Encouraging engagement at work to improve retention

Sarah Tillott and colleagues explore how a social interaction tool can help managers recruit and retain staff, and boost patient care.

Abstract

Similar professional standards link nurses together but healthcare professionals practise across a variety of areas and have different experiences of the workplace. It cannot be assumed that a positive experience in one setting will be replicated in another, even if it is in the same organisation. This article explores the factors that affect workplace culture and outlines the rudiments underpinning nurse engagement from a work perspective.

It also analyses staff engagement in the health service sector by examining the status, certainty, autonomy, relatedness and fairness (Scarf) model, and demonstrates the relevance of this framework.

Keywords

Nursing, workplace culture, engagement, Scarf model, empowerment, satisfaction

NURSE RECRUITMENT and retention represent a constant battle for the global healthcare industry (Greco et al 2006). In Australia, for example, 13,500 newly registered nurses are required each year up until 2016 to meet the current demand for nursing services (Hogan 2004). Nursing shortages put stress on healthcare systems and reduce nurses’ morale and engagement (Greco et al 2006, Lindy and Schaefer 2010) so staff retention strategies and relevant ways of improving workplace culture are important.

A search of the literature was carried out to better understand nursing and engagement. The search revealed that the word ‘engagement’ is often accompanied or represented by terms such as ‘workplace satisfaction’ or ‘workplace empowerment’.

The independent inquiry into care at Mid Staffordshire NHS Foundation Trust (Francis 2010) referred to the ‘culture’ of the trust and cited bullying, target-driven priorities, disengagement from management, low staff morale, isolation, lack of openness, acceptance of poor standards of conduct, and denial as non-conducive to the provision of good care for patients or supportive working environments for staff.

Researchers agree that there is a relationship between empowerment, workplace satisfaction and nurse engagement (Greco et al 2006). When nurses feel empowered they are most likely to perceive that they have reasonable workloads, can maintain control over their working relationships, feel rewarded and treated fairly for their contributions, and can maintain a link between personal and organisation values. As a result, these nurses are less likely to experience burnout and more likely to be engaged in their work.

Positive interaction

Engagement can be characterised by energy, involvement and positive interaction in the workplace, and researchers have found that engaged employees help organisations perform better (Ghadi et al 2010). Engagement is regarded as an important concept for enhancing staff recruitment and retention. However nurses’ ability to maintain high levels of engagement is too often hampered by increased workload, increased overtime and other factors that negatively affect workplace culture (Greco et al 2006, Yamada 2008).

Workplace culture is a broad term that includes organisations and employees. Manley (2008) states that several important elements must be present to develop a culture of effectiveness. These include:

- Shared governance.
- Role clarification.
Art & science | workplace culture

Nurse leaders can influence staff perception of, and response to, their workplace and peers, which affects the quality of care they provide

- Transformational leadership.
- Open communication.
- Teamwork.
- Safety.
- Person-centredness, support and challenge.
- Lifelong learning.
- Involvement and participation by stakeholders.

Workplace culture is linked to staff experience, wellbeing and commitment (West et al 2006, New South Wales (NSW) Department of Health 2009, NHS Institute for Improvement and Innovation 2010), and numerous authors have identified and discussed the factors that affect culture and consequently engagement (Box 1).

In the healthcare industry, workplace culture affects employees and patients. Manley et al (2011) describe how ‘toxic’ cultures have serious implications for patient outcomes and staff wellbeing. Griffin (2004) and Longo (2007) report that high levels of sick leave, poor staff retention, medication errors and the psychological ill health of employees are some of the consequences of poor workplace cultures.

The exact cost of low staff retention and high sick leave attributed to poor workplace environments is difficult to measure. However, the literature indicates that these issues have a significant effect on staff and care provided in these organisations (Griffin 2004, Longo 2007).

Plakhotnik et al (2011) think that organisational culture exists at three levels, namely ‘artefacts, values and underlying assumptions’. They define artefacts as what people feel and observe when experiencing the culture of an organisation, while values are the goals and principles of the people in the organisation. These characteristics include underlying assumptions of the unconscious and taken-for-granted beliefs that define the values and actions of an organisation (Manley et al 2011, Plakhotnik et al 2011).

At a macro level, engagement and workplace culture can be informed and influenced by systems and structures of organisations, but at a micro level employees inform and influence the environment (Manley 2008).

Behaviour and values
A literature search of the determinants of workplace culture reveals the importance of reviewing and managing individuals’ behaviours and values. For example, Braithwaite et al (2007) state that personal values expressed in the workplace account for a large proportion of negative behaviour.

In general, negative behaviour involves traits such as ‘projecting blame, self-shielding and outmanoeuvring peers’ (Braithwaite et al 2007) and is often triggered in individuals when they feel threatened or unsafe. These behaviours then contribute to a decline in workplace engagement and negatively affect workplace culture.

Greco et al (2006) and Manley (2008) discuss the role of nurse leaders in creating cohesive and collaborative environments, and state that they can significantly influence staff perception of, and response to, their workplace and peers, which consequently affects the quality of care they provide.

Hogan (2013), in her phenomenological doctoral thesis, examined the links between Australian registered nurses’ commitment and organisational retention, and found that nurse managers play a major role in influencing workplace culture.

The complex nature of individuals and the attributes that inform their perceptions can be difficult to manage; for example, what one person perceives as a threat might be interpreted...
by another as insignificant. Different interpretations and perceptions of common events can bring about diverse reactions. These differences can prove to be a challenge when interpreting environments and developing workplaces so that they can be experienced positively by all staff. Manley (2008) suggests that emphasising the need to share a common vision, a set of values and principles will enhance workplaces and the level of care provided.

Creating healthcare environments that are conducive to providing and promoting optimal patient and staff outcomes requires a change in the systems and structures that govern the existing culture, with an emphasis on cultural change.

Meleis (1997) describes how assumptions are embedded in personal beliefs and values about a phenomenon and at times are not completely in line with others’ perspectives. This suggests that one person’s assumptions, values or morals might or might not represent the team’s shared belief. Interpretation and perception can be challenging for nurses to measure and predict because of the many influencing variables. Another look at how individuals affect and are affected by their environments could help gain insight into how perception and experience influence organisations and cultures.

If positive workplace environments are to be created and sustained, all employees must have a common orientation and purpose. However, barriers arise when there is lack of consensus or cohesion on common principles because of different interpretations of the organisation’s actions or attributes (Plakhotnik et al 2011). Therefore, positive workplace cultures can be achieved only through development of a framework that generates shared understanding of the environment and accounts for misunderstandings (Manley et al 2011, Plakhotnik et al 2011).

The potential benefits of such a framework include giving greater insight into human behaviour, and allowing healthcare settings to understand how these fundamental elements contribute to the overall culture and how they affect nurses’ engagement with their workplaces. One framework to achieve this is ‘status, certainty, autonomy, relatedness and fairness’ (Scarf) (Rock 2008), which is discussed below.

**Scarf framework**
The Scarf framework consists of the five domains that designer David Rock says govern either a threat or reward response in individuals and underpin the level to which people engage with their environments (Rock 2008) (Box 2). The brain responds to behaviours that are either experienced as threats or rewards stimuli (Gordon 2000). Stimulation of the reward pathway results in a pleasurable response and the release of dopamine in the central nervous system, which prompts humans to seek out rewarding encounters (Gordon 2000, Rock 2008).

Conversely, when the neurobiological pathways recognise a perceived threat, the response is avoidance (Friedman and Foster 2001). The threat and reward response appears to describe the basic and intuitive way that many creatures respond to their environments.

Rock’s five domains – status, certainty, autonomy, relatedness and fairness – also align with emerging themes from recent research that has attempted to identify the major influencing determinants of workplace culture and nurse engagement.

**If positive workplace environments are to be created and sustained, all employees must have a common orientation and purpose**

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<tr>
<th><strong>Box 2</strong> Scarf: a brain-based model for collaborating with and influencing others</th>
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<td><strong>Status</strong></td>
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<td>Raising the status or profile of workers through recognition of tasks or work well done; even the smallest compliment or recognition can achieve this. Status can contribute to workers feeling valued. If managers take a hierarchical approach, creating a strong sense of dominance over staff, it can promote fear. Sharing roles and tasks can make staff feel valued.</td>
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<td><strong>Certainty</strong></td>
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<td>Creating certainty in the work can help staff to meet expectations, which can generate a sense of reward.</td>
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<td><strong>Autonomy</strong></td>
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<td>Allowing staff to be part of the decision-making process, for example, by encouraging managers to meet monthly with staff and discussing concerns and ideas together and find ways to improve practice.</td>
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<td><strong>Relatedness</strong></td>
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<td>Employees need to be able to trust colleagues and managers and see managers role modelling behaviour. All employees are treated fairly and gossiping about staff is not tolerated. Monthly activities that create a sense of belonging could be implemented here.</td>
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<td><strong>Fairness</strong></td>
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<td>Encouraging transparency in the workplace by, for example, offering open-style meetings where managers and staff can discuss ideas and solutions together.</td>
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(Rock 2008)
Nurse managers are undoubtedly aware of the need to create positive workplace environments and the Scarf model can provide them with greater insight into how workplace culture is shaped through their actions, behaviours and managerial processes.

Incorporating elements of the framework into nursing practice could begin with the creation of more transparent managerial processes. Practices could include speaking to staff about how and why decisions are made and what accountability and obligations managers are under to ensure that outcomes are met. This process encourages leaders to take a more open-style approach to management and gives employees an idea of how the decision-making process is conducted.

Transparency in this form may reduce misperception among staff and promote a sense of fairness encouraged by an atmosphere of inclusion. Including staff may also help reduce the hierarchical dominance perceived in the clinical environment. This process may also encourage staff collaboration, autonomy and shared vision.

It is imperative that nurse managers assess and address their workplace environment and using the Scarf framework may help them to gain a clearer understanding of the issues in the workplace.

Domain implementation
Nurse managers may find it beneficial to implement one framework domain at a time. For example, the nurse manager may start by inviting staff to document issues that trigger feelings of uncertainty, or conversely, those that promote a sense of certainty in the workplace. This can be done anonymously.

There is no one way to apply the framework. Scarf provides the domains for identifying what triggers the threat and reward pathways. Using the Scarf framework can and should be tailored to the culture, which requires creativity and understanding on the part of nurse managers. It is essential that staff feel safe and rewarded when providing information otherwise the benefits of the framework will be lost and staff may feel threatened.

Strategies using the Scarf framework can then be implemented, helping to reduce the adverse effects of negative cultures, such as medication errors and increased sick days (Braithwaite et al 2007, Lindy and Schaefer 2010). The framework can also improve the ability of nurse managers to create outcomes that are solution focused through knowledge of the elements that trigger the threat and rewards pathways.

Box 3 links some of the work undertaken in this field to the Scarf domains.

A transformational leader focuses on strengths, identifies weakness, re-examines ideas, motivates, acts as a positive role model and fosters confidence and competence in staff. Transformational leadership can change nursing culture by creating awareness of the factors that improve environments (Stewart 2010) and so help retain nursing staff. In addition to what is already known, the Scarf framework offers further insight into the factors that trigger threat and reward pathways.

The retention of nurses is considered a major responsibility for nurse managers, however it is becoming increasingly difficult as their tasks and responsibilities increase (Hogan et al 2007).
By understanding the Scarf domains, nurse managers can implement strategies to affect the workplace culture positively while encouraging workplace camaraderie, employees’ self-esteem and staff retention. According to Brown (1998), ‘it is not the systems and the structure that should be the focus of organisations but rather the people whom operate within the culture’. This theory underpins the Scarf model.

Conclusion
There is consensus in the literature that culture plays a major part in the recruitment and retention outcome. People interact with their environments in various ways and are often directed by their response to threat or reward, two characteristics that negatively or positively affect workplace culture.

Drawing on current knowledge and evidence, it is reasonable to suggest that status (relative importance to others), certainty (ability to predict the future), autonomy (a sense of control over events), feelings of relatedness (a sense of safety with others) and being treated fairly (perceptions of fair exchange between people) can trigger feelings of being rewarded, which can then contribute to better nurse engagement and consequently affect their work environment.

Scarf provides a framework for managers to reflect on individuals’ characteristics, and those created as a result of the workplace culture, to enhance their understanding of the factors that either engage or disengage staff. Leaders can then implement strategies that support positive workplace cultures resulting in increased nurse retention and better patient outcomes.

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Conflict of interest
None declared