

Improving Nursing Engagement through the COVID-19 Pandemic



Introduction

- Nursing engagement correlates with safety, quality and patient outcomes. A positive work environment, even with a looming pandemic, makes nursing staff feel supported and valued while building trust (Dempsey & Reilly, 2016).
- Annually, staff is asked for feedback during the annual engagement survey in November. This presentation will compare the nursing engagement survey from 2019 (non-pandemic year) with 2020 (pandemic year) at an inpatient rehabilitation hospital in Massachusetts.
- Initiatives put into place during the pandemic helped improve engagement as well as staff retention.

Background

- Massachusetts saw a surge of COVID-19 in April 2020 through June 2020 and then again in November 2020 through January 2021. Hospitals were hit hard with the pandemic during the surges.
- Encompass Health took a strong lead in providing the necessary tools that were key to transparency with hospital staff.
- At Encompass Health of Western Massachusetts, we focused on enhancing our culture of safety utilizing real-time communication and tools provided by the corporation.

Interventions

Our hospital had a robust infection prevention screening process for patients and staff, which led to a minimal amount of COVID-19 cases in our hospital and a decrease in hospital-acquired infections (HAIs) such as CLABSI, CAUTI, CDiff/MDROs, pneumonia, etc.

Nursing and hospital leadership supported the staff with up to date information via email, impromptu huddles and 1:1 dialogue.



Daily nursing huddles (held at 7 a.m., 3 p.m., and 11 p.m.) were opportunities to discuss changes to PPE practices, provide COVID-19 education, and clarify any misinformation. Nursing and hospital leadership were frequently in attendance to address questions and concerns during the week and off shifts.

Engagement activities such as Nurses Week, Rehabilitation Week, and Wound Care Week were held (with appropriate social distancing) to demonstrate our commitment to staff recognition.

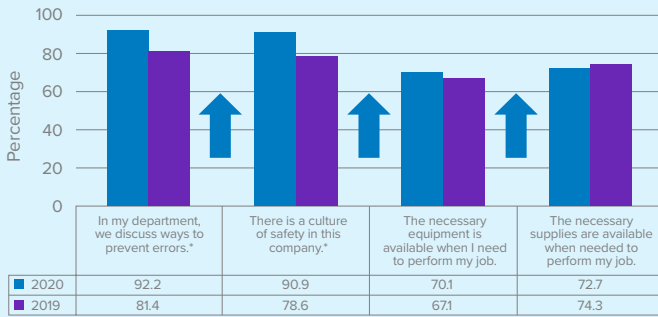
A Nursing Professional Practice Council was established to improve shared decision making at the level of the bedside staff (Kutney-Lee et al., 2016; Brooks Carthon et al., 2020).

Handwashing and low-level disinfection audits were increased monthly by adding Infection Prevention Registered Nursing Technician (RNT) Champions.

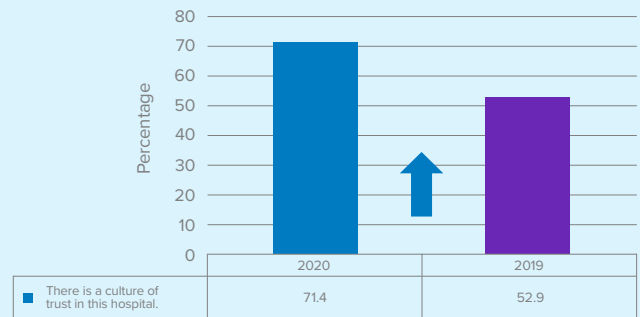
Honesty and empathy, as demonstrated by the nursing leadership team and hospital leadership, were important intangible factors that improved an overall sense of staff trust.

Findings

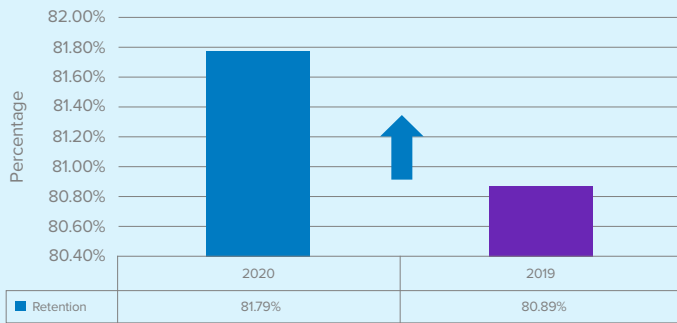
Culture of Safety



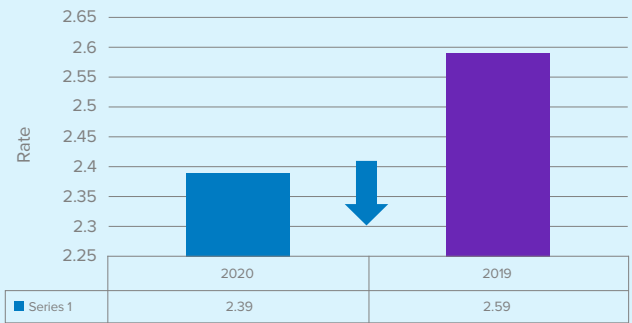
Culture of Trust



Nursing Retention



Hospital-Acquired Infection Rate



Discussion and Conclusion

- During the 2020 COVID-19 pandemic, the nursing department saw an improvement in the following categories: all error prevention, overall culture of safety, trust, nursing staff retention and necessary equipment.
- Hospital compliance with handwashing and low level disinfection increased to 98.1% and 91.7%, respectively. The use of aseptic technique, protective barriers and environmental controls led to a 9.2% decrease in hospital-acquired infections.
- The engagement survey question related to necessary supplies saw a drop of 1.6 from 2019-2020. This was due in part to country-wide supply shortages of appropriate PPE.
- Hospital initiatives related to recognition events were maintained and/or enhanced to support a sense of “normalcy”.

- The nursing staff maintained a commitment to patient safety, quality and outcomes during the COVID-19 pandemic.
- Trust, as a measure of support from hospital leadership, saw a tremendous improvement and as a result nursing staff retention also improved (Dempsey & Reilly, 2016).
- The nursing leadership is committed to support the staff through uncertain times by leading with honesty, transparency and empathy.

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References

Brooks Carthon, J. M., Hatfield, L., Plover, C., Dierkes, A., Davis, L., Hedgeland, T., Sanders, A. M., Visco, F., Holland, S., Ballinghoff, J., Del Guidice, M., & Aiken, L. H. (2019). Association of Nurse Engagement and Nurse Staffing on Patient Safety. *Journal of Nursing Care Quality*, 34(1), 40–46. <https://doi.org/10.1097/NCQ.0000000000000334>

Dempsey, C., Reilly, B., (January 31, 2016) “Nurse Engagement: What are the Contributing Factors for Success?” OJIN: *The Online Journal of Issues in Nursing*, 21, (1).

Kutney-Lee, A., Germack, H., Hatfield, L., Kelly, S., Maguire, P., Dierkes, A., Del Guidice, M., & Aiken, L. H. (2016). Nurse Engagement in Shared Governance and Patient and Nurse Outcomes. *The Journal of nursing administration*, 46(11), 605–612. <https://doi.org/10.1097/NNA.0000000000000412>

COVID-19 Response Reporting. Mass.gov. (n.d.). <https://www.mass.gov/info-details/covid-19-response-reporting# covid-19-interactive-data-dashboard-\>



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