

DNP Project:
Fostering Nurse Engagement through the Design, Implementation and Evaluation of an
Individual Development Planning Pilot in an Acute Care Setting

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DNP Project II

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Abstract

Engagement in the practice of nursing is a strong indicator of quality care. Since quality, safety and patient outcomes relate directly to nurse engagement, it is important to understand what drives this engagement and how to increase current levels. The problem to be examined in this project is the low level of engagement experienced by staff nurses in the acute care setting. The purpose of this DNP project is to translate evidence-based nursing research on increasing nurse engagement to the acute care practice environment. A review of the literature relating to nurse engagement and aspects of the PICOT question will be completed. A pilot on individual development planning will be designed utilizing the best evidence for increasing nurse engagement as discovered during the literature review. The implementation of a meso-level systems change by developing, implementing and evaluating an Individual Development Planning Pilot (IDPP) focusing on nursing will be conducted. The completion of the pilot project will support the goals of increasing nurse engagement by providing nurses with information on opportunities to more fully engage in their individual professional development.

Keywords: nurse engagement, work engagement, nurse engagement and patient outcomes, nurse satisfaction, individual development planning, setting goals, coaching and nursing, career coaching, work environment, and nurse retention.

DNP Project:

Fostering Nurse Engagement through the Design, Implementation and Evaluation of an
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Engagement in the practice of nursing is a strong indicator of quality care. According to Dempsey & Reilly (2016), since quality, safety and patient outcomes relate directly to nurse engagement, it is important to understand what drives this engagement and how to increase current levels. In the acute care setting levels of nurse engagement vary due to several factors including availability of nurse involvement in hospital governance, professional development opportunities, and career ladder prospects. According to Scanlon & Woolforde, there exists strong evidence that a workplace with high engagement leads to nurses displaying increased personal initiative and innovation, resulting in safer nursing care, more effectiveness, and reduced mortality, (2016). Other factors that influence nurse engagement include teamwork on units, enjoyable workplace, meaningful work, and feelings of commitment to the organization, (Dempsey & Reilly, 2016.) Armstrong, Laschinger, & Wong in 2009 stated that when nurses are engaged they have increased satisfaction, longer retention, and experience a healthy work environment. Factors that negatively influence nurse engagement may include low pay, job stress, poor communication, and inadequate staffing levels. To increase nurse engagement, an investment in human capital is needed. Nurse leaders serve as role models and advisors to their nursing staff and as such have a responsibility to assist in the professional progression of their fellow professional nurses.

According to Chism (2013) DNP prepared nurses possess leadership skills that qualify them to influence and enable change to occur in healthcare environments. They advocate for

change and update policies and procedures that ensure best practice and evidence-based care are delivered to patients. The DNP nursing project must demonstrate leadership at the organizational level and the design, implementation and evaluation of an Individual Development Planning Pilot (IDPP) in an acute care hospital will ensure that every nurse is offered the opportunity to progress professionally. By completing the Individual Development Plan prior to meeting with nurse leaders during annual employee evaluations nursing staff will identify their own specific areas of interest. Then the nurse will select annual goals for professional growth and learning for the upcoming year. By assessing the nurses current competencies and interests, guiding them towards simple, measurable, achievable, realistic and timely goals (Moran, Burson, & Conrad, 2014)), providing resources and referrals towards goal fulfillment, and providing ongoing support, the investment in each individual nurse will enhance overall nurse engagement within the acute care environment.

Problem Statement

The problem to be examined in this project is the low level of engagement experienced by staff nurses in the acute care setting. Causes of low engagement have been found in the literature to include lack of control in the care environment, burn out, apathy, being unappreciated, and lack of opportunities to develop professionally, (Johns Hopkins, n.d.; Macauley, 2015; Weimer- Elder, 2013). Nurse involvement in the governance of hospital facilities is needed in today's health care system and an increased awareness of expanding nursing roles will inspire nurses to become more fully engaged in nursing practice. The engaged nurse delivers higher quality patient care, (Choi, Bergquist-Berinder & Staggs, 2013), can be a change agent, has increased awareness of issues within facilities, progress in their professional roles and influence their colleagues in a positive way, (Macauley, 2015).

In the acute care hospital in which this project will be implemented, currently staff nurses receive annual employee evaluations which are completed by nurse management. Due to time constraints completing these appraisals of performance and a lack of understanding of the value of setting goals, an opportunity to provide leadership guidance at this critical time may be wasted, (Bjarnadotter, 2011; Trinchero, Brunetto, & Borgonoi, 2013; Wang & Liu, 2015). Perhaps a system wide program of individual development planning could support this vital process and provide a structure to the experience, (Cicolini, Comparcini, & Simonetti, 2014). This project asks the question, will the design, implementation and evaluation of an Individual Development Planning Pilot (IDDP) foster increased nurse engagement in the acute care setting?

Purpose Statement

The purpose of this DNP project is to translate evidence-based nursing research on increasing nurse engagement to the acute care practice environment. It is important to engage nurses in their own development and by empowering frontline staff to assist in the development and implementation of new procedures and practices (Needleman, Pearson, Upenieks, Yee, Wolstein, & Parkerton, 2016) professional nurses can improve care at the bedside. As leaders in nursing the advanced practice nurse should provide support to those who want to explore opportunities that will enhance professional practice and job satisfaction, (Griffith, 2012; Atefi, Abdullah, Wong, & Mazlom, 2014).

The development of specific nursing goals for individuals will promote personal and professional growth among nursing staff which has been shown to increase engagement, (Malinen, Wright, & Cammock, 2013). Designing a policy that encourages nurse leaders to assist in the development of individual goals that is easy to use, opens the door to opportunities within the hospital and involves nurses at all levels of decision making may improve morale, retention,

and engagement, (Phillipou, 2015). The time period available for the project is sufficient and by creating a project management timeline the DNP project will be organized, efficient, and strategic in task completion, (Bemker & Schreiner, 2016).

Project Objectives

According to the American Association of Colleges of Nursing in *The Doctor Of Nursing Practice: Current Issues and Clarifying Recommendations Report from the Task Force on the Implementation of the DNP* (2015) the DNP project should focus on a change that impacts healthcare outcomes either through direct or indirect care. The leadership project therefore must include this focus. The first goal of this project is to indirectly impact patient outcomes in an acute care setting by increasing nurse engagement. Through the implementation of a meso-level systems change the DNP leadership project will comprise developing, implementing and evaluating an Individual Development Planning Pilot (IDPP) focusing on nursing.

Objectives have been developed to ensure successful completion of the project according to the DNP program timeline. The first objective is to conduct a review of the literature relating to nurse engagement and aspects of the PICOT question will be completed by September 1, 2016. The pilot on individual development planning will be designed utilizing the best evidence for increasing nurse engagement as discovered during the literature review by November 15, 2016, this is the second objective. The third objective is for the pilot to be presented to nursing leadership and administration by December 15, 2016. The next objective is that the timeline for implementation of the pilot, which includes several steps in the approval process to be fully completed by February 14, 2017. The fifth objective is the implementation of a meso-level systems change by developing, implementing and evaluating an Individual Development Planning Pilot (IDPP) focusing on nursing will be completed by May 19, 2017.

The completion of the project objectives will support the goals of increasing nurse engagement by providing nurses with information on opportunities to more fully engage in their individual professional development. The process of creating change at the organizational level will inform the DNP student's leadership responsibilities in advanced practice. As described in the American Association for Colleges of Nursing QSEN Education Consortium: Graduate-level QSEN Competencies, Knowledge, Skills, and Attitudes (2012), the advanced practice nurse must, "Minimize risk of harm to patients and providers through both system effectiveness and individual performance," (p. 4).

Possible future applications of the program could include disseminating the Individual Development Planning Pilot to interdisciplinary health care teams. Sustaining change is desirable when patient outcomes improve and the stakeholders value the process. This project has the potential to be expanded into other disciplines within the acute care hospital. By providing this structured Individual Development Planning Pilot (IDPP) to all employees of the facility, professional development, improved patient safety, and personal self-actualization may be realized.

Project Question

The project or clinical question of a DNP leadership project should include a description of the phenomenon to be examined, provides information to the reader about this phenomenon, and may result in addition knowledge generation (Nolisnke, 1996 from Moran, Burson & Conrad, 2014, p. 248.) Utilizing the PICOT as a template the project question should describe the population of interest (P), the intervention (I), the comparison (C), the expected outcome (O), and the timeframe (T), (Moran, Burson, & Conrad, 2014). The clinical question for this DNP leadership project is, do registered nurses (P) participating in an individual development

planning (I) for four months (T) experience more engagement in the practice setting (O) than registered nurses who do not participate in the planning (C)? The question can be answered by the creation of the Individual Development Planning Pilot (IDPP) which will include evidence-based interventions shown in the literature to increase nurse engagement. By instituting an Individual Development Planning Pilot (IDPP), the DNP leadership project will enhance nurse engagement by addressing key drivers of nurse engagement.

Literature Review

The purpose of the literature review is to present the current evidence related to nurse engagement and to justify the DNP leadership project plan to foster nurse engagement through the design, implementation, and evaluation of an individual development planning pilot in an acute care setting. By identifying the appropriate interventions to include in the plan to improve nurse engagement, the DNP student fulfills the role of translating evidence into nursing practice. By presenting a review of the synthesis of the studies and a description of the study methods, the significance of the evidence to the profession of nursing will be demonstrated.

Review Coverage and Justification

The literature review for this DNP leadership project will present articles that examined nurse engagement and interventions that foster professional development in nursing. The author performed the literature search utilizing databases; ProQuest Central, Cochrane Library, CINAHL Plus with Full Text (EBSCO), Google Scholar, PubMed, MedLine Plus, and National Institutes of Health. Terms used for the literature search included the following; *nurse engagement, work engagement, nurse engagement and patient outcomes, nurse satisfaction, individual development planning, setting goals, coaching and nursing, career coaching, work environment, and nurse retention*. The search was restricted to the years 2011-2016. The search

returned over 32,000 articles of which more than 300 were reviewed for relevance to this project. Over forty articles are included in the discussion of the literature.

The Importance of Engagement

Engagement in the workplace has been described as an emotional and functional commitment to the organization in which one is employed, (Carnegie, n.d). It requires energy, involvement, and efficacy, (Leiter & Maslach, 2013) as well as meaningfulness and safety, (Kahn, 1990). According to Carnegie (n.d.), engaged employees become high performers and some of the characteristics of these workers include enthusiasm, confidence, feeling inspired and empowered. Promoting engagement encourages employees to become emotionally and cognitively committed to their work which adds value and meaning to the experience, (Ramoo, Abdullah, & Piaw, 2013). These employees become emotionally bonded to their organization and are interested in the success of their workplace, (Johns Hopkins, n.d.). According to Johns Hopkins (n.d.), this bond and commitment result in higher productivity, more profits, a safer environment for employees and clients, and decreased absence from work. The environments which encourage engagement experience less turnover and decreased human resource costs. Christian, Garza, and Slaughter (2014) found that research has shown that engaged employees may experience a more positive attitude, are healthier and demonstrate extra-role performance.

The literature has shown a direct relationship between nurse engagement and patient outcomes. Macauley in 2015, writes that engaged nurses are more satisfied in their practice and report feelings of increased motivation. It was also stated that these nurses show more concern for patient satisfaction, are more actively involved in department activities, and deliver safer quality care. Engaged nurses are more productive (Carnegie, n.d.), report fewer errors, and experience less work-related injuries and accidents, (Rich, Lepine, & Crawford, 2010). Choi,

Bergquist-Beringer, and Staggs (2013) found that engaged, satisfied nurses provided care that led to lower hospital-acquired pressure ulcer rates in an acute care hospital. Ram and Prabhakar in 2011, found that increasing employee engagement can result in higher quality patient care, increased productivity, and increased revenue. Insyncsurveys (n.d.) found that organizations with highly engaged employees have a 26% higher revenue per worker and a 49% safer environment.

Engagement has been shown to decrease absenteeism in the workplace. Soane, Shantz, Alfes, Truss, Rees and Gatenby (2013) found that engagement had a positive effect on nurses' perception of meaningfulness which resulted in decreased absences. It also increases nurse retention. Sawatzky and Ennis (2012) in a cross-sectional survey found that engagement plays an important role in nurses' intention to leave a workplace. This study describes the importance of using evidence-based strategies for increasing nurse engagement to increase retention. Goh, Lee, Chan, and Chan, 2015 performed a study to assess nurse profiles which demonstrated that engaged nurses have less intention to leave.

As a result of the review of the positive outcomes related to high levels of engagement in the literature, evidence of the effect of disengagement was also found. Disengaged employees experience lower satisfaction, experienced more errors, had more injuries, practiced in a less safe environment, had increased absenteeism and reported higher intention to leave, (Johns Hopkins, n.d.). Actively disengaged employees have been described as being present physically but emotionally absent. These disengaged experience unhappiness in the workplace and vocalize their discontent to others on the team. These employees complain, make derogatory statements about the organization, and cause morale issues with others in their environment, (Macauley,

2015). According to Carnegie (n.d.), 71% of employees are not engaged. Weimer-Elder (2013) stated that a large number of people in the United States are not engaged in their work.

Interventions to Increase Nurse Engagement

In a study by Jenaro, Flores, Orgaz, and Cruz (2011) data from a descriptive, correlational study was collected from a convenience sample of 412 nurses. The conclusion of this study states that it is important to provide a healthy work environment because it increases nurse satisfaction and that organizational strategies should be implemented to decrease stress and increase engagement. Also Jenaro et al. (2011) state that initiatives to improve relationship communication skills allow nurses to utilize vigour (sic) and to experience more dedication. A study by Bogaert, Clarke, Willems, and Mondelaers in 2013 found that vigour (sic), dedication and absorption impact nurse job satisfaction and engagement. Wang and Liu in 2015 performed a predictive, non-experimental design study to explain the links between nurse work environment, psychological empowerment and nurse engagement. In the article, three characteristics of engagement are discussed; vigour (sic), dedication, and absorption. Vigour (sic) is described as high levels of energy and resilience, persistence in facing challenges and putting forth effort in one's work. Dedication refers to a sense of enthusiasm, inspiration, challenge, and significance. Absorption is displayed by concentration, being engrossed in one's work, and a reluctance to detach from work. In an article by Tillott, Walsh, and Moxham in 2013, it was recommended that staff engagement is analyzed using the Scarf Model, (status, certainty, autonomy, relatedness, and fairness). This framework is relevant to the phenomenon of nurse engagement.

Cicolini, Comparcini, and Simonetti (2014) found that structural and psychological empowerment are related to a satisfying work environment and that nurse leaders should develop

empowering job environments to improve patient outcomes. Ramoo, Abdullah, and Piaw in (2013) administered a design cross-sectional survey to 141 Malaysian nurses to explore the relationship between job satisfaction and intention to leave. The study concluded that providing a satisfying job environment is vital in retention and patient safety. The results of the study specifically mention nurturing younger nurses by ensuring growth opportunities.

In an article by Macauley in 2015, interventions to increase nurse engagement were examined. Macauley describes Social Exchange Theory as a way to understand employee engagement. The importance of developing trust over time based on mutual commitment and loyalty is explained and results in a more engaged, positive work place. In a Walker and Avant's (2010) method of concept analysis performed by Antoinette Bargagliotti in 2012, antecedents of work engagement were identified as trust and autonomy. A hierarchical regression analysis study performed by Ugwu, Onyishi, and Rodriguez-Sanchez in 2014 suggests that trust in an organization has a significant influence on engagement. Other interventions suggested by Macauley (2015) include a reasonable workload, reward and recognition, a sense of community, feeling valued, self-worth, being part of a team, leadership influence in development, and a perception of fairness.

Another intervention that will improve nurse engagement is ensuring that the individual nurse's values align with the goals and mission of the organization. The nurses must be familiar with and understand the mission of the hospital and support the tenets of the institution, (Macauley, 2015). When values align nurses experience greater satisfaction, feel safe, and derive meaning from their practice. French-Bravo and Crow in (2015) found that facilitating buy-in positively influences nursing engagement.

Learning and professional development have been associated with increased engagement. Johnson, Hong, Groth, and Parker in 2011 found that nurses experienced increased self-rated performance by developing clinical practice through professional development activities. Nurses also felt an increase in self-efficacy. It was found that investing in education and development activities improves the quality of patient care and nurse satisfaction. In a cross-sectional design study Trincherro, Brunetto, and Borgonovi, (2013) it was found that continuous professional development improves nurse engagement. In a study from 2011 by Bjarnadottir, ten engaged nurses were interviewed and the data interpreted using an interpretative phenomenological analysis. The results indicated that nurse engagement increased proportionally with experience and professional development.

Macauley in 2015 stated that nurse leaders have a strong influence on employee productivity and satisfaction. They have the ability to impact how nurses feel about their patients, the organization, and their careers. Ram and Prabhakar (2011) stated that nursing leadership must ensure that nurses feel valued. Sullivan Havens, Warshawsky, and Vasey, (2013) in a non-experimental survey design found that by providing a professional nursing practice environment, leadership can enhance nurse engagement. Empowering nurses psychologically has been shown to increase professionalism (Wang & Liu, 2015). Cziraki and Laschinger, 2015, found that psychological empowerment is a natural result of nurse leaders' interventions to improve work environments, resulting in engagement. In 2014, Lambrou, Merkouris, Middleton, and Papastavrou performed a systematic review of the relationship between professional practice environments and job satisfaction. The study recommends that hospital leadership work towards providing a positive professional environment to improve nurse satisfaction and patient outcomes. Atefi, Abdullah, Wong, and Mazlom (2014) performed ten

focus group discussions using a semi-structured interview guide to identify job satisfaction and dissatisfaction themes among Iranian nurses. The results indicated that addressing professional development needs has a strong influence on nurse satisfaction. Freeney and Fellenz (2013) performed a structural equation modeling analysis of quantitative questionnaires administered to nurse midwives in large hospitals. This study provides evidence of a relationship between individual nurses work engagement and their perceptions of care quality.

Nurse leadership has a responsibility to develop employees professionally and succession planning is very important. Griffith (2012) found that succession planning should use coaching, mentoring, identification, recruitment, and professional development to grow and retain leadership candidates. Coaching promotes professional development in nursing and can be an effective tool in promoting learning, (Naravanasamy & Penney, 2014). It enhances nurse engagement and contributes to organizational success. Nurse leaders have the ability to provide support and assistance to employees seeking development opportunities (Ram and Prabhakar, 2011). Malinen, Wright, and Cammock's research in 2013 suggests that by analyzing and monitoring individual employees' engagement levels and positively influencing the work environment, nurse leaders can contribute to high engagement. Feather, Ebright, and Bakas, (2015) conducted focus groups with 28 registered nurses through semi-structured interviews looking for themes related to nurse managers behaviors perceived to improve job satisfaction. This study's findings indicate that registered nurses want to be respected and feel a need to be cared for by their nurse managers.

Transformational leaders influence followers by encouraging extra-role performance and innovation. In a study by Salanova, Lorente, Chambel, and Martinex (2011) using Structural Equation Modeling a theory-driven model of the relationships between transformational

leadership, self-efficacy, engagement, and nurses' extra-role performance was performed. It was found that there is a direct relationship. Dearmon, Roussel, Buckner, Mulekar, Pomrenke, Salas, and Brown, (2013) in a descriptive comparative study found that transformational leadership encourages innovation on the front lines of nursing. Transformational leaders use both intrinsic and extrinsic motivation to develop their nurses. They use relationship building to learn their employee's individual motivators. Biggs, Brough, and Barbour (2014) found that leadership development interventions had a positive effect on the subordinates of leaders. Nurse leaders use emotional intelligence to influence their staff, (Deschamps, Rinfret, Claude & Prive,2016). Ansen, Byrne, and Kiersch (2014) surveyed a sample of 451 full-time employees to examine perceptions of interpersonal leadership. It was found that this type of leadership is positively related to employee engagement.

Research by Cleary, Horsfall, Muthulakshmi, Happell, and Hunt in 2013, identifies career development barriers which include a work place that does not support career development, a lack of knowledge of development opportunities, too much overtime, and limited access to education progression programs. By addressing these issues nursing leadership can remove barriers to professional development within their organizations and have an impact on patient care, nurse retention, and engagement.

Since all employees may benefit from professional development, coaching, and the influence of leadership a program of individual development planning may enhance nurse engagement. Adeniran, Smith-Glasgow, Bhattacharya, and Xu in 2013, found that a standardized advancement structure for career development promotes professional growth. A study by Philippou in 2015, suggests that by creating innovative nurse career development programs nurses may experience more flexibility and improved autonomy. It also may lead to retention of

highly engaged nurses. This study indicates that both employees and leadership share the responsibility for career development activities. Lin-Chu, Suh-Hwa, Tieh-Chi, Kuei-Hsiang, Ming-Chu, and Chiung-Hua in 2014 conducted a study to explore the current status and issues of nurse autonomy and job satisfaction. In a cross-sectional design Taiwanese nurses provided data on locus of control, nurse satisfaction, and levels of autonomy. The results indicate that feelings of autonomy are associated with greater job satisfaction.

Caricati, Sala, Marletta, Pelosi, Ampollini, Fabbri, and Mancini (2014) conducted an investigation into the psychosocial aspects of job satisfaction. In a cross-sectional questionnaire survey the results suggest that nurse leadership should address nurse engagement by focusing on individual attitudes of staff and themselves. They should tap into intrinsic values such as individuals' interests and motivations. Batson and Yoder (2012) performed a concept analysis of managerial coaching. It shows a dyadic relationship between staff nurses and nurse managers during the process of career planning. These individual development planning relationships allow the parties to develop skills and attributes necessary to facilitate effective coaching which leads to professional growth.

Theoretical Framework

The theoretical framework of the DNP leadership project provides structure to the process and assists in identifying concepts and describing relationships between them, (Grove, Burns, & Gray, 2013). According to Grimm, (as cited in 2016), selecting a theory upon which to frame the DNP project allows the author to view, the identified transfer of research to practice need, from a fresh perspective, (Bemker & Schreiner). The result of conducting a literature review have identified concepts central to nurse engagement and development planning as well as relationships between these concepts. By identifying an appropriate nursing theory upon which to explain the phenomenon *nurse engagement*, a deeper understanding of the concepts and

relationships is realized, (Grove, Burns, & Gray, 2013). Caring theory has been shown to provide a framework for these concepts in many studies, (Summerell, 2015; Dudkiewicz, 2014; Williams, McDowell, & Kautz, 2011; Huntley, 2013). The theory to be discussed in this section of the DNP leadership project is Jean Watson's *Philosophy and Science of Caring*, (2008). The historical development and major tenets of the theory will be presented. Applicability of Watson's theory to current nursing practice will be discussed and the application of the theory to the DNP leadership project will be examined.

Historical Development of the Theory

Margaret Jean Harmon Watson, PhD, RN, AHN-BC, FAAN was born in 1940 in West Virginia. She became a nurse in 1964 and worked as a psychiatric-mental health nurse, educator, and counselor. Jean Watson has worked at the University Of Colorado School Of Nursing as faculty and administrative leader for decades and in 1980 established the Center for Human Caring. This interdisciplinary center is dedicated to the science of human caring and promotes the moral and scientific aspects of caring for clinical practice and leadership, (Alligood & Tomey, 2010). She has received many honorary degrees and recognitions for her body of work.

Jean Watson's seminal work was published in 1979 and is titled, *Nursing: The Philosophy and Science of Caring*. Based on the ten carative factors that are most important in nursing, this theory of caring is described as a connection between love and caring, (Watson, 1979). Ms. Watson has published several revisions of her original work, most recently in 2008. She has co-authored numerous books, written multiple articles for nursing journals, and lectured nationally and internationally on caring science.

Applicability of Theory to Current Practice

As the DNP student examines theories to determine the appropriate one to use in the DNP leadership project, it is important to ensure that the theory reflects their own personal nursing practice, (Moran, Burson, & Conrad, 2014). Watson's theory of caring resonates most with the personal and professional values of the author. Specifically, the theoretical framework for *caritas* or the caring relationship reflects the process of being present and creating a space for caring to occur, (Watson, 2008). Caring science describes and illustrates the process of nursing and the theory of caring accurately explains the construct. As healthcare providers, nurses utilize caring science in all interactions with patients and their families. Relationships and caring moments are developed and shared during the process of providing nursing care. Nurse leaders experience caring towards their followers and form relationships with colleagues as well. The application of caring supports excellent nursing practice.

Major Tenets of Theory

The philosophy of caring describes the connections between caring and love. Watson's philosophy of caring in her most recent work, *Nursing: The Philosophy and Science of Caring*, lists seven assumptions about caring which include: it can only be demonstrated interpersonally, consists of carative factors, promotes health and growth, accepts others, promotes the development of potential, compliments curing, and is central to nursing, (2008). The word carative is derived from *caratis* which is Latin for "cherish, to appreciate, to give special attention, (Alligood & Tomey, 2010) and by adhering to the ten carative factors in all relationships, the nurse practices human caring. The original ten carative factors from 1979 are as follows:

1. Formation of a humanistic-altruistic system of values
2. Instillation of faith-hope
3. Cultivation of sensitivity to oneself and others

4. Development of a helping-trusting relationship
5. Promotion and acceptance of the expression of positive and negative feelings
6. Systematic use of the scientific problem-solving method for decision making
7. Promotion of interpersonal teaching-learning
8. Provision for a supportive, protective, and (or) corrective mental, physical, sociocultural, and spiritual environment
9. Assistance with gratification of human needs
10. Allowance for existential-phenomenological forces, (Watson)

The four major concepts of Watson's theory include human being, health, environment/society, and nursing. Human being refers to treating others as respected, valued, understood, cared for, and nurtured. Health is basically the absence of illness and the pursuit of high levels of functioning. Environment/society refers to the profession and culture of nursing as caring. Lastly, nursing should be grounded in nursing theory, (Watson, 2008).

Application of Theory to DNP Project

Watson's philosophy of caring will provide the framework for the DNP leadership project, *Fostering Nurse Engagement through the Design, Implementation and Evaluation of an Individual Development Planning Pilot in an Acute Care Setting*. The literature review has identified concepts related to nursing engagement which includes: work engagement, nurse engagement and patient outcomes, nurse satisfaction, individual development planning, setting goals, coaching and nursing, career coaching, work environment, and nurse retention. This theory offers perspective into the caring concepts needed to successfully address implementation of the individual development planning pilot. The acute care hospital in which the project will take place currently utilizes Watson's theory of caring as the patient care delivery model. By aligning with the hospital's current theoretical model the project implementation will enhance

current care delivery and provide ongoing support during implementation of the policy, (Moran, Burson, & Conrad, 2014).

Nurse leaders will be able to follow the seven assumptions, ten caritas, and four major concepts in their interactions with nursing staff during the process of individual development planning. The focus is on caring for nurses in this project and by engaging directly with staff this can be accomplished by developing interpersonal relationships, applying carative factors, promoting nurses' health and professional growth, accepting their nurses, and assisting them to realize their full potential. The nurse leader in demonstrating caring behaviors can ensure success of the individual development planning pilot.

As evidenced by the literature, engagement in the practice of nursing is a strong indicator of quality care. According to Dempsey & Reilly (2016), since quality, safety and patient outcomes relate directly to nurse engagement, it is important to understand what drives this engagement and how to increase current levels. Nursing leadership has an influence over the levels of engagement experienced by nurses, a responsibility to coach and develop their staff, and the unique opportunity to promote professional nursing practice. By engaging nurses in individual development planning, the nurse leader can provide guidance, secure resources, and develop relationships of trust and mutual commitment with their followers. The result of these interventions will be increased nurse satisfaction and a highly engaged workforce.

The theory of caring is the ideal framework for this DNP leadership project. As a basis for creating caring relationships, nurse leaders will integrate caring science into their transpersonal interactions with staff; encouraging them, accepting them, and guiding them towards attaining their unique potential. Being open to experiences of caring for others, the leaders will open themselves to the rewards of universal truths. As caring science continues to

develop and inform nursing practice, the applicability of theory to practice will take place through the process of individual development planning.

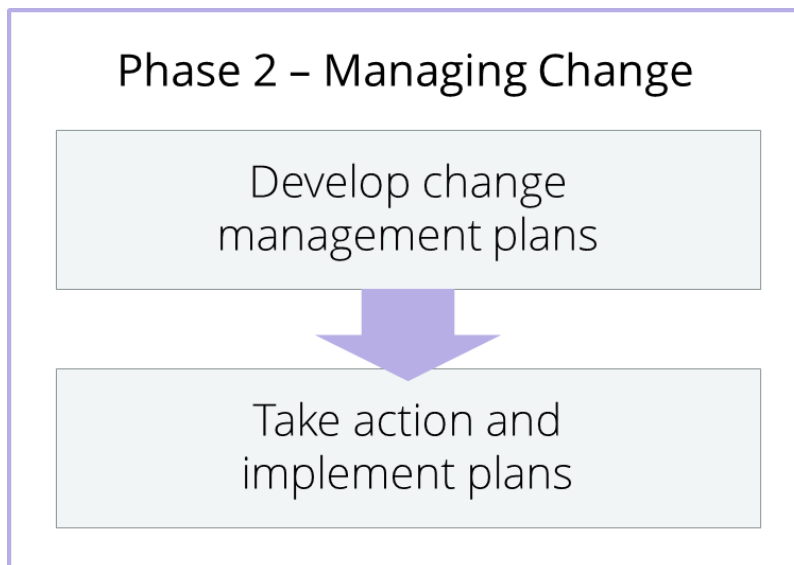
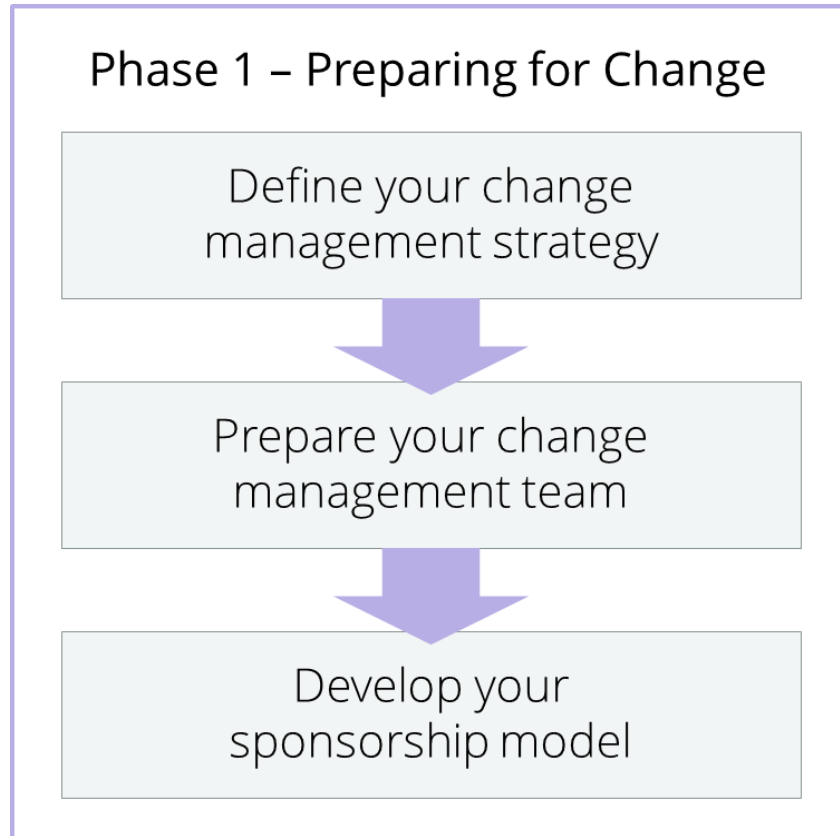
Project Design

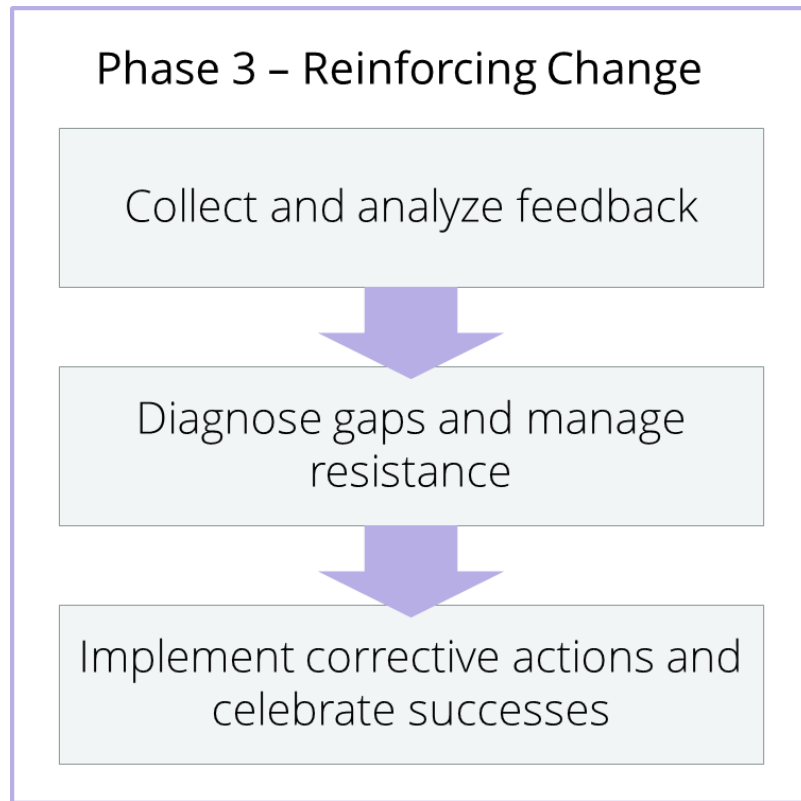
Developing a project design is an important part of any scholarly DNP project. Selecting a method that is “congruent with the purpose and goals,” (Moran, Burson, & Conrad, 2017), of the project ensures that the approach will support the desired outcomes. The individual development planning pilot project will be implemented following a well-designed process. The DNP project design section of this project paper will provide a description of Prosci’s change management methodology, discuss the population of interest, and describe the setting for the project. A discussion of the stakeholders and recruitment methods for the pilot will be presented. A post-intervention survey will be utilized to collect demographic information and to evaluate the levels of nurse engagement present after the implementation of the pilot. The Utrecht Work Engagement Scale (UWES) will be the tool used to collect the data and the reliability, validity, and permission for its use will be discussed. Lastly, the plan for data collection will be described.

Description of Project Design

The design methodology for this DNP project is Prosci’s change management process. This easy to use method of creating and sustaining change will include three phases. Phase I is preparing for change, phase II is managing change, and phase III is reinforcing change, (Prosci, 2016). This simple three step process will guide the project plan.

These phases are illustrated below (Prosci, 2016).





The population of interest in this project consists of all nurses practicing within a selected medical surgical nursing unit at an acute care hospital in the southwestern United States. The project variable to be implemented is the individual development planning process. The overall purpose of the project implementation is to demonstrate the value of individual nurse development planning. An analysis of the levels of nurse engagement after experiencing the planning process will be performed to demonstrate effectiveness of the pilot.

The first objective of this project is to indirectly impact patient outcomes in an acute care setting by increasing nurse engagement through the individual development planning pilot. This measure will be validated by the data collected using the Utrecht Work Engagement Scale survey tool, (Schaufeli & Bakker, 2004). The second objective of the DNP leadership project is to demonstrate the implementation of a meso-level systems change by developing,

implementing, and evaluating an individual development planning pilot focusing on nursing. This process will support the first objective by providing nurses with information on opportunities to more fully engage in their professional development. Finally, a model for sustainability of the program will be developed with the goal of proposing the inclusion of individual development planning into the annual evaluation policy for all registered nurses within the organization.

Sustaining change is desirable when patient outcomes improve and the stakeholders value the process. The project will include a summary of the clinical significance and cost-effectiveness of the individual development planning pilot, (Moran, Burson, & Conrad, 2017). Future application of the pilot could include a six month post-implementation survey to compare levels of engagement after time has passed. This project has the potential to be expanded into other disciplines within the acute care hospital. Professional development, improved patient safety, and personal self-actualization may be realized when providing this structured individual development planning pilot to all employees at the project hospital.

Population of Interest

The purpose of this project is to increase nurse engagement by implementing the individual development planning pilot project which will provide a template for nurses to use when creating development goals. The population of interest for this project are nurses employed on a Medical/ Surgical nursing unit at a large acute care hospital in the southwestern United States. A description of the individual nurses will include age, sex, ethnic heritage, and languages spoken. The population will demonstrate a wide variety of generations and diverse backgrounds. Inclusion criteria include all nurses practicing within the selected nursing unit. This convenience sample will be offered individual development planning and a sample size of thirty

is the goal for this pilot. Appropriate permissions from the hospital's Institutional Review Board will be obtained prior to implementation of the pilot project.

Setting

The setting for this DNP leadership project is an acute care hospital in the southwestern United States with more than 450 beds. It provides adult, pediatrics, and woman's services. The hospital includes a level I trauma center, burn care unit, and level II neonatal intensive care. The hospital also has urgent care clinics and primary care offices. The organization is currently undergoing a restructuring of the entire nursing division and an action plan to begin the Magnet journey is being developed. Nurses are the largest group of employees within the organization and have the greatest impact on patient outcomes.

The selected medical surgical nursing unit at the hospital is a 32 bed medical/surgical care unit. The unit consists of registered nurses, certified nursing assistants, unit clerks, remote telemetry technicians, and interdisciplinary team members including, physical therapists, occupational therapists, speech pathologists, environmental services, respiratory therapists, case managers, social workers, physicians, physician assistants, advanced practice nurses, and others. The nurses on the selected unit work 12 hour shifts: either 7 a.m. – 7 p.m. or 7 p.m. – 7 a.m. Permission to implement the project has been obtained from the Director of Medical Surgical Services at the project hospital.

Stakeholders

Key stakeholders for the pilot project include the entire selected unit's nursing staff as they are the actual participants in the implementation, (Moran, Burson, & Conrad, 2017). Other stakeholders include nurses employed in other areas of the hospital, such as performance improvement nurses, quality assurance, clinical educators, and clinical nurse specialists. Hospital

administration and the governing board will be affected by the project so they must be considered stakeholders. Ancillary services who work alongside the nursing staff will be involved as they are part of the interdisciplinary team. Finally, patients and their families are the stakeholders who will most benefit from the continued development of individual nurses. A vital role for the DNP student will be to communicate the benefits of individual development planning for nurses to the key stakeholders in an effort to garner support for the pilot.

Recruitment Methods

The DNP leadership project pilot requires active participation from the nurse leader responsible for completing annual evaluations of the registered nurses on the selected medical surgical unit. A one-on-one meeting with the nurse leader to present the individual development planning template and an overview of the utility of this process in assisting nurses to create meaningful goals must occur. Presentation of the pilot project at the selected unit staff meetings will assist in recruitment. The author will use caring science adapted from Jean Watson's theory of caring as a basis for interacting with the participants. By demonstrating caring, the DNP student will effectively communicate the motivation of altruism towards professional nurses, (Watson, 2008).

An incentive to participate has been offered to those nurses who are on the hospital's professional clinical ladder. Participants may use the completion of the individual development planning process as an example of professional development or as participation in quality improvement. The participants will be assured of the safety, confidentiality, and privacy of their individual results of the post-implementation Utrecht Work Engagement Scale nurse survey. The individual results will be secured in a password protected file by the author for three years. A participant consent will be utilized and the rights of the individual nurses will be explained.

Tools/Instrumentation

The individual development planning template is a step-by-step personal assessment of each nurse's professional interests. From the indicated areas of interest, the nurse creates three goals for the upcoming year. The template encourages the nurse to identify barriers to success and an action plan for overcoming the barriers. This template encourages the nurse to identify resources available in reaching their goals and provides referral to clinical educators for guidance when desired. The measurement of nurse engagement with the individual development planning process will be assessed, two months after completion of this process.

The Utrecht Work Engagement Scale (UWES) (Schaufeli & Bakker, 2004) will be completed by each individual nurse two months after participating in the individual development planning pilot. In 1999, the self-report questionnaire, UWES was first described by Wilmar Schaufeli, a professor of organizational psychology. UWES can be used to explore three dimensions of work engagement. Schaufeli, Salanova, Gonzalez-Roma, and Bakker (2002) used vigor, dedication, and absorption for the three dimensions that are described in the literature to evaluate the psychometric aspects of engagement. Dr. Schaufeli's website <http://www.wilmarschaufeli.nl/> provides additional information on his work and provides samples of the UWES that may be used for non-commercial educational or research purposes only. The only stipulation is that the data obtained from its use be shared with Dr. Schaufeli.

According to previous studies, (Demerouti, Bakker, Janssen, & Schaufeli, 2001; Dura, Extrmera, & Rey, 2004; Montgomery, Peeters, Schaufeli, & Den Ouden, 2003; Salanova, Schaufeli, Llorens, Peiro, & Grau, 2001; Schaufeli & Bakker, 2004 from Schaufeli, Bakker, & Salanova, 2006), the UWES internal consistencies, using Cronbach's alpha, range between .80 and .90. Interestingly, the tool was original developed and used in the Netherlands, yet it has

been found to be “an unbiased instrument to measure work engagement because its equivalence is acceptable for different racial groups,” (Storm & Rothmann, 2003, from Schaufeli, Bakker, & Salanova, 2006). Analysis of the UWES, as correlated with the Maslach Burnout Inventory show a negative correlation between vigor and exhaustion, dedication and cynicism and all three dimensions of engagement, with lack of professional efficacy, (Schaufeli & Bakker, 2006). The UWES will be a useful tool for assessing the level of engagement experienced by each participant of the pilot project.

Data Collection Procedures

The participants for this pilot will receive an individual development planning template and provided with instructions for completion, with the end result being the development of three goals. Two months after completing this process, the nurse will complete the UWES survey and answer demographic questions. Each participant will be assigned an identification number and the confidentiality of each participant will be ensured through the use of a secured codebook. The DNP student will collect the data via the online Survey Monkey website. For security purposes, the participant will receive a password to access the survey link and an email with the survey link itself. Results will be password protected by the DNP student and saved in secure data files for three years. According to Bemker & Schreiner (2016) security of data files is very important for projects using the internet.

Intervention and Project Timeline

The DNP nursing leadership project design includes the development of a project timeline to ensure that all activities essential to the success of the project are identified and appropriately scheduled. According to Bemker & Schreiner (2016), a project timeline should be created to keep the project on track. Steps include listing the major components of the project in order of

when they should occur, make a to-do list for each component, assign due dates for each component, and be sure to include extra time in each component for unplanned delays, (p. 62). It is recommended to share the information with key stakeholders to ensure adequate communication. Collaborating with the stakeholders also assists in anticipating barriers and unforeseen problems with the project.

The remainder of the DNP II course, weeks nine through sixteen, will result in the completion of the following elements of the project timeline. Weeks nine through eleven will include refinement of the project plan utilizing instructor, mentor, and content expert feedback. During week twelve the DNP student will meet with the project mentor and instructor to review the progress of the project. Week thirteen will be used to further edit the project plan and a *Project Team Approval Form* will be submitted. The project plan will be registered with the Institutional Review Board (IRB) at University Medical Center of Southern Nevada during week fourteen. The final two weeks of DNP II will involve finalizing the project submission, (Appendix A- Project Timeline Remainder DNP Project II).

During the final trimester DNP Project III course, the project timeline will run over a sixteen week time period. Weeks one and two will be devoted to the introduction of the *Individual Development Planning Pilot Project* to the nurses practicing on the selected Medical /Surgical nursing unit. Information, education, and recruitment for the project will be presented at staff meetings, shift change huddles, through email, and postings in the staff lounge. Weeks three through eleven will consist of individual development planning sessions with individual nurses facilitated by the DNP student. The UWES survey will be sent to the participants during week twelve. The DNP leadership project will be evaluated and the project completed during weeks thirteen through sixteen, (Appendix B- Project Timeline DNP Project III).

Ethics and Human Subjects Protection

The project design must analyze ethical and human subject protection issues to ensure Institution Review Board (IRB) approval will result. Ethics has been defined as “the principles of conduct governing an individual or group,” (Chism, 2016, p. 205). In the profession of nursing, the American Nurses Association *Code of Ethics for Nurses*, (ANA, 2001), provides guidance to practice and research. Nursing ethics include practicing with compassion, integrity, respect, commitment to the patient, advocacy, competence, contribution, and shaping social policy, (Chism, 2016). In nursing research, ethical projects must ensure protection of the rights of human subjects, ensure that the risks do not outweigh the benefits of participation, provide informed consent to participants, and submission of the project proposal to the appropriate IRB, (Grove, Burns, & Gray, 2013). This project will involve human subjects so the principle of respect for persons, beneficence, and justice will be upheld. Only those who voluntarily participate will be included and no coercion will occur. Informed consent will be obtained. Participants may withdraw at any time, for any reason, and risks and benefits will be explained prior to the intervention. The results of any data collection will remain confidential in a password protected file for three years.

The beneficent project’s goal is to positively impact nurse engagement through the implementation of an individual development planning pilot. Each nurse on the selected unit will receive an individual invitation from the project DNP student requesting their participation in the pilot. Participants will be assigned an ID number beginning with the number one and sequentially assigned (e.g. 1,2,3,4, etc....). Benefits and risks to participation will be described to the individuals and informed consent will be obtained from each participant with the understanding that their participation is voluntary and that they may withdraw from the pilot for

any reason. A minimum of 30 minutes per participant will be spent assisting the nurse in completing the individual development plan. Referrals, resources, and recommendations will be provided as requested by the participants. Upon completion of the eight-week pilot, each nurse will receive an email link to the UWES survey. All information obtained from the survey will be protected and confidential.

Plan for Analysis and Evaluation

The plan for analysis and evaluation of the project is outlined in the design to describe the process to be used in data review. The UWES survey results will be scored per the *Utrecht Work Engagement Scale Preliminary Manual* (Schaufeli & Bakker, 2004). The mean score of the subscales vigor, dedication, and absorption will be calculated by adding each subscale's item scores and a total mean value will also be calculated. The scores will range between 0 and 6. Individual norms will be reported as a percentile using five categories as follows, (Schaufeli & Bakker, 2004):

Very high	$\geq 95^{\text{th}}$ percentile
High	$\geq 75^{\text{th}}$ percentile up to 94^{th} percentile
Average	$\geq 25^{\text{th}}$ percentile up to 74^{th} percentile
Low	$\geq 5^{\text{th}}$ percentile up to 24^{th} percentile
Very low	$< 5^{\text{th}}$ percentile (p. 36)

A narrative description of the results will be presented to include a summary of the three subscale totals, total scores, and percentiles. The demographics of the sample such as age, gender, and education will be also be presented.

Results will be discussed and a decision justified of whether to advocate for hospital-wide adoption of individual development planning. It is assumed that by providing individual

development planning to nurses, engagement will increase. It is assumed that the individual attention, management encouragement, involvement in personal development, exposure to opportunities available, and goal setting will result in a high or very high level of nurse engagement.

Significance and Implication for Nursing

The significance and implications of the project results to the profession of nursing will be discussed. The potential significance of the project results may inform future nurse engagement, professional development of nurse leaders, and bedside clinicians. As previously discussed in the literature review, engagement in the workplace has been described as an emotional and functional commitment to the organization in which one is employed, (Carnegie, n.d.), requires energy, involvement, and efficacy, as well as meaningfulness and safety. Engaged employees become high performers, (Carnegie, n.d.). Promoting engagement encourages employees to become emotionally and cognitively committed to their work which adds value and meaning to the experience, (Ramoo, Abdullah, & Piaw, 2013). These employees become emotionally bonded to their organization and are interested in the success of their workplace, (Johns Hopkins, n.d.). According to Johns Hopkins (n.d.), this bond and commitment result in higher productivity, more profits, a safer environment for employees and clients, and decreased absence from work. The environments which encourage engagement experience less turnover and decreased human resource costs. Weimer-Elder (2013) found that research has shown engaged employees may experience a more positive attitude, are healthier, and demonstrate extra-role performance.

The literature has shown a direct relationship between nurse engagement and patient outcomes. Macauley (2015), claims that engaged nurses are more satisfied in their practice and

report feelings of increased motivation. The article (Macauley, 2015) also stated that these nurses show more concern for patient satisfaction, are more actively involved in department activities, and deliver safer quality care. Choi, Bergquist-Beringer, and Staggs (2013) found that engaged, satisfied nurses provided care that led to lower hospital-acquired pressure ulcer rates in an acute care hospital. Ram and Abdullah (2011) discovered that increasing employee engagement can result in higher quality patient care, increased productivity, and increased revenue. Engagement has been shown to decrease absenteeism in the workplace. Soane, Shantz, Alfes, Truss, Rees, and Gatenby (2013), found that engagement had a positive effect on nurses' perception of meaningfulness, which resulted in decreased absences. Should individual development planning indeed increase nurse engagement, the facility, the nurses, and the patients will all benefit.

Conclusion

The DNP nursing leadership project design will ensure that the timeline is prepared and that all of the essential components of the project are addressed. By remaining aware of the ethical and human subject protection issues involved in the project, the DNP nurse leader conducts the project within the guidelines of the nursing profession. This will also adequately prepare the project for submission to the appropriate IRB for approval. The plan for analysis and evaluation of the project is outlined in the design to describe the process to be used in data review. The significance and implications of the project results to the profession of nursing, indicate that increasing engagement of nurses through the implementation of the *Individual Development Planning Pilot* will benefit individuals and groups in the healthcare system.

Analysis of the Results

The individual development planning template (Appendix A) was completed with thirty-one participants and at least one goal was created by each nurse. Demographic information was

obtained during the individual development planning sessions. The participants indicated their age range, number of years as a nurse, and number of years working at the study facility. This information is presented in Figure 1.

Age Range	#	%	# of Years Nursing	#	%	# of Years Facility	#	%
18-25	3	10	0-2	5	16	0-2	15	48
26-35	9	29	2-5	4	13	2-5	2	6.5
36-45	6	19	5-10	7	23	5-10	4	13
46-55	8	26	10-15	2	6	10-15	2	6.5
56-65	5	16	15-20	1	3	15-20	3	10
			20-25	6	19.5	20-25	4	13
			>25	6	19.5	>25	1	3
Total	31	100%		31	100%		31	100%

Figure 1

The majority of the participants were between the ages of 26 and 55 (74%). As to the number of years practicing as a nurse, 40 % of the nurses had over 20 years of experience. Longevity at the facility indicated that 16 % have practiced at the project facility for more than 20 years.

However, 48 % of the staff nurses in the project had only been employed at the project facility for less than two years.

Additional demographics were collected during the individual development planning sessions including the participants’ level of education, whether the nurse was currently in a degree progression program, professional association affiliations, and committee memberships.

This information is presented below (Figure 2.)

Degree	#	%	Currently Enrolled in School	#	%	Professional Nursing Association Member	#	%	Committee Involvement
Associate	7	23	Yes	5	16	Yes	13	42	Yes = 1 3%
BSN	23	74	No	26	84	No	18	58	No =30

									97%
MSN	1	3							
Total	31			31			31		
Total	31			31	10 0%		31	10 0%	

Figure 2

The level of education of the participants is as follows, 23% Associates (7), 75% BSN (26), and 3% MSN (1). Five of the nurses are currently enrolled in a degree progression program and 42% are members of professional nursing associations. Only one participant indicated that she is involved in a committee at the host facility.

Approximately two weeks after completing the individual development planning process the participants were sent an email with a request to complete the post implementation survey via Survey Monkey. The post implementation survey was the Utrecht Work Engagement Scale (UWES) also known as the Work & Well-Being Scale (Appendix B). As of May 1, 2017 twenty-one of the original thirty-one participants in the individual development planning pilot (68%) had completed the survey. The results of the UWES are presented in Appendix C and a discussion of the results appears in the following section.

Discussion of the Findings

Of the thirty-one nurses participating in individual development planning, a wide range of ages is noted. As indicated above, 74% were between the ages of 26 and 55. This includes members of three distinct generational co-horts: Baby boomers (1946-1964), Generation X (1965-1980), and the Millennial generation (1980-2000). There is evidence that an environment which encourages the acceptance of generational diversity in the workplace allows a richer scope for practice (Hendricks & Cope, 2012). In the Nursing Standard (2012), a review of generational research stated that "...age diversity is positive as it gives a broader perspective and offers a

better representation of patient groups,” (p. 9). The breakdown of number of years practicing as a nurse indicates that 16% of the participants have less than two years of experience (novice), 36% between two and ten years’ experience (advanced beginner – competent), 9% from ten to twenty years (proficient) and 12% of the participants have been practicing for more than twenty years (expert). Patricia Benner’s Novice to Expert model is used here to classify various levels of experience of the participants. Dr. Benner’s model can assist in the ongoing career development of nurses (Davis & Maisano, 2016) and according to Bowen and Prentice (2016), this model can inform educational offerings to target specific levels of skill acquisition for nurses.

The longevity question indicates that 48 % of the participants have practiced nursing at the project facility for less than two years. About 20% have been employed at the project facility from two to ten years, 16% from ten to twenty years, and 16% for more than twenty years.

The majority (74%) of the nurses possess a BSN level of education. In an article by Haverkamp & Ball (2013) the authors discuss evidence that indicates a link between higher levels of educational preparation and better patient outcomes. This large proportion of BSN prepared nurses have received education on evidence-based practice, leadership, research, statistics, population health, and nursing management which all result in a well-rounded professional, (Haverkamp & Ball, 2013). Currently five participants are enrolled in degree progressions nursing programs, and 42% are members of professional nursing associations. Nurses who are enrolled in nursing development programs and those who participate in nursing organizations are exposed to continuing education, news, information, networking, community, and advocacy for nursing practice which enhances professional practice, (Virginia Nurses Today, 2015).

The author found it very concerning that only one (3%) participant is currently involved in a committee at this facility. The expertise of bedside clinicians is invaluable to an organization's policy and workflow decisions. According to Milstead (2015) committee involvement is an opportunity for professional nurses to contribute to nursing practice and that each nurse's experience has value to their organization. Committee membership should be encouraged and the secret is to choose a committee of interest to the individual nurse and to become a valuable member through active participation, (Milstead, 2015).

The Utrecht Work Engagement Scale (UWES) (Schaufeli & Bakker, 2004) developed in 1999, is a self-report questionnaire. This survey was first described by Wilmar Schaufeli, a professor of organizational psychology. UWES can be used to explore three dimensions of work engagement. Schaufeli et al. (2002) used vigor, dedication, and absorption for the three dimensions that are described in the literature to evaluate the psychometric aspects of engagement. The website <http://www.wilmarschaufeli.nl/> provides additional information on the work of Dr. Schaufeli and provides samples of the UWES that may be used for non-commercial educational or research purposes only. The only stipulation is that the data obtained from its use be shared with Dr. Schaufeli.

The Utrecht Word Engagement Scale survey is scored by analyzing responses to three sets of questions which reflect respondents' levels of vigor, dedication, and absorption, which are the three constituting aspects of work engagement, (Schaufeli & Bakker, 2004). According to the Preliminary Manual of the Utrecht Work Engagement Scale vigor is assessed by the following six items on the survey, (Schaufeli & Bakker, 2004), (average score also indicated):

1. At my work, I feel bursting with energy. (Item Mean = 4.19)
2. At my job, I feel strong and vigorous. (Item Mean = 4.43)

3. When I get up in the morning, I feel like going to work. (Item Mean = 3.67)
4. I can continue working for very long periods at a time. (Item Mean = 4.38)
5. At my job, I am very resilient, mentally. (Item Mean = 4.62)
6. At my work I always persevere, even when things do not go well. (Item Mean = 4.65)

Dedication is assessed by the following five items (Schaufeli & Bakker, 2004),:

1. I find the work that I do full of meaning and purpose. (Item Mean = 4.95)
2. I am enthusiastic about my job. (Item Mean = 4.46)
3. My job inspires me. (Item Mean = 4.76)
4. I am proud of the work that I do. (Item Mean = 5.50)
5. To me, my job is challenging. (Item Mean = 5.10)

Absorption is measured by six items (Schaufeli & Bakker, 2004),:

1. Time flies when I'm working. (Item Mean = 5.24)
2. When I am working, I forget everything else around me. (Item Mean = 3.40)
3. I feel happy when I am working intensely. (Item Mean = 4.00)
4. I am immersed in my work. (Item Mean = 4.95)
5. I get carried away when I'm working. (Item Mean = 3.81)
6. It is difficult to detach myself from my job. (Item mean = 3.48)

The mean score of the three UWES subscales is computed by adding the scores on the particular scale and dividing the sum by the number of items of the subscale involved.

The vigor subscale mean was calculated as 4.32. According to Schaufeli and Bakker (2004) Vigor refers to high levels of energy and resilience as well as the willingness to invest effort. It is also persistence in the face of difficulties and not being easily fatigued. The mean subscale for this project sample indicates an average level of vigor.

Dedication is described by Schaufeli and Bakker (2004) as a sense of significance experience from one's work, feelings of enthusiasm and pride about one's job, and feeling challenged and inspired by work. The dedication subscale of 4.95 indicates a high level of dedication.

The absorption subscale level of 4.15 indicates an average level of absorption. The authors of the UWES (Schaufeli & Bakker, 2004) refer to absorption as being totally and happily immersed on one's work and having difficulties detaching oneself from work. It is also a feeling that time passes quickly at work and one forgets everything else that is around.

The total mean score is computed by adding all of the scores of each item and dividing by seventeen (total number of items). The mean total is 4.45 which indicates an average level of engagement. A high level of engagement would have been met if the total mean had reached 4.67 which indicates that the sample was approaching high levels of engagement.

Significance/Implications for Nursing

The individual development planning process is effective in providing encouragement and demonstrating care for nurses. Participants verbalized excitement at receiving guidance on individual development and readily shared their goals with the author. Each professional nurse deserves individual attention and nursing leaders should utilize individual development planning with their staff annually. Providing this type of individual attention increases development, encourages growth, decreases turnover, and creates a positive work environment.

The results of the UWES, which was completed several weeks after the individual development planning session, indicate that an average level of engagement was measured among the participants who completed the survey. The mean total level of 4.45 was only .22 away from the level indicating high engagement. Since engagement has been shown in the

evidence to improve patient care, efforts such as individual development planning, must be implemented to continually increase engagement.

The highest level of nurse engagement identified in this project is dedication. This indicates that the participants experience feelings of pride, enthusiasm, inspiration and loyalty to nursing as a profession. Dedicated nurses understand the importance of their care and rise to challenges. The individual development planning process provides access to professional growth opportunities which allow participants to experience significant satisfaction through engagement.

Limitations of the Project

The limitations of this individual development planning pilot project include the small sample size (31) of participants practicing on a medical surgical nursing unit. This limits the generalizability of the project to nurses employed in other specialties. Each one-on-one planning session requires approximately thirty minutes to complete. The time requirement was a barrier to participation for several nurses. The UWES survey was completed by only twenty one of the participants (68%). The results therefore do not include the opinions of all of the nurses who completed the individual development planning process. The organization concurrently sent invitations to all staff nurses to participate in an educational needs assessment via Survey Monkey which may have caused confusion to the participants who had received multiple survey invitations.

The facility at which the project was conducted recently transitioned to a triad model of nursing which consists of two registered nurses and one certified nursing assistant caring for ten patients as a team. Post implementation surveys completed by the organization indicate that the triad model has impacted nurse satisfaction and patient outcomes in a positive way which may also have had an effect on nurse engagement. The organization is also implementing shared

leadership and has undergone a recent nursing leadership restructure. The current chief nursing officer has increased effective communication throughout the nursing division and has placed achievement of Magnet status as a core goal. All of these actions may have caused an increase in nursing engagement that cannot be attributed to the individual development planning pilot.

Areas for Further Dissemination

The author recommends that the individual development planning process be implemented throughout the nursing division at the project site. It is a simple template that can be used by nursing leaders to guide their staff in identifying specific areas of interest and assist in setting goals. The process can be used for any type of employee and the template can be designed for any career type. The results of the project will be submitted to several DNP project repositories and the author will create an article from the project to be submitted to *MEDSURG Matters* nursing journal.

The individual development planning process is an activity that may best be measured qualitatively. Further research is needed to identify themes and nursing values that were experienced by the author and participants during the process. Nurse satisfaction and patient satisfaction surveys may also be used to measure the positive effects of individual development planning within the acute care setting.

Conclusion

The purpose of this DNP project is to translate evidence-based nursing research on increasing nurse engagement to the acute care practice environment. It is important to engage nurses in their own development and by empowering frontline staff to assist in the development and implementation of new procedures and practices, professional nurses can improve care at the

bedside. As leaders in nursing the advanced practice nurse should provide support to those who want to explore opportunities that will enhance professional practice and job satisfaction. The development of specific nursing goals for individuals promotes personal and professional growth among nursing staff which has been shown to increase engagement, (Malinen, Wright, & Cammock, 2013). Designing an individual development planning pilot that encourages nurse leaders to assist in the development of individual goals that is easy to use, opens the door to opportunities within the hospital and involves nurses at all levels of decision making improves nurse engagement. The individual development planning pilot project results indicate that nurse engagement was found to be at the high average level, approaching high levels of engagement.

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