7.2
2/23/20	7.1	39	50	7	8.5	6.5	8.4	7.2	6.8	7.3	5.5	7	7.4
2/27/20	7.1	33	50	7	8.5	6.5	8.4	7.2	6.5	7.4	5.5	6.7	7.4
3/2/20	7.1	33	50	7	8.5	6.5	8.4	7.2	6.5	7.4	5.4	6.7	7.4
3/6/20	7	33	50	7	8.5	6.6	8.3	7.1	6.6	7.4	5.2	6.5	7.4
3/10/20	6.6	33	45	5.9	7.7	6.4	8.3	6.5	6.4	7	5.5	6	7
3/14/20	6.6	28	45	5.9	7.7	6.4	8.3	6.5	6.4	7	5.5	6	7
3/18/20	6.7	28	45	6.1	7.6	6.7	8.3	6.3	6.3	6.9	5.8	5.5	7
3/22/20	6.6	22	50	6.1	8	6.7	8.2	5.9	6.5	7	5.5	5.5	6.7
3/26/20	6.6	22	50	6.1	8	6.8	8.1	6	6.4	6.8	5.4	5.3	6.8
3/30/20	6.6	22	17	6	8	6.8	8.4	6	6.9	6.9	5.5	5.1	6.8
4/3/20	6.6	17	6	5.9	8	6.5	8.3	6.1	6.9	7	5.5	4.9	6.9
4/7/20	6.6	17	0	5.9	8.1	6.5	8.3	6.2	6.9	7	5.5	4.9	6.9
4/11/20	6.6	17	5	5.8	8.1	6.4	8.6	6.2	6.7	6.9	5.7	4.8	6.9
4/15/20	6.6	17	5	5.7	8.1	6.3	8.6	6.5	6.7	6.5	6.4	4.9	6.8
4/19/20	6.5	17	0	5.5	8.1	6.2	8.4	6.4	6.6	6.4	6	4.6	6.5
4/23/20	6.5	28	5	5.7	8.1	6.5	8.4	6.9	6.6	6.6	5.9	4.2	6.5
4/27/20	6.4	33	0	5.5	8	6.3	8.2	6.6	6.7	6.4	5.6	4.1	6.7
5/1/20	6.4	33	0	5.5	7.9	6.3	8.2	6.6	6.7	6.4	5.4	4	6.8
5/5/20	6.3	33	0	5.5	7.6	6.3	8.2	6.7	6.5	6.4	5	4.2	6.6
5/9/20	6.1	33	0	5.5	7.8	5.1	8	6.7	6.6	6.2	5	4.2	6.4
5/13/20	6.1	33	0	5.4	8.1	5	8.2	6.7	6.6	6.3	5.1	4.1	6.4
5/17/20	6.1	33	0	5.9	7.9	4.7	8.1	6.6	6.4	6.2	5.1	4.2	6.6
5/21/20	6.1	28	0	5.8	7.9	4.7	8.1	6.8	6.4	6.5	5.2	4.7	6.2
5/25/20	6.1	22	0	5.8	7.9	4.7	8.1	6.5	6.3	6.5	5.2	4.6	6.2
5/29/20	6	33	0	5.7	8	4.7	8.1	6.1	6.3	6.4	5.1	4.3	6.3
6/2/20	6.1	33	0	5.7	8	4.8	8	6.1	6.3	6.2	5.5	4.3	6.3
6/6/20	6	44	-6	5.8	7.7	3.7	8.1	7.1	5.9	6.2	5.9	4.4	5.8
6/10/20	6	44	-6	5.8	7.8	4.4	8.2	6.7	5.9	6.2	6	4.7	5.6
6/14/20	6	44	-6	5.8	7.8	4.4	8.2	6.7	5.8	6.2	6	4.7	5.6
6/18/20	6	50	-6	5.6	7.7	4.6	8.2	6.5	5.7	6.5	5.9	4.6	5.7
6/22/20	6.1	50	-6	5.8	7.6	4.6	8.1	6.6	5.9	6.3	5.9	5.2	5.7
6/26/20	6.3	50	-5	6	7.7	5.4	8.1	6.6	6.2	6.7	6.3	5.2	6
6/30/20	6.3	56	-5	6	7.7	5.4	8.1	6.6	6.2	6.7	6.3	5.2	5.9

Survey Submission Date	Engagement	Participation (%)	eNPS	Recognition	Ambassadorship	Feedback	Relationship with Peers	Relationship with Manager	Satisfaction	Alignment	Happiness	Wellness	Personal Growth
7/4/20	6.3	56	-5	5.9	7.7	5.1	8.2	6.6	6.2	6.6	6.3	5.6	5.8
7/8/20	6.4	56	-5	6.2	7.8	5.7	8.2	6.6	6.3	6.6	6.2	5.6	5.8
7/12/20	6.5	56	-5	6	7.8	6	8.2	6.6	6.6	6.5	6.1	5.6	5.8
7/16/20	6.4	50	-5	6	7.8	5.7	8.3	6.6	6.4	6.5	5.8	5.5	5.8
7/20/20	6.2	50	-5	5.8	7.7	5.3	8.1	6.6	6.3	6.5	5.6	5.8	5.7
7/24/20	6.2	39	-5	5.4	7.5	5.1	8.1	6.5	6.3	6.5	5.3	5.9	6
7/28/20	6.2	39	-5	5.4	7.4	5.1	8.1	6.5	6.3	6.4	5.4	6.1	6
8/1/20	6.1	33	-5	5.4	7.3	5.1	8	6.4	6.2	6.4	5.4	6.1	5.4
8/5/20	6.1	44	-5	5.4	7.3	5	8	6.5	6.2	6.3	5.4	6	5.8
8/6/20	6.1	44	-5	5.4	7.1	5.3	8.2	6.5	6.1	6.4	5.4	6	5.7
8/7/20	6.1	44	-5	5.4	7.1	5.3	8.2	6.5	6.1	6.4	5.4	6	5.7

Communication Strategy: Work Product by Month

	Virtual Huddle	Daily Report	Weekly Huddle Message
Dec-19	10	0	0
Jan-20	12	0	0
Feb-20	12	0	0
Mar-20	12	5	0
Apr-20	12	20	4
May-20	12	21	4
Jun-20	10	20	4
Jul-20	8	21	4
Total	88	87	16