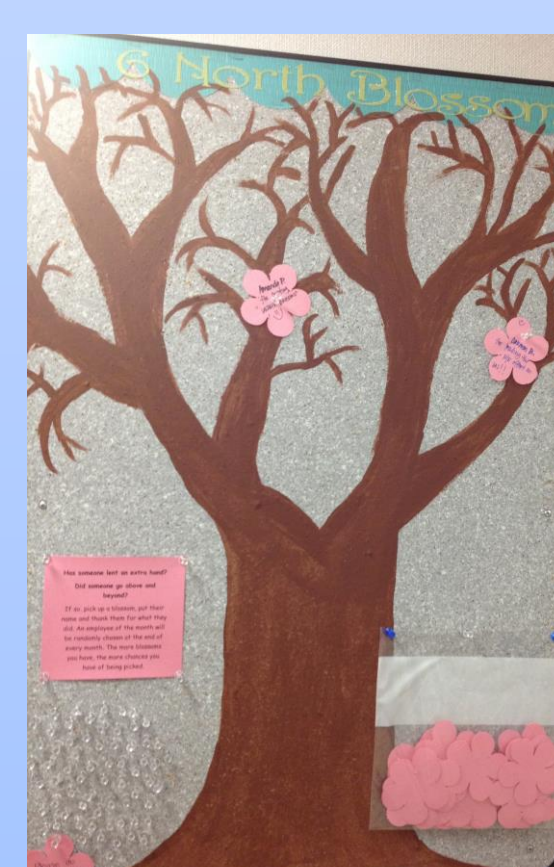


In 2011, our population, staff, and census changed overnight with the new hospital opening. In the weeks following the hospital move, team spirit was at an all time low. Developing employee potential and morale required a cultural transformation that inspired employees to learn, grow, and give their best. We have transformed our unit's culture through six conditions required for empowerment as outlined by Kanter's theory on structural empowerment.

## Access to Support

Support is defined as the guidance and feedback received from peers, subordinates, and supervisors to improve effectiveness.

- Mentor Program:** Every new RN resident has a mentor that they are able to seek out and see during their six months of orientation. It is an unbiased and protective area in which they are allowed to vent, discuss problems, or share successes.
- Rehab Team Building:** A monthly meeting in which nursing, therapy, management and the rehab Attending come together to discuss things that are working/not working and ways to make improvements. This improves communication and promotes team spirit.
- Management and peer encouragement to increase the number of CRRNs on the unit:** Our hospital provides reimbursement for obtaining a certification. There is also a study guide made by one of our own nurses to help and encourage others to take the test.
  - This year we increased our certification from 5 to 11 staff members and more staff are studying for the CRRN exam now.
- Increase in nominations for hospital and unit awards- GEM, DAISY, and blossom tree:** In surveys taken, staff always say that being appreciated by the hospital, management, or staff is the best motivational factor.



- There have been 5 GEM Awards, 3 DAISY Awards, and 1 Nursing Excellence award (and several nominations).

- Our blossom tree was started by one of our nurses in an effort to recognize staff throughout the shift. At the end of the month the blossoms are gathered, a name is selected randomly, and that person is our employee of the month.

## Opportunity for Advancement

Opportunity is defined as the chance to increase knowledge, skills, and mobility

- All Service Aides cross trained to the role of Unit Assistant**
- RNs rotate through hospital collaborative governance committees:** A two year commitment in which they are nominated by their peers to serve on a hospital based committee.
- Increased number of RNs trained to the role of charge nurse:** With the change of the unit and split in the staff, there was a need to orient more charge nurses. RNS are continuously monitored for the leadership skills necessary to be a relief charge nurse.
- Clinical ladder:** an opportunity for advancement.

## Access to Information

Access to information is described as data, technical knowledge, and expertise to perform the job.

- RN & LVN Didactics and skills lab:** Annual event
- Patient Care Service Aide skills lab:** Annual event
- Data boards from collaborative governance**
- Committee for orientation of rehab staff to acute floors and equipment before floating**
- Nursing huddles:** Occur at the beginning of every shift and led by the charge nurse, to provide staff with announcements and any pertinent information occurring on the unit (i.e. admissions, visitor restrictions, new policies, mandatory education, isolations, etc).
- Care progression rounds:** Charge nurse, MD, and therapy team review all the inpatient rehabilitation patients, discuss any new issues, and assess anticipated date of discharge.
- CRRN study guide**
- Chemotherapy, PALS, BLS is mandatory for patient care. Certification is paid for by the hospital.**

## Formal & Informal Power

Formal power is derived from relevant jobs that allow the nurse to have flexibility, visibility, and, creativity.

Informal power is described as effective relationships with peers, subordinates, and superiors within and outside the organization

- Recruitment and Retention Committee-** Group of staff who are involved in planning potlucks and organizing events for staff (i.e. Christmas party, baby showers, wedding showers, etc.).
- Celebration of National Rehabilitation Week starting in 2012:** Now an annual event in which there is a week of activities for staff and an increase in hospital awareness about various rehab topics. Therapy and nursing work together by creating posters for the display. At the end of the week, nursing, therapy, and the leadership team, present a rehab patient case-study at grand rounds.
- Step contest:** Therapy and nursing were combined into two different teams, everyone wore their pedometer during working hours. The team with the most steps won a gift at the end of three months.
- Shared authority:** Management shares authority with staff by involving them in such activities as creating their own schedules and having input in unit processes.
- A transparent management team with management and lead nurses**

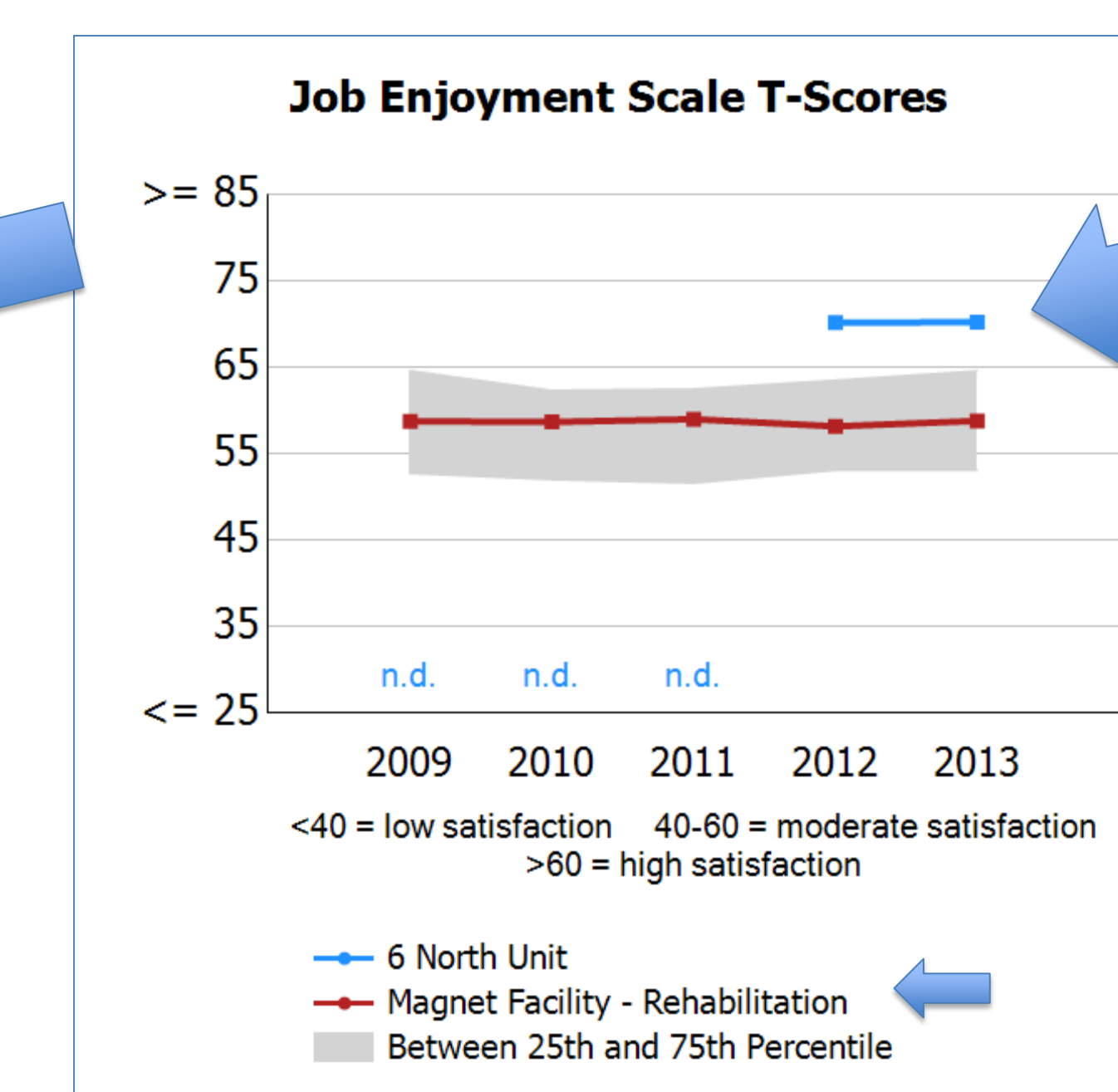
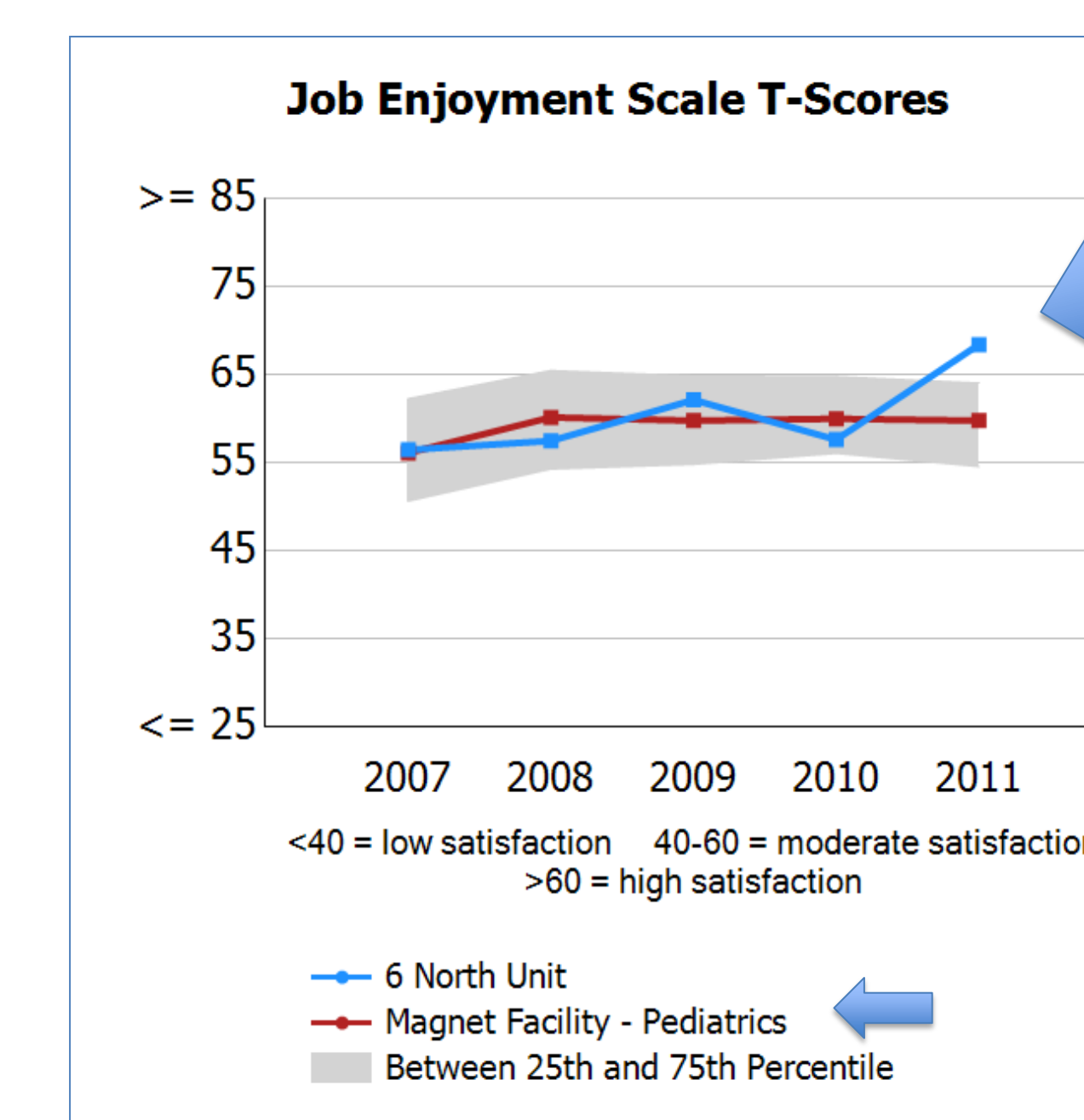
## Access to Resources

Access to resources is having the ability to acquire supplies, equipment, and personnel to perform the job

- Reimbursement for certifications**
- New safe patient handling equipment with staff as super users**
- CRRN software**
- Staff get surveyed about equipment needs or a unit wish list**

## 6 North RN Survey Report

Survey Year	2010	2011	2012	2013
Average Unit Response Rate (%)	96	96	100	100
# of Responses	46	27	34	40
# of Eligible Respondents	48	28	34	40
Survey Instrument Option	Practice Environment Scales	Practice Environment Scales	Practice Environment Scales	Practice Environment Scales
Unit Type	Pediatrics	Pediatrics	Rehabilitation	Rehabilitation
Comparison Group	Magnet Facility	Magnet Facility	Magnet Facility	Magnet Facility



National Database of Nursing Quality Indicators ®

As you can see from the above tables, our unit became solely rehab in 2011 and our job enjoyment scales increased drastically. From 2012-2013, the NDNQI scale was based on Magnet Facilities for Rehabilitation only, and our job satisfaction continued to rise and remain well above the average scale

## Practice Environment Scale Mean Scores

	2009	2010	2011	2012	2013
<b>6 North Unit</b>					
Hospital Affairs	n.d.	n.d.	n.d.	3.27	3.32
Quality of Care	n.d.	n.d.	n.d.	3.43	3.53
Nurse Manager	n.d.	n.d.	n.d.	3.29	3.38
Adequate Resources	n.d.	n.d.	n.d.	3.35	3.35
RN-MD Relations	n.d.	n.d.	n.d.	3.38	3.38
<b>Mean PES Score</b>	n.d.	n.d.	n.d.	3.34	3.39

The higher the score, the more positive the rating on a scale of 1-4