

Truman Medical Centers

Workforce Environment Assessment (WEA)

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Truman Medical Center Nursing Division

- Stable nursing leadership with CNO for 3 years +
- Restructuring of charge nurse to APCM role
- On Magnet journey with varying levels of shared governance implementation on units
- Unit based councils stronger on some unit than others
- Flattened leadership structure
- Two campuses for nursing operations
- Multiple organizational directives to increase nursing and patient satisfaction
- Relationship Based Care culture established Sept 2009 with staff education ongoing
- Elimination of agency staff
- Restricted placement of graduate nurses on units to eliminate large pooling of inexperienced nurses and burden to experienced nurses

May 2009

Individual Workload Perception Scale-Revised

- Total Participants - 326
- Participation Rate - 42%
- Included Hospital Hill and Lakewood Campus
- Strong scores: Intent to stay, support of professional practice
- Opportunities:
 1. Manager and leadership development
 2. Greater connectivity for night shift nurses
 3. Support around work load
- Multiple nursing units under same Director's leadership had different perceived levels of manager support, workload by department
- Higher scored unit supported office of Nursing Director, lower scored unit supported Assistant Patient Care Manager (APCM)
- Night staff had perceived less support by management

Plan for Success

- TMC Nursing Leadership Team met with Bi-State Nursing Workforce Innovation Center to review strategies-September 2009
- Determined that Nursing Directors and APCMs needed more information about their unit's team members and management styles with leadership making decisions
- Needed better knowledge regarding the ability of leadership to adopt a style which would allow for greater cohesiveness, staff support, and change adaptability
- Administered Input Output Processing Template ("I Opt"®) surveys to Nursing Leadership, Directors, and APCMs-Dec 2009
- "I-Opt"® is a validated instrument based on Organizational Engineering conceptual framework which investigates the information processing styles of individuals (nursing directors, APCMs) to deal with change and innovation

“I Opt”[®] Results for Nursing Directors and APCMs

Survey revealed that large percentage are clustered in the “Conservator” Logical Process-Hypothetical Analyzer quadrant of the Organizational Engineering Model.

Qualities:

- Stable environment
- Repetition of procedures & tasks

Vulnerabilities:

- Few push for change
- Dominate group decision as “look a like group”

Plan for success:

- Capacity for change exists
- Train leaders to implement strategies for reducing uncertainty in change

“I Opt”® Results for Nursing Directors and APCMs (cont.)

Small percentage of nursing group fell into the Reactive Stimulation Regional Innovator-styles of the Organizational Engineering Model as their primary style with Hypothetical Analyzer as their secondary style for processing and making changes.

Qualities:

1. Idea generator
2. Readily delegates
3. Mission level orientation
4. Quick change agent

Vulnerabilities:

1. Mixed motivational strategies
2. High value on outcomes
3. Minority group

Plan for success:

Ensure that this small group has ideas and thoughts promoted and given consideration

Encourage contributions to nursing plans and ideas for change

Plan For Success

- “I Opt”® Survey results shared with Directors. Each Director was trained to guide the group using the “I Opt”® Leader Analysis. Directors met with the Unit leadership team of APCMs and reviewed the reports of “I-Opt”® learning style profile. Allowed the group to be aware of each person’s primary and secondary style for decision making and change-January 2010
- Nursing Leadership Academy-January 13, 2010. Two day conference attended by 60 of the TMC nursing leadership. Speakers presented information and training on leadership, management, and change related to small rapid cycle improvement. Allowed for campus groups to work together

Plan For Success (cont.)

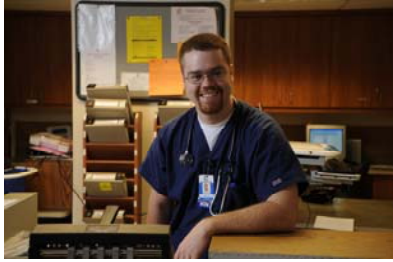
- Change Project: Implementation of Shared Governance on all nursing units by April 29, 2010. Guidelines: No “cookie cutter” approach, look at providing stronger support for existing shared governance structures on their units
- Shared Governance Day “Nuts and Bolts of Shared Governance”-Provided speaker to serve as a architect of shared governance. Assisted staff with actual tools for implementation. Shared successes of present shared governance councils. Action Plans developed for April 29, 2010 Implementation
- April 29, 2010-All units implemented Shared Governance!

Individual Workload Perception Scale-Revised, Retest August 2010 compared to May 2009

- 382 responders participated of staff eligible at 45%/42%
- Larger number of associate degree nurses 179/139
- Larger number of nurses of 1-5 years current employment (172/48) and years in nursing (99/17)
- Units where manager support was perceived lower in August 2010 resurvey, have new management team in place
- Overall increase in perceived manager support, peer support, workload, intent to stay
- Change noted in patient satisfaction scores thru Press Ganey
- Survey results correlate with NDNQI Nursing Satisfaction Survey results

Outcomes:

- “I-Opt”® survey provided insight to nursing leaders regarding managements ability to change and implement large projects. Promoted better understanding of team dynamics and process.
- Shared Governance implementation required a “direct nuts and bolts approach” for change to be actualized
- Nursing leaders must continue to be aware of their staff’s needs and support
- Multiple organizational initiatives, implementation of electronic health records and challenging budget constraints did not derail nursing division plans to implement shared governance
- Greater staff nurse participation in policy, practice and professional development through unit and corporate councils
- Nursing Division to restructure, establish monthly meetings, and ensure that time is protected for staff nurses to attend unit and corporate meetings. Unit and corporate meetings will be held on same day with time provided for staff nurse to complete homework assignment from the meetings-November 2010
- Nursing Division budgeted for fiscal year for “stacked” staff meetings



Questions?

