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Transforming Care at the Bedside: A Model to Promote Staff Nurse Empowerment and Engagement

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Transforming Care at the Bedside:

A Model to Promote Staff Nurse Empowerment and Engagement

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Abstract

Healthcare environments need to focus on how to empower and engage staff nurses during these times of decreasing resources and increasing demands to support the creative ability of health care teams to give safe, quality patient care. A review of the literature reveals the factors of structural empowerment, transformational leadership, person-job fit, and personal resources as areas that organizations, leaders, and nurse professional development educators can modify to promote nurse empowerment and engagement. A proposed systems model of nurse empowerment and engagement depicts the relationship between the factors (structure) that promote empowerment and engagement (process) which leads to an increase in nurse-job satisfaction, improved professional performance, and empowered peers and teamwork; which ultimately lead to an increase in quality patient care, empowered and satisfied patients, productivity, positive healthy work environments, effective education of next generation of nurses, high professional standards of nursing practice, and encouragement of lifelong learning (outcomes). These outcomes of excellence re-energize the process of nurse empowerment and engagement, creating a self-generating cycle of positive energy and motivation that is contagious to the healthcare team, and serve as a catalyst that strengthens and renews the healthcare system.

Healthcare organizations are in flux. With the 2010 Affordable Care Act overhauling the healthcare reimbursement system to reward value (Kocher, Emanuel, & DeParle, 2010) it is more important than ever that patients receive quality care. This issue is compounded by the fact that the largest part of the healthcare workforce is registered nurses (RNs) and it is estimated that by 2020 there will be a deficit in RNs by 20% (Buerhaus, Staiger, & Auerbach, 2000). The ongoing nursing shortage coupled with the complex working environments that nurses work in makes it difficult for nurses to remain empowered and engaged. More than 40% of hospital staff nurses score in the high range for job-related burnout, and more than 1 in 5 hospital staff nurses say they intend to leave their hospital jobs within 1 year (Vahey, Aiken, Sloane, Clarke, & Vargas, 2004). So the problem is not only how to retain nurses, but how to help them thrive in the demanding, stressful environments they work in to achieve the desired high quality care the profession and society demands.

With burnout rates so high and demands increasing, nurses must remain motivated and engaged for healthcare organizations and the nursing profession to stay viable, and to keep patient care safe. In these difficult economic times with decreasing overall resources there is a need to work more creatively, but how do emotionally exhausted nurses accomplish this? What are the factors that promote staff nurse empowerment and engagement which transform care at the bedside? The purpose of this paper is to examine the factors that promote staff nurse empowerment and engagement in order to develop strategies for healthcare organizations, leaders, and professional staff nurse educators. It is also the goal of this paper to investigate the role of the nurse professional development (NPD) educator regarding these factors and their implications for nurse empowerment and engagement which ultimately lead to a positive working environment and high quality care.

Project Focus

Nurse Engagement and Nurse Empowerment

A working definition of engagement is taken from Schaufeli and Bakker (2004, as cited in Laschinger, Wilk, Cho, & Greco, 2009): "a positive, fulfilling, work-related state of mind that is characterized by vigor, dedication, and absorption" (p. 638). Engagement then includes the idea of high energy, motivation, and persistence to do great work. These are the characteristics needed to thrive, not just survive, in today's healthcare environment. Therefore, engagement is considered the opposite of burnout (Laschinger et al., 2009), which depicts a picture of exhaustion and being consumed. Nurse engagement is not only defined in terms of job satisfaction, although satisfaction with one's job may be either a contributing factor to engagement or the outcome of being engaged. Job satisfaction means to like one's job. Being content with one's job often times contributes to positive outcomes, but nurse engagement is part of a process of re-energizing and staying empowered, much more than merely liking one's job. Nurse engagement is part of a cycle of re-generating energy with positive antecedents and positive outcomes that inspire one to grow and improve oneself and the healthcare environment.

Nurse empowerment is having the ability and power to act professionally. The Encarta/English dictionary's (2012) definition of empowerment is having a greater sense of self-esteem or confidence, control over one's life, or power to do something. Knon and van Linge (2009) reported that "nurses who experienced higher levels of psychological empowerment engaged in more innovative behaviors such as recognizing problems, generating ideas, mobilizing support and implementing their ideas" (as cited in Purdy, Laschinger, Finegan, Kerr, & Olivera, 2010, p. 903). Therefore, nurse empowerment is characterized by the ability to engage in more positive and productive behaviors as a result of the individual's perception of

self-efficacy and competence to meet the demands of the job. This includes self-determination

and a sense of control over one's work (Purdy et al.).

Nurse Engagement, Empowerment, and Quality of Care

Employee engagement is described extensively in the general management literature and

to a lesser extent in nursing as a strategy for increasing job satisfaction and performance

(Laschinger et al., 2009). Schaufeli and Bakker (2004, as cited in Laschinger et al.) state that

engaged employees are more productive and satisfied, reporting higher levels of well-being and

health. Simpson (2009b) affirms that several service disciplines have demonstrated significant

relationships between engagement at work and job performance. Evidence also supports that

nurse engagement in the workplace is related to increase in quality care and performance. This

finding is supported by many researchers (Cho, Laschinger & Wong, 2006; Greco, Laschinger,

& Wong, 2006; Simpson, 2009a) who report that engagement is a critical element in patient

safety and preserving the quality of care. Engaged nurses "feel a sense of ownership, loyalty,

and dedication to create a safe environment for patients and an effective and efficient working

environment" (Tim, as cited in Gokenbach & Drenkard, 2011, pp. 91-92). Furthermore, current

evidence suggests that nurse engagement is related to high quality patient care and improved

performance. With the ultimate goal of safe, quality care, identifying strategies to help nurses

stay engaged needs to be addressed.

Nurse empowerment has also been positively related to overall quality of performance

and patient care. Laschinger et al. (2009) argue that high-quality care is dependent upon an

empowered nursing workforce that enacts professional nursing standards. Having the ability and

confidence to be persistent and resilient in stressful healthcare environments to continue to give

quality care is the result of empowerment. Cho et al. (2006) state that it is critical to identify the

factors that promote both empowerment and engagement as the precursors to high quality patient care. They also refer to the work of Kanter (1977, 1993, as cited in Cho et al.) asserting that empowered employees find more meaning in their work and are more highly motivated; qualities that lead to achievement of work goals, empowerment of peers, and increased organizational effectiveness. Several researchers have found a strong relationship between empowerment and job satisfaction (Laschinger, Finegan, Shamian, & Wilk, 2004; Ning, Zhong, Libo, & Qiujie, 2009; Sarmiento, Laschinger, & Iwasiw, 2004). Stichler (2008) agrees that many researchers have demonstrated a connection between empowerment and job satisfaction, intent to stay, and trust. According to Stichler, this sense of engagement and empowerment is the critical difference that gives healthcare employees a sense of power and accountability in the work that they do. Increased job satisfaction, along with empowered teamwork and confident professional performance, leads to high quality patient care.

Burnout versus Engagement and the Need to Identify Contributing Factors

According to Laschinger and Leiter (2006), burnout has been studied broadly in nursing. Citing studies conducted by Aiken, Clarke, Sloane, Sochalski, and Silber (2002), Clarke et al. (2001), and Bakker, Killmer, Siegrist, and Schaufeli (2000); Laschinger and Leiter suggest that burnout is a costly problem for both organizations and individuals, and prevention is important. Most of the research addressing nurse burnout has to do with nurse retention and reduction of staff turnover because of the high cost to organizations, but what about the effects on quality care? If Maslach and Leiter (as cited in Laschinger & Leiter) describe burnout as representing an erosion in dignity, spirit, will, and values that puts people in a downward spiral over time that contributes to chronic emotional exhaustion, detachment from work and cynicism; what happens to the work environment and patient care when the nurse stays? With current healthcare trends,

the main concern can no longer just be retention, but how to keep nurses engaged and motivated

to provide accountable, safe care, possibly even with less resources. If engagement and burnout

are considered opposites (Laschinger et al., 2009), the concern then focuses on the staff nurses

that remain in stressful positions, but are unable or unwilling to uphold high standards of

professional nursing practice. This leads to poor quality patient care and dysfunctional working

environments. This reality is supported by Laschinger and Leiter (2006) who concluded that

patent safety outcomes are associated with the quality of the nursing practice environment and

that engagement/burnout plays a mediating role. With this in mind, the need to identify factors

that promote nurse engagement becomes critical to ensure that patient care is not compromised

in the complex environments where staff nurses practice. Garrosa, Moreno-Jimenez, Rodriguez-

Munoz, and Rodriguez-Carvajal (2011) concur that there is little previous research on the

precursors of nursing engagement.

Relationship to Nurse Educator Practice

Examining the factors that promote nurse engagement and empowerment opens doors of

opportunity to assist new and experienced nurses to practice and grow in complex, evolving

work environments. Identifying factors that contribute to nurse engagement and empowerment

has many implications for nurse educators both in the practice environment and the student

clinical environment.

Standards of Practice Informing Identification of Factors

Nursing professional development: Scope and standards of practice. Nurse

educators in professional development roles promote nurse engagement and empowerment in the

clinical practice setting by enacting the "Standards of Practice for Nursing Professional

Development" (see Appendix A; American Nurses Association [ANA] & National Nursing Staff

Development Organization [NNSDO], 2010). The Nursing Professional Development (NPD) standards of practice 2, 3, 4, and 5 focus on identifying trends and outcomes in healthcare and then strategically planning and implementing approaches to support the needs of individuals and organizations inform the work of this paper. Recognizing the difficult environments that nurses work in today and being aware of their needs and capabilities is important to understand so that learning can be effective. Bombarding nurses with extensive training and information will not be effective if they are not engaged or empowered to use the knowledge and skills they acquire.

The NPD standards of professional performance 7, 10, 11, and 13 guide this paper. Standard 7: Quality of Nursing Professional Development Practice is the basis behind identifying factors that promote nurse engagement and empowerment because the expected outcomes of improved quality care and professional standards of nursing practice are directly enhancing the quality of the nursing profession. As a nurse facilitator in professional development, Standard 10: Collegiality is enacted by establishing partnerships with leaders to identify and employ factors to help promote nurse engagement and empowerment that leads to teamwork and engaged mentors contributes to the development of peers and students. Standard 11: Collaboration is demonstrated by the need to collaborate with nursing, interdisciplinary teams, and leaders to encourage engagement and empowerment and thus, facilitate quality nursing practice to achieve positive outcomes for patients. As a nurse educator in professional development and acting change agent, searching for answers that will not only improve the professional development of nurses, but the overall quality of the work environment and patient care reflects the NPD Standard 13: Advocacy.

Core competencies of nurse educators. The *Core Competencies of Nurse Educators* (see Appendix B; National League for Nursing, 2005) also inform this paper. Core Competency

5: Function as a Change Agent and Leader and Core Competency 6: Pursue Continuous Quality

Improvement in the Nurse Educator Role specifically reflect the actions of the nurse educator

who identifies factors that promote nurse engagement and empowerment as a critical aspect of

nurse professional development. The nurse educator realizes that if nurses are going to continue

to be able to survive and grow in the current complex practice environments, a new learning

environment is needed. This is accomplished by addressing the issues of engagement and

empowerment, and by creating a preferred future for nursing practice and development as a

leader and change agent. To be able to meet these challenges and make these difficult changes,

the nurse educator realizes and enacts the ongoing commitment to quality, as well as the need to

remain engaged and empowered.

Core competencies for interprofessional collaborative practice. The *Core*

Competencies for Interprofessional Collaborative Practice (see Appendix C, Interprofessional

Education Collaborative Expert Panel, 2011) is the basis for addressing issues in the practice

environment as a collaborative healthcare team. The current issues with nurse empowerment and

engagement can best be viewed in the context of the entire healthcare environment. Although all

four competency domains of Values/Ethics (VE), Roles/Responsibilities (RR), Interprofessional

Communication (CC), and Teams and Teamwork (TT) contribute to this, specifically the

following competencies support the proposed systems model in relation to the strategies and

factors that promote nurse empowerment and engagement. The proposed model's hypothesis

that nurse empowerment and engagement contribute to an empowered environment with

increased teamwork that leads to quality nurse and patient outcomes is also supported by the

following competencies.

- RR3: Engage diverse healthcare professionals who complement one's own professional

  expertise, as well as associated resources, to develop strategies to meet specific patient

  care needs.

- RR8: Engage in continuous professional and interprofessional development to enhance

  team performance.

- CC4: Listen actively, and encourage ideas and opinions of other team members.

- TT3: Engage other health professionals-appropriate to the specific care situation-in

  shared patient-centered problem-solving.

- TT5: Apply leadership practices that support collaborative practice and team

  effectiveness.

- TT8: Reflect on individual and team performance for individual, as well as team,

  performance improvement.

- TT9: Use process improvement strategies to increase the effectiveness of

  interprofessional teamwork and team-based care.

- TT10: Use available evidence to inform effective teamwork and team-based practices.

National League for Nursing. The National League for Nursing (NLN, 2010)

recommends collaboration between education and practice to close the theory-practice gap in

these challenging times. The NLN (2010) suggests that the purpose of nursing education is the

formation of nurses and this is the shared responsibility of both academia and the nursing

practice environment. As a nurse educator in professional practice, identifying the factors that

promote nurse engagement and empowerment will assist with the ongoing formation of not only

the clinical environments that students learn in, but the practicing environments that new nurses

enter into. The formation of new nurses will benefit in that engaged staff and preceptors will be

involved in process and quality improvement, striving for excellence and evidence-based

practice. Energy for critical thinking and productive clinical reasoning will improve patient

outcomes and the education of new nurses. Engaged nurses will want to mold and teach the next

generation of nurses, incorporating this as part of their professional responsibility. These

healthy, vigorous practice environments will be an extension of the NLN's *Education*

Competencies Model (Appendix D) used in academia, supporting program outcomes of human

flourishing, professional identity, nursing judgment, and spirit of inquiry (NLN, 2010).

Theories Supporting Identification of Factors that Promote Engagement/Empowerment

The processes of identifying factors that promote staff nurse engagement and

empowerment are based in the humanistic learning theory. Humanistic learning theory is a

motivational theory (Braungart & Braungart, 2008). This theory emphasizes enthusiasm,

initiative, and inquiry. Identifying what motivates staff nurses to want to learn and grow in their

practice and profession is the basis of what a nurse educator in a professional staff development

role needs to know to be effective. Organizational initiatives and education can be proposed, but

unless nurse educators and nurse leaders are aware of what really motivates the nurses to engage

in these initiatives and opportunities to improve care and the process environment, little progress

is made and initiatives fail. Without enthusiasm or self-initiative, nurses will not strive for

excellence that contributes to positive patient and nurse outcomes. Learning and growth are

stagnant.

The educational philosophy of progressivism emphasizes scientific inquiry, critical

thinking, and problem solving skills as essential to teaching (Dillard & Siktberg, 2009). With the

current challenges in health care and the complex needs of patients who nurses care for in the

acute care hospital, these skills are crucial. Focusing on the elements that encourage staff nurse

engagement and empowerment will assist nursing staff to have the energy and motivation to acquire these skills and to find creative solutions to address concerns and care for complicated patients.

<p align="center">**Implications for Quality of Learning and Quality of Life for Nurses**</p>

Quality of Learning for Nurses

High rates of job-related burnout for nurses translate into 40% of staff nurses working in the hospital who are not engaged. This impacts how staff nurses are able to keep up with new evidence-based practice, new technology, and new policies and procedures. This not only affects the individual nurse's professional development, but ultimately affects the quality of care that patients will receive. Unmotivated nurses will do just enough to get the job done, leaving no room for creative, resourceful ideas. Any chance for assistance with quality improvement initiatives will be squashed as new ideas will mean too much work for disengaged nurses.

An environment of non-engagement also affects the new nursing staff on the units and student nurses who come for clinical learning experiences. These groups will be presented with outdated information and processes that compromise their learning about best practice. Uninterested preceptors will not take the extra time and effort to really model positive nursing practices for students and new nurses so not only do they suffer, but the next generation of nursing staff and patient care suffers as well. This has far reaching implications for the quality of nursing care, nursing professional standards, and patient outcomes.

Quality of Nursing Life for Nurses

As the demands of not only the nursing profession increase but that of all health care, stress levels rise. If the majority of nursing staff in the hospital have burnout or are not engaged the practice environment will suffer. Leiter and Maslach (2004, as cited in Cho et al., 2006)

describe burnout as the opposite of engagement with the attributes of exhaustion, inefficiency, and cynicism. These characteristics can be contagious and when spread throughout a nursing unit, can have devastating effects on the work environment, overall attitude and morale, and compromise patient care.

As practice environments become unhealthier, stress levels will continue to rise and individuals will also be unhealthy. Teamwork and individual health suffers and this leads to increase in errors, low productivity, and decreased patient satisfaction. This creates a negative cycle of losing quality nursing staff and reinforcing negative attitudes and behaviors. Nurses stop being accountable for professional quality practice and it compromises their ability to assume the responsibility for upholding the professional nursing practice standards. This is detrimental to all healthcare organizations and the nursing profession. In their recommendations to transform nursing education to meet today's needs, Benner, Sutphen, Leonard, and Day (2010) agree there is a need to improve the work environment for staff nurses. Improving the working environment for nurses has far reaching positive effects not only for staff nurses, but for student nurses who will become the next generation of the nursing workforce.

Literature Review

Review of the literature regarding the factors that promote staff nurse engagement and empowerment illuminates both environmental and individual sources. "Research has shown that work engagement is promoted through both contextual and individual factors" (Bjarnadottir, 2011, p. 30). These factors can be broken down into four main themes: empowered environment/structural empowerment, transformational leadership, person-job fit, and personal resources.

Empowered Environment/Structural Empowerment

A dominating theme in the literature related to nurse engagement and empowerment is structural empowerment. There appears to be strong evidence that an empowering environment characterized by autonomy, shared decision-making, teamwork, appropriate resources, opportunities, and recognition contributes to staff nurse empowerment and engagement (Kuokkanen, Leino-Kilpi, & Katajisto, 2003; Purdy et al., 2010; Shermont, & Krepcio, 2006; Society For Human Resource Management, 2010). This circle of empowerment and engagement then leads to an increase in job satisfaction and motivation which contributes to improved quality outcomes. A study by Laschinger and Leiter (2006) supports this relationship in that when the work environment perceived by the nurse supports professional nursing practice, the nurses are more engaged and the safety and quality of patient care increases.

Many researchers have found that structural empowerment, when based on Kanter's organizational theoretical framework (see Figure 1; Sarmiento, Laschinger, & Iwasiw, 2004), is a factor which contributes to nurse empowerment and engagement either directly or indirectly. Multiple researchers have found that structural empowerment has a direct effect on nurse engagement (Cho et al., 2006; Gokenbach, & Drenkard, 2011; Greco et al., 2006; Laschinger, 2008; Laschinger & Finegan, 2005; Laschinger et al., 2009; Laschinger, Wong, & Greco, 2006; Stichler, 2008). It is important to note that most of these studies do not distinguish between structural empowerment and nurse empowerment, the assumption is that if the environment is empowering, the nurse will be empowered. Laschinger et al. (2004) and Kluska, Laschinger, & Kerr (2004) do distinguish between structural empowerment and psychological empowerment, suggesting that changes in access to structural empowerment coincides with psychological empowerment and job satisfaction. The longitudinal study by Laschinger et al. (2004) also

strengthens previous research linking structural empowerment to job satisfaction, but these results suggest that psychological empowerment does not need to mediate between structural empowerment and job satisfaction. This is consistent with many other findings suggesting that structural empowerment is related to an increase in job satisfaction (Laschinger, 2008; Laschinger et al., 2004; Ning et al., 2009; Sarmiento et al., 2004). This is an indirect relationship because job satisfaction has been closely related to engagement, either as an antecedent or consequence. Three of these studies link Kanter's model with Maslach and Leiter's theory of work engagement, suggesting that when empowerment structures are in place and nurses feel empowered they have a greater sense of person-job fit between their expectations of the job and organizational goals, thus increasing work engagement (Cho et al., 2006; Laschinger & Finegan, 2005; Laschinger et al., 2006). The focus of many studies (Cai, Zhou, Yeh, & Hu, 2011; Kluska et al., 2004; Laschinger et al., 2004) is the direct relationship between structural empowerment and nurse empowerment stating that nurse empowerment is linked to job satisfaction, positive job-related outcomes, and a reduction in job stress.

Transformational Leadership

Nursing leadership is a crucial component of staff nurse engagement and empowerment in the hospital work environment. Laschinger and Leiter (2006) assert that nursing leadership plays a key role by making available an infrastructure to empower nurses to practice professionally and deliver quality care to patients. Leadership style makes a significant difference in being able to create an empowering atmosphere and transformational leadership is the key. Transformational leadership is defined as a style of leadership that communicates values and vision while also collaborating and encouraging involvement from the staff to reach goals (Rivers, Pesata, Beasley, & Dietrich, 2011). Wang, Chontawan, and Nantsupawat (2011)

affirm that transformational leadership is an empowering form of leadership that is effective in the healthcare environment.

Transformational leadership is necessary for creating an empowered environment and a factor in promoting nurse engagement and empowerment. Evidence suggests that transformational leadership is positively associated with work engagement and motivation that leads to extra-role performance by influencing self-efficacy (Salanova, Lorente, Chambel, & Martinez, 2011). Laschinger et al. (2006) found that when nurses had leaders who promoted autonomy, showed confidence in employees, and encouraged collaborative decision-making that nurses were more empowered. Several researchers agree that when nurses feel supported in their professional practice, characterized by meaningful recognition, fairness, and access to empowering working conditions by leadership, they are more likely to be motivated and engaged and give safe, quality care (Kerfoot, 2008; Kluska et al., 2004; Laschinger, 2008; Laschinger & Leiter, 2006; Maslach & Leiter, 2008; Society for Human Resource Management, 2010; Wang et al., 2011). Greco et al. (2006) argue that "when leaders develop organizational structures that empower nurses to deliver optimal care, they promote a greater sense of fit between nurses' expectations of work life quality and organizational goals and processes, thereby creating greater work engagement and lower burnout" (p. 52). The literature also states that creating empowering environments is not always easy for leaders in the current healthcare environment. The reality of the nurse manager's job and large span of control create challenges for them to also stay engaged to empower staff (Greco et al., 2006). Having engaged and committed leaders, who also believe that people matter most, is critical to nurse engagement (Wagner, 2006).

Person-Job Fit

        Nurses' perceptions related to job conditions. Laschinger and Finegan (2005) argue

that when there is a positive fit between a person and the conditions of their work environment,

an employee will experience a sense of engagement with their job shown by involvement,

energy, and effectiveness. This is supported by Maslach and Leiter (2008) and Cho et al. (2006)

who conclude that the more a person perceives a match between the job environment and

themselves, the greater probability of work engagement, "…when there is a person-job match,

employees experience engagement with their work, characterized by energy, involvement, and

positive efficacy" (Laschinger et al., 2006, p. 358). Based on their Work Life Model (1997),

Maslach and Leiter (2008) define the six areas of work life considered necessary for work

engagement: workload, community, control, reward/recognition, fairness, and values (see Figure

2; Laschinger & Finegan, 2005). Freeney and Tiernan's (2009) study exploring the facilitators

of and barriers to work engagement in nursing support these six areas, stating that strategies to

promote engagement should be aimed at the same six areas of work life that emerged out of

Freeney and Tiernan's study. Having an overall degree of job fit in the six areas of work life

predicted higher work engagement in a study conducted by Cho et al. (2006).

        Work load. Work load is the amount of expected work to be done in a given timeframe

(Laschinger & Finegan, 2005). Maslach and Leiter (2008) refer to overload or "job demands

exceeding human limits" (p. 500) as a source for burnout. Conversely, considering burnout and

engagement on a continuum, a sustainable workload gives nurses the opportunity to use and

learn new skills to be effective. Work overload (Freeney & Tiernan, 2009) drains nurses' energy

and reduces their capacity to have a sense of vigor at work acting as a significant barrier to

engagement. Thus, having a perceived manageable work load that allows creativity could be a

contributing factor to nurse engagement. The results of a study performed by Laschinger and

Leiter (2006) suggest that when nurses perceive their work environment supports quality nursing

practice they tend to be more engaged. Quality professional practice can only be accomplished

with a manageable patient load. Nurse engagement is closely related to physical or

organizational resources (Garrosa et al., 2011).

      Community. Several studies have connected community as the quality of the social

environment characterized by collaboration and support as a contributing factor to nurse

engagement (Freeney & Tiernan, 2009; Laschinger & Finegan, 2005; Maslach & Leiter, 2008).

Freeney and Tiernan (2009) argue that lack of teamwork leads to inefficiency with work.

Positive, supportive teamwork, like burnout, can be contagious. Laschinger et al. (2009) support

this relationship stating that engaged nurses can make a difference in their work life surroundings

by inspiring others and making their work appear attractive to new nurses. This is very

important to the retention and training of new nursing staff.

      Control. Laschinger and Finegan (2005) define control as the opportunity to make

choices and decisions. Accountability without control results in feelings of inefficacy and

frustration (Laschinger & Finegan, 2005). A nurse's perception that he/she has control over the

professional practice, processes, and care given in the work environment promotes engagement.

Active participation in organization decision-making has been found to be connected to higher

levels of efficacy and decreased levels of exhaustion-thus more engaged (Cherniss, 1980; Lee &

Ashforth, 1993; Leiter, 1992; as cited in Maslach & Leiter, 2008). Research on organizational

culture by Baker, Murray, and Tasa in 2002 (as cited in Rathert, Ishqaidef, & May, 2009) found

that productive hospitals had staff who felt they had some control and influence over the work

and processes they were a part of. Several research studies propose that feelings of

empowerment or feeling in control also lead to employee engagement (Gokenbach & Drenkard, 2011). Freeney and Tiernan (2009) state that having control over one's work is an essential factor for feeling engaged. Viewing engagement on a continuum opposite of burnout, Laschinger and Leiter (2006) confirm that several studies by Aiken and colleagues linked control over the practice environment with lower levels of burnout, and thus an increase in engagement.

     Reward/Recognition. This is defined as the acknowledgment of one's work (Laschinger & Finegan, 2005). Recognition and rewards for contributions, both from leaders and colleagues, is considered an important factor to engagement (Freeney & Tiernan, 2009: Maslach & Leiter, 2008).

     Fairness. Fairness is the degree to which choices at work are perceived as equitable (Maslach & Leiter, 2008). Employees, who identify their leadership and work environment as fair, are more accepting of major organizational change and have less burnout (Maslach & Leiter, 2008). This is an important factor to engagement and empowerment in the dynamic healthcare environments that nurses work in. Freeney and Tiernan (2009) state that employees who perceive a lack of fairness lose trust in the company. This leads to being upset and exhausted and having feelings of resentment that leads to burnout (Freeney & Tiernan). Having a perception of fairness is an important factor in nurse engagement and empowerment.

     Values. Values are defined in terms of value congruence or the fit between an individual's values and the organization's values (Laschinger & Finegan, 2005). Engaged employees' values align with the organization that they work in and they find their work meaningful (Freeney & Tiernan, 2009). Maslach and Leiter (2008) confirm that values that conflict between the individual and organization causes a gap and individuals will not be engaged. Lawrence (2011) calls this moral distress when institutional constraints get in the way

of the nurse being able to do the right thing or violate the values of the professional nurse, and this negatively relates to work engagement. This is sometimes the case in the healthcare environment where the organization is run like a business, but the nursing profession is based in caring. Freeney and Tiernan support this assumption, stating that "Incongruent values between nurses and the hospital emerged and centered on the way hospitals are currently being run as businesses" (p. 1563).

Personal Resources

A review of the literature also suggests that personal resources or attributes do play a part in whether nurses are empowered or engaged. Garrosa et al. (2011) suggest that based on positive psychology orientation, interventions aimed at improving nurse engagement might be more effective if they included developing personal resources like optimism and emotional competence along with decreasing environmental stressors. Optimism, emotional competence, and a hardy personality were listed as adaptive strategies which affect the way nurses interact in the working environment (Garrosa et al., 2011). Although there is not enough current evidence to support this, Staw and Ross (1985, as cited in Laschinger & Finegan, 2005) state that optimism plays a part to responses regarding working conditions in that optimistic individuals tend to view their work in a positive light. Having a positive attitude and optimistic view may possibly influence how empowered or engaged nurses are. Evidence supports this because personal resources, such as optimism and self-efficacy, may engage employees (Bakker, Schaufeli, Leiter, & Taris, as cited in Lawrence, 2011). Freeney and Tiernan (2009) talk about a nurse's capacity for intrinsic rewards as being a factor that contributes to a sense of engagement. Having the capacity for intrinsic rewards has to do with a positive attitude with the results of what one does, or self-efficacy. Salanova et al. (2011) found that positive personal factors like

self-efficacy, when enhanced by transformational leadership; increases work engagement and extra-role performance. Being able to adapt to one's environment is a strength that would resonate with empowerment and engagement. Bjarnadottir (2011) states that "Research also indicates that individual resources like resilience are related to engagement" (p. 30). The ability to adapt to change is a component of resilience and resilience acts as a buffer to maintain engagement when demands outweigh resources (Bjarnadottir, 2011). Bjarnadottir also states that previous research has also shown self-efficacy as a personal resource that predicts work engagement.

Theoretical Frameworks and Models

There are two theoretical frameworks cited in the literature regarding structural empowerment and person-job fit: Rosabeth Kanter's Theory of Structural Empowerment and Maslach and Leiter's Areas of Work Life Model.

Kanter's theoretical framework (see Figure 1; Sarmiento et al., 2004) defines structural empowerment in terms of access to the job-related empowerment structures of resources, support, information, and opportunity (Cho et al., 2006; Gokenbach, & Drenkard, 2011; Greco et al., 2006; Kluska et al., 2004; Laschinger, 2008; Laschinger & Finegan, 2005; Laschinger et al., 2004; Laschinger et al., 2009; Laschinger et al., 2006; Ning et al., 2009; Sarmiento et al., 2004; Stichler, 2008). These empowerment structures are put in place by the organization and are the responsibility of the leadership team. Many researchers have used this framework to study the various outcomes proposed by this model because the structural nature of this model of empowerment is a useful basis for developing organizational strategies to improve work environments (Laschinger & Finegan, 2005).
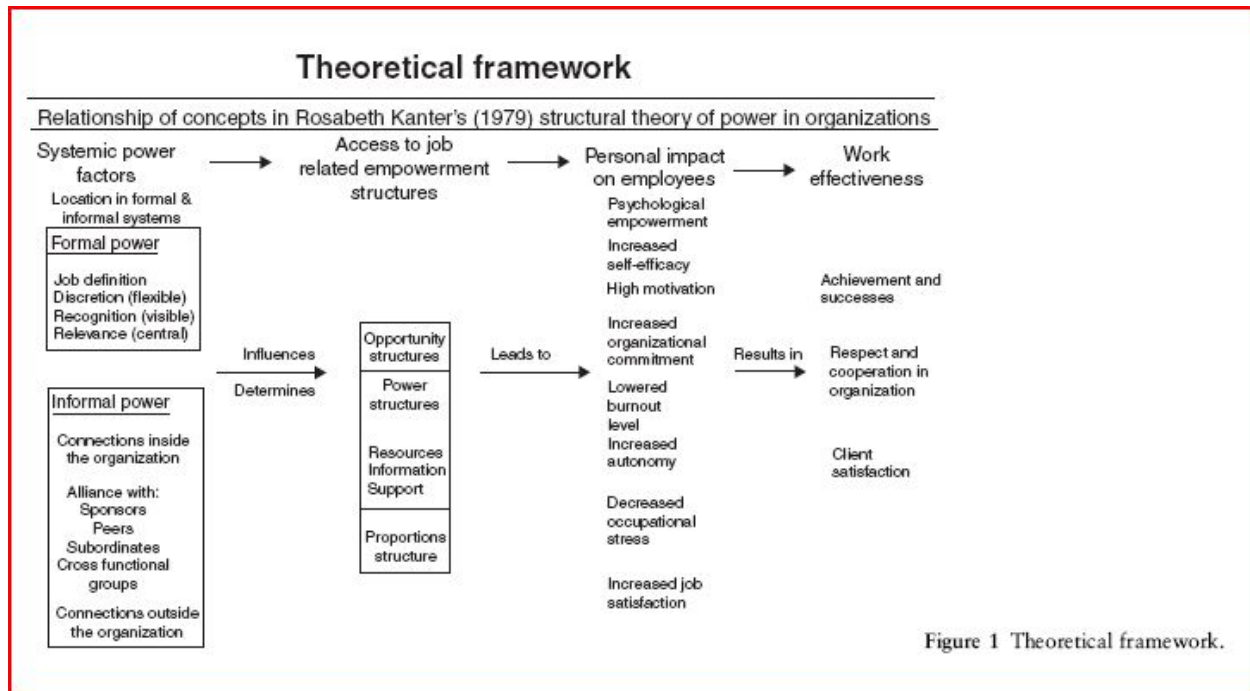
Figure 1. Rosabeth Kanter's (1979) Theoretical Framework of Structural Empowerment. This framework was tested by Sarmiento et al. (2004). Taken from "Nurse Educators' Workplace Empowerment, Burnout, and Job Satisfaction: Testing Kanter's Theory," by T.P. Sarmiento, H.K.S. Laschinger, and C. Iwasiw, 2004, *Journal of Advanced Nursing, 46*(2), p. 136.

Maslach and Leiter (as cited in Laschinger & Finegan, 2005) describe burnout as a lack of engagement in work secondary to a mismatch between person-job fit. According to their Area of Work Life Model, when there is a fit between person expectations and the conditions in the work environment, employee engagement occurs (Laschinger & Finegan, 2005). The work environment components measured against expectations that are cited in the literature (see Figure 2; Laschinger & Finegan, 2005) are workload, community, control, reward/recognition, fairness, and values congruence (Cho et al., 2006; Freeney & Tiernan, 2009; Greco et al., 2006; Laschinger & Finegan, 2005; Laschinger & Leiter, 2006; Laschinger et al., 2006; Maslach & Leiter, 2008).

Workload
>   Amount of work expected within a given time frame. Reasonable workloads allow one to pursue career objectives and develop professionally.

Community
>   Quality of an organization's social environment. Environments characterized by support, collaboration, and positive feelings are more likely to result in successful work.

Control
>   Opportunity to make choices and decisions, to solve problems, and fulfill responsibilities. Accountability in the absence of control results in frustration and feelings of ineffectiveness.

Reward/recognition
>   Acknowledgment of one's contributions.

Fairness
>   Extent to which organizations have consistent and equitable rules for everyone that communicates the organization's respect for its members.

Values congruence
>   Fit between what is important to the organization and to its members.

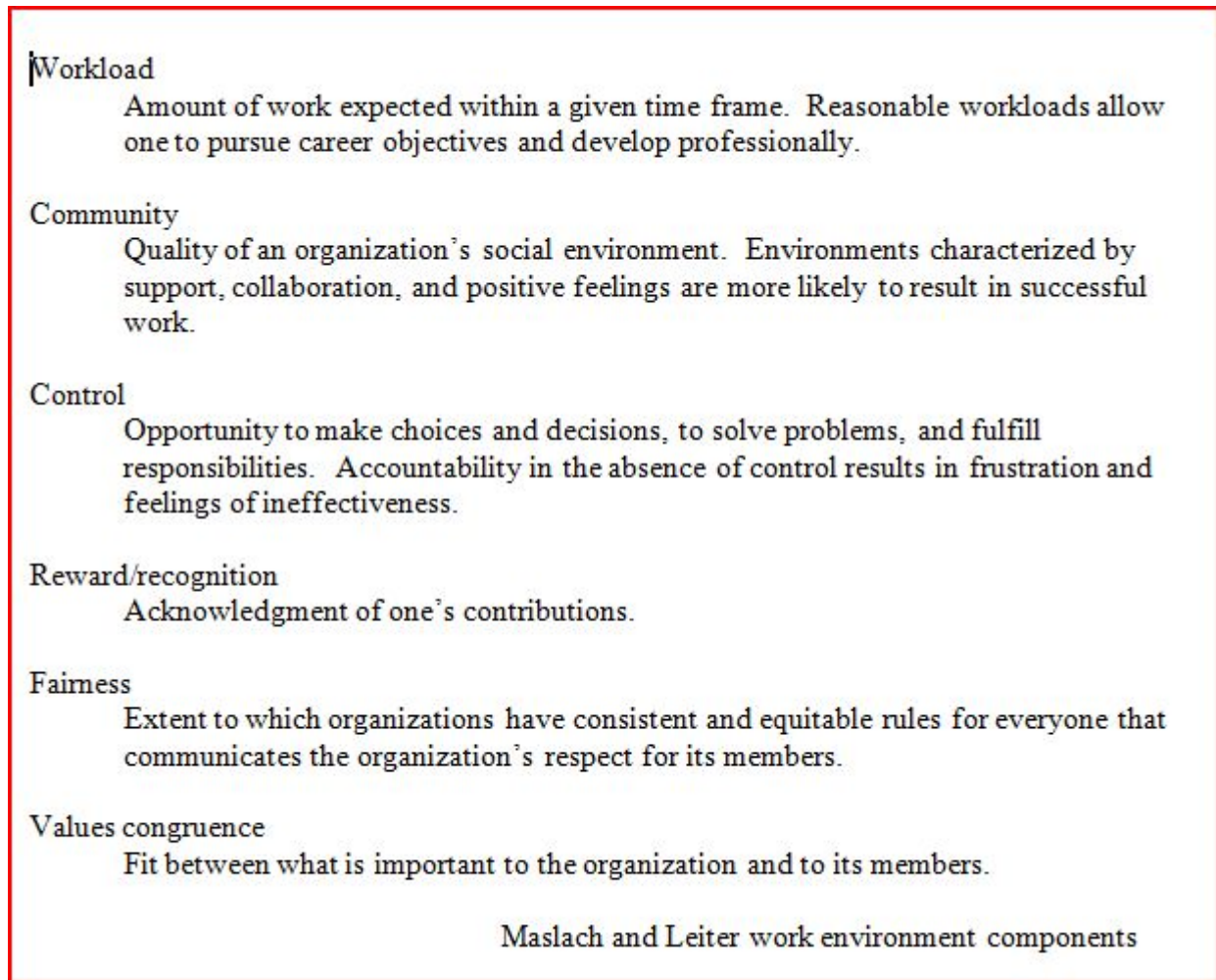Maslach and Leiter work environment components

Figure 2. Maslach and Leiter Work Environment Components/Six Areas of Work Life Model. Laschinger and Finegan (2005) incorporated these six areas into their research. Taken from "Empowering Nurses for Work Engagement and Health in Hospital Settings," by H.K.S. Laschinger and J. Finegan, 2005, *Journal of Nursing Administration, 35*(10), p. 440.

Proposed Model: Potratz Circle Model of Nurse Empowerment and Engagement

Synthesizing the research and theoretical frameworks related to factors that promote nurse empowerment and engagement, a proposed model was developed to illustrate the factors contributing to nurse empowerment and engagement. This model is called the Potratz Circle Model of Nurse Empowerment and Engagement (see Figure 3).
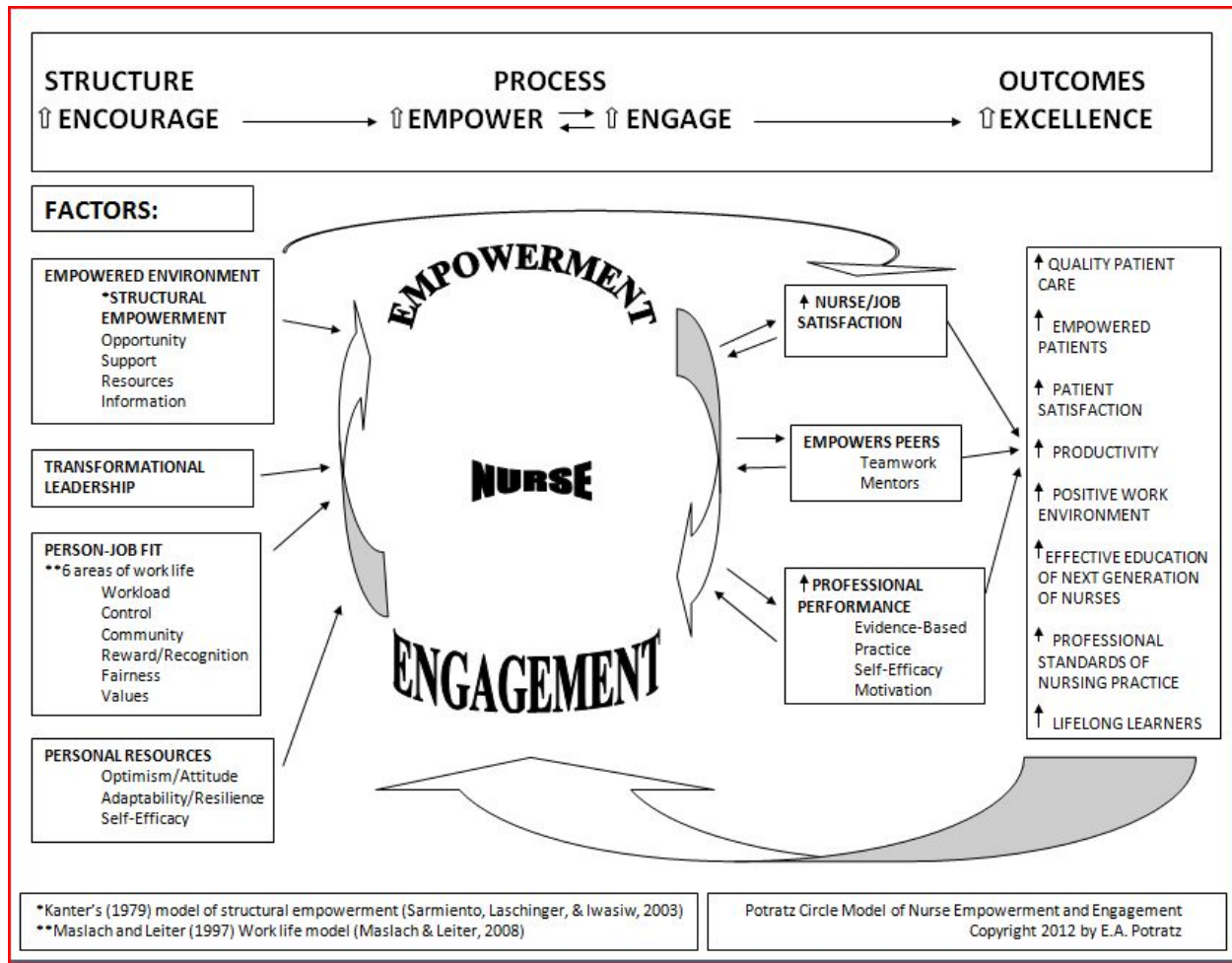
Figure 3. Potratz Circle Model of Nurse Empowerment and Engagement. Copyright 2012 by E.A. Potratz.

The Potratz Circle Model demonstrates the circular process of how engagement and empowerment continually affect each other and potentiate an energy that leads to an increase in job satisfaction, empowerment of peers, and professional performance. These positive effects then ultimately lead to positive outcomes, including an increase in quality care, empowered and satisfied patients, a positive productive work environment, an increase in effective preparation of new nurses and professional standards of care, and the creation of lifelong learners. Both of the previous theoretical frameworks developed by Kanter (1979) and Maslach and Leiter (1997), informed this proposed model, specifically in its inclusion of structural factors.

Recommendations

It is clear that change is needed to keep staff nurses empowered and engaged to provide quality patient care. Strategies for nurse empowerment and engagement are based in current research and evidence that illustrate the importance of empowering environments with creative and encouraging leaders who empathize and genuinely listen to staff's perception of their work life. Realizing the importance of a person-job fit to engagement and empowerment, manipulation can be focused on the six areas of work life: workload, control, community, reward/recognition, fairness, and values, along with approaches that support personal growth and awareness. Strategies to promote staff nurse engagement and empowerment can be implemented as system changes and also supported by the role of the nurse educator in professional development. These strategies are based on the proposed Potratz Circle Model of Nurse Empowerment and Engagement developed from research cited in the literature review. Recommendations for further research to test the proposed model and identify the gaps in the literature are also described.

Strategies to Promote Staff Nurse Engagement and Empowerment: System Changes

Empower the environment. Empowering the environment is not a new concept. It is well known and in health care structural empowerment is already acknowledged as a component of the Magnet model for hospitals (Gokenbach & Drenkard, 2011). However, it seems that a missing link here is the need to consider the nurse's perception or person job-fit. Manipulation can be made in the environment regarding resources and workload, but if staff nurses do not perceive the resources as supportive or the work load as manageable, efforts to empower the environment will fail. Opportunities and information can be made readily available to staff, but if it is misinterpreted or not in line with staff nurse values, it can seem unfair and coercive.

Efforts to put in place support and recognition may appear in genuine if it is not what the staff

nurse believes is needed to practice professional nursing. Therefore, one strategy is to view the

nursing environment in the same way a nurse views the nursing process, with a therapeutic

environment as the goal.

     Create a therapeutic environment. An important component in the nursing process is

assessment. The time it takes to truly assess what the actual needs are of not only the individual

nurses, but what the entire team needs, is phenomenal and not supported in a business model,

which is what health care environments really are. This assessment piece of the puzzle,

however, cannot be skipped, just as it can't be skipped in the nursing process. A full assessment

of a patient has to be done to know what the patient needs, including what the patient perceives

as needs; this is also the way nursing units need to be assessed. Creating the same therapeutic

environments on the nursing unit as nurses are expected to create with patients is what is needed;

active listening skills are a top priority and closed loop communication is a key piece to ensure

communication is actually happening. This is a different perspective, shifting the focus away

from only the organization's goals to also focus on the nurses' goals. Similar to the nursing

process where the patient goals need to be considered along with the nursing goals to be

effective, this shift in perspective is necessary. This is how a true team is formed, when the

goals align. True collaboration is how frontline staff nurses become more engaged, empowered,

and productive; when they have more control over their professional practice. True patient-

centered care puts the focus on the patient needs, not the organizational goals, and this message

has to be put into action. Without this shift in perspective, healthcare environments expose their

organizations to great risk because burnout and cynicism are contagious (Bakker, LeBlanc, &

Schaufeli, 2005). According to Buunk and Schaufeli, "Burnout develops primarily in a social

context, and that to understand the development and persistence of burnout, attention has to be

paid to the way individuals perceive, interpret, and construct the behaviours of others at work"

(as cited by Bakker et al., 2005, p. 285). Concomitantly, the expectation would be that

engagement and empowerment are also contagious; Laschinger et al. (2009) suggest this, but

further research is needed to test this relationship.

Create process teams. Another way to gain nurse perspective and improve engagement

and empowerment is to actively involve nurses. Allowing nurses to truly be involved in changes

in process and the work environment is empowering. Rathert et al. (2009) agree that adopting an

inclusive approach that empowers frontline providers to develop care processes not only

increases the quality of work and patient care, but also patient safety. Who knows better what

will work at the frontline than the nursing staff performing the work? One strategy based on the

Core Competencies for Interprofessional Collaborative Practice (Interprofessional Education

Collaborative Expert Panel, 2011) would be to develop and engage inter-professional process

teams to look at issues and solutions to process flow, giving nurses' more control over their

environment and work life. Different teams could include process flow of various areas,

education priorities and solutions, and work on evidence-based practice issues. This takes nurse

practice councils to a different level, increasing interdisciplinary collaboration and staff nurse

involvement. Nurses could choose the process teams they would like to be a part of, increasing

their support and engagement. Stichler (2008) and Gokenbach and Drenkard (2011) support this

idea of creating structured task force teams stating that involving staff nurses empowers

employees to be engaged as they feel a sense of authorship and ownership.

Implement transforming care at the bedside. Another strategy to promote nurse

engagement and empowerment is implementing a process initiative that is already created and

proven to be effective: Transforming Care at the Bedside (TCAB; Lee, Peck, Rutherford, & Shannon, 2008). TCAB is an initiative that was developed in 2003 and is supported by the Robert Wood Johnson Foundation and the Institute for Healthcare Improvement (Institute for Healthcare Improvement, 2012). This program entails engaging leaders at all levels including frontline staff to improve clinical outcomes in four key areas: (a) quality and safety of patient care, (b) vitality and retention of nurses, (c) improving the patient and family experience, and (d) improving the team's effectiveness (Institute for Healthcare Improvement, 2012). TCAB allows frontline staff to brainstorm ideas to improve processes identified by staff to need improvement, and to collaborate with other organizational leaders to align possible solutions with the institution's goals. Using this format encourages engagement of all staff in a change process that allows for quick, tangible positive outcomes that can make an immediate difference in the work environment. Nurses working on the frontlines have the ability to effect wide reaching changes in the health care system (Institute of Medicine, 2010). Because TCAB also requires initiative and energy from staff, doing an initial assessment of staff and their perceptions is very important before beginning this strategy to maximize the likelihood of success and minimize the possibility that already exhausted, burned out nurses might fail. For TCAB to truly be effective, it also requires a culture of transformational leadership at all levels in the organization. This ensures that the TCAB initiative is not reduced to only a method for cost containment, which if perceived by the nurses as the only reason for this initiative, will also set it up for failure. With proper assessment, preparation, and leadership, the expected outcomes of TCAB are engaged staff nurses who are empowered to provide excellent care, improving outcomes for both staff nurses and patients, and contributing to an empowered, therapeutic, and transformed healthcare environment.

Employ team building with personal resource building. The literature suggests that a

positively viewed community is a factor that supports engagement; therefore, team building is a

strategy to promote staff nurse engagement and empowerment. Communication and

collaboration are learned skills that require practice to be effective. Active listening, a respectful

assertive communication style, and closed loop communication resulting in shared mental

models, are all practiced skills and critical to creating a healthy, high functioning environment

(TeamSTEPPS, U.S. Department of Health and Human Services, 2012). The literature also

suggests that personal resources of adaptability, positive attitude, and self-efficacy are factors

that promote nurse engagement. Considering this evidence, team building is much more than

just learning how to communicate; it also needs to focus on staff nurses' and leaders' perceptions

of how the team is functioning and build from there. Optimism is a learned skill and team

building needs to include learning how to create personal positive attitudes.

A strategy to promote nurse engagement and empowerment, team building includes

attending workshops together where inter-professional staff and leaders are challenged to create

a truly collaborative environment. Kalb and O'Conner-Von (2012) agree, "This is the time to

build up teams at all levels in health care, teams that bring health professions students and

faculty together, teams that bring patients and health care professionals together, teams that bring

providers and administrators together, teams that bring systems and communities and peoples

together" (p. 45). This format will create an environment of psychological safety that allows

individuals to speak up to improve work processes. According to Rathert et al. (2009),

individuals who can speak up in their environments tend to be more engaged. To be most

effective, these team building workshops need to be facilitated by an outside expert, especially if

there are existing conflicts.

Engage leadership. The leadership team in the healthcare environment includes direct management, upper management, clinical nurse specialists, and clinical nurse development specialists. The literature supports having transformational leaders at all levels, supporting the process of nurse engagement and empowerment with encouragement.

Educate leaders on transformational leadership practices and communication skills. To promote a culture of transformational leadership, leadership education and training involving leadership styles, practices, and communication skills to promote engagement and empowerment needs to be a priority. The Society for Human Resource Management (2010) supports this recommendation, stating; "How employees are treated is a strong determinant of employee motivation and performance" (p. 2). In response to the literature supporting transformational leadership as a key to improving nurse engagement and empowerment, leaders at all levels need to understand the concepts and practices of transformational leadership. Coaching workshops regarding the skills of collaboration, open communication, encouraging creativity, offering support through coaching, and inspiring a clear, motivating vision need to be built into the organizational structure. To really know how leaders are presenting themselves to employees involves self-assessment and self-awareness. Just as staff nurses need to be self-reflective to be accountable in the therapeutic work environment, so do leaders.

Educate leaders on self-awareness and self-reflective skills. The communication skills used in a therapeutic environment to empower a patient by listening, empathizing, and setting clear, firm guidelines for accountability are the same skills that can be used with staff. A therapeutic environment involves being genuine as a critical piece to building trust within a team. Leader self-awareness and self-reflective education, where therapeutic environment skills such as empathy, compassion, and being genuine are reinforced, is a recommended strategy to

promote nurse engagement and empowerment. This is important as leaders have the difficult task

of maximizing quality patient care while balancing costs. This challenge, if not communicated

clearly, can result in unintended mixed messages to frontline nursing staff and may cause moral

conflict for nurses at the bedside (Rathert & Fleming, 2006, as cited in Rathert et al., 2009)

which also has an impact on nurse engagement (Lawrence, 2011; Rathert et al., 2009).

     Support leaders. A very important strategy for systems design is making sure that

leaders have the support and resources needed to keep them empowered and engaged. It is very

difficult, if not impossible, for leaders to promote staff nurse engagement and empowerment if

they themselves are not empowered. The literature supports encouraging healthcare

organizations to support leaders with resources and manageable spans of control (Greco et al.,

2006). The goal is to promote leadership engagement and empowerment which contributes to

support for nurse engagement and empowerment (Mackoff & Triolo, 2008), a relationship that

requires further research.

Implications for the Nurse Professional Development Educator

     As a leader and change agent, it is the role of the nurse educator in professional

development to be an advocate for nursing and the healthcare environment. Considered part of

the leadership team, all of the recommendations described for organizational leaders in the

previous section also pertain to the nurse professional development (NPD) educator. The NPD

nurse educator needs to appreciate the importance of creating a therapeutic environment, team

building with personal resource building, transformational leadership and communication skills,

and having the ability to be self-aware and self-reflective. These skills influence the ability of the

NPD educator to model and teach professional behaviors and practices. According to the

evidence regarding the factors that promote staff nurse engagement and empowerment, multiple

implications for the NPD educator are recommended.

Empower the environment. Research has indicated that when nurses have access to

resources, support, information, and opportunity they are more engaged and empowered. This

connection is strengthened even further when the nurses' perceptions of their work environment

is positive in relation to workload, control, community, reward, fairness, and values. As a NPD

educator practicing within the NPD scope and standards of practice (ANA & NNSDO, 2010) the

NPD educator serves as a resource for both leaders and staff nurses and plays a vital part in nurse

empowerment and engagement.

Act as a resource to leaders. Working in complex, dynamic environments that are driven

by technology and constant change, staff nurses are required to continually improve their

competence. The NPD educator can assist leaders with assessing and identifying staff needs in

terms of competency and learning. The creation of learner self-assessment tools to evaluate staff

perceptions of their own competency by self-reflection, takes into consideration the nurses' self-

assessment, which the literature states is vital. This information is essential to determining the

scope of education needed for nurses to demonstrate competency within a certain time frame and

within a certain budget; variables that are essential for leadership. The NPD educator could also

create or identify tools to assist the nurse leaders with assessing nurses' perception of their work

environment; these tools could be used on an ongoing basis as an important factor to

understanding the needs of the staff and what might be modified to promote nurse engagement

and empowerment. Using a tool published in the literature, such as the "Healthcare Team

Vitality Instrument", to assess healthcare team functioning (Upenieks, Lee, Flanagan, &

Doebbeling, 2009) could be an invaluable instrument to assist with developing strategies to

promote staff nurse engagement and empowerment.

 Another way the NPD educator could act as a resource to leaders is with education,

training, and support. The NPD educator performing within the NPD standards integrates

research findings into practice and can be a valuable source of current evidence-based practice

and theory. For example, referring to the factors that support staff nurse engagement and

empowerment, understanding the importance of Maslow's hierarchy of needs (Kitchie, 2008) or

Knowles' adult learning principles (Bastable & Dart, 2008) in relation to nurses' perceptions of

the work environment is pertinent to the implementation of any strategies created to promote

nurse engagement and empowerment. The NPD educator's knowledge of education principles

regarding assessing learning needs, readiness to learn, and learning styles corresponds with

assessing nurses' perceptions and the work environment.

 Act as a resource to staff nurses. The role of the NPD educator in professional

development of staff nurses is directly tied to creating a supportive and informative environment

that encourages growth, opportunity, and transformational leadership. Recognizing the

importance of nurse engagement and empowerment in regards to improving professional

performance, the NPD educator's role is consistent with acting as a resource to staff nurses.

Research suggests that when nurses feel more supported in the professional environment they are

more engaged and empowered. Providing nurses with information and encouragement

accomplishes this. Because evidence suggests that a nurse's perceptions and personal resources

play a part in promoting nurse engagement and empowerment, the NPD educator uses this

information to gather assessment regarding individual learning needs and ongoing support. This

is done collaboratively with the nurses, supporting their perceptions of what they need to be

competent, not what the educator or leaders think they need. This helps them to feel in control of

what they are expected to learn and are learning, leading to engagement and empowerment. It is

of utmost importance that the NPD educator builds upon the current positive skills that nurses

have, because with the rapidly changing healthcare environment that nurses work and learn in, it

is easy for nurses to not feel competent. This is particularly important in regards to the

development of preceptors and mentors as they are expected to engage and empower new nurses.

Creating a positive, collaborative environment that promotes teamwork based on nurses'

perceptions and attributes, the NPD educator can promote nurse engagement by encouraging all

nurses to be involved in mentoring and supporting each other. This creation of mentor teams,

who continually support and encourage each others' growth creating a positive healthy

workplace that supports professional nursing practice, promotes nurse empowerment and

engagement. An exemplar of the Potratz Circle Model, Empowering and Engaging New Nurses:

Nurse Residency Program Implementation, is presented to illustrate the model and its

congruence with NPD practice (see Appendix E).

Teach strategies to empower. A NPD educator's goals are to facilitate learning and

development. Because the evidence suggests that personal resources and perceptions regarding

the work environment contribute to nurse engagement and empowerment, assessment and

teaching strategies to promote these factors are essential. For example, the NPD educator needs

to value where the nurse is starting at in terms of competence in order to develop objectives from

this baseline assessment of competency. Plans for education and training are created

collaboratively between the NPD educator and staff nurses to promote involvement and

empower and engage the staff nurses. Implementing teaching methods that are interactive, such

as progressive case scenarios, concept maps, and simulation, optimize clinical reasoning and adaptability in a complex environment.

Realizing the importance of positive attitude, optimism, and self-efficacy as factors to nurse engagement, reflective teaching strategies are crucial for promoting these personal attributes in staff nurses. This recommendation strategy is supported by Lawrence (2011) who agrees that there is a positive relationship between critical reflective practice and nurse work engagement. Incorporating the findings from the literature regarding nurses' perceptions of their work environment with the need for engagement and empowerment, teaching strategies like progressive case studies and role playing to improve creative problem-solving skills may contribute to nurses' perceptions of their resources in relation to demands in the work environment. This also may lead to a more empowered and engaged staff, but further research regarding the role of the NPD educator in relation to the proposed factors found in the literature is needed. The proposed Potratz Circle Model of Nurse Empowerment and Engagement provides a starting point for further investigation of these relationships.

Recommendations for Further Research

The factors that promote staff nurse engagement and empowerment have been reviewed and synthesized from the literature in this paper. Findings suggest the areas of structural empowerment, transformational leadership, person-job fit, and personal resources as factors related to nurse engagement and empowerment. The Potratz Circle Model of Nurse Empowerment and Engagement depicted in this article reflects a synthesis of the literature regarding the factors that promote staff nurse empowerment and engagement. The model also illustrates the circle of nurse empowerment and nurse engagement as a self-generating cycle; this cycle is supported by research findings published by Laschinger et al. (2009).

Current evidence confirms that engaged nurses are usually more satisfied with their work; therefore, performance improves and the quality of patient care increases. Recommendations for further research related to the proposed Potratz Circle Model of Nurse Empowerment and Engagement is indicated to study the multiple proposed positive outcomes for nurses, health care teams, health care organizations, and patient outcomes. The Potratz model assumes that since current evidence suggests that burnout is contagious, staff nurse engagement will also promote positive outcomes that will contribute to the empowerment and engagement circle.   This assumption provides a platform for further research to investigate this proposed hypothesis. The model also depicts that empowered nurses empower peers; leading to an engaged environment. This engagement promotes nursing professional performance that is consistent with nursing and interprofessional standards of practice that ensures accountability for teaching future generations of nurses. Additional research is also indicated because the need for empowered and engaged nurses and health professionals is essential to uphold high standards of care that maximizes quality patient care and positive health outcomes.

Conclusion

The current reality of health care demands creative solutions for staff nurses to not only survive, but thrive in this stressful environment to give high quality patient care. Healthcare environments need to focus on how to empower and engage staff nurses during these times of decreasing resources and increasing demands to support the creative ability of healthcare teams to provide safe, quality patient care. A great risk is involved for the delivery of health care if the cycle of burnout and exhaustion is allowed to perpetuate. An empowered and engaged nursing workforce and healthcare environment will not only interrupt this cycle, but launch a new process of nurse empowerment and engagement that renews the healthcare system and creates a

self-generating cycle of positive energy and motivation that is contagious, energizing, and

transformative. Indeed, empowerment and engagement is the missing ingredient needed for

health professionals to thrive as they collaborate to improve the quality of care and strengthen

the healthcare system.

References

American Nurses Association, & National Nursing Staff Development Organization. (2010).

Nursing professional development: Scope and standards of practice. Silver Spring, MD:

Nursesbooks.org.

Bakker, A. B., LeBlanc, P. M., & Schaufel, W. B. (2005). Burnout contagion among intensive

care nurses. *Journal of Advanced Nursing, 51* (3), 276-287.

Bastable, S. B., & Dart, M. A. (2008). Developmental stages of the learner. In S. B. Bastable

(Ed.), *Nurse as educator: Principles of teaching and learning for nursing practice* (pp.

147-198). Sudbury, MA: Jones & Bartlett.

Benner, P., Sutphen, M., Leonard, V., & Day, L. (2010). *Educating nurses: A call for radical*

transformation. San Francisco, CA: Jossey-Bass.

Bjarnadottir, A. (2011). Work engagement among nurses in relationally demanding jobs in the

hospital sector. *Vard I Norden, Publ. No. 101, 31*(3), 30-34.

Braungart, M. M., & Braungart, R. G. (2008). Applying learning theories to healthcare practice.

In S. B. Bastable (Ed.), *Nurse as educator: Principles of teaching and learning for*

nursing practice (pp. 51-89). Sudbury, MA: Jones & Bartlett.

Buerhaus, P. I., Staiger, D. O., & Auerbach, D. I. (2000). Implications of an aging registered

nurse workforce. *The Journal of the American Medical Association, 283,* 2948-2954.

Cai, C. F., Zhou, Z. K., Yeh, H., & Hu, J. (2011). Empowerment and its effects on clinical nurses

in central China. *International Nursing Review, 58*, 138-144.

Cho, J., Laschinger, H. K. S., & Wong, C. (2006). Workplace empowerment, work engagement

and organizational commitment of new graduate nurses. *Nursing Leadership, 19*(3), 43-

60.

Dillard, N., & Siktberg, L. (2012). Curriculum development: An overview. In D. M. Billings & J. A. Halstead (Eds.), *Teaching in nursing: A guide for faculty* (4th ed., pp. 76-91). St. Louis, MO: Saunders Elsevier.

Encarta Dictionary: English. (2012). Retrieved from http://dictionary.msn.com/.

Freeney, Y. M., & Tiernan, J. (2009). Exploration of the facilitators of and barriers to work engagement in nursing. *International Journal of Nursing Studies, 46*, 1557-1565.

Garrosa, E., Moreno-Jimenez, B., Rodriguez-Munoz, A., & Rodriguez-Carvajal, R. (2011). Role stress and personal resources in nursing: A cross-sectional study of burnout and engagement. *International Journal of Nursing Studies, 48*, 479-489.

Gokenbach, V., & Drenkard, K. (2011). The outcomes of magnet environment and nursing. Staff engagement: A case study. *Nursing Clinics of North America, 46*, 89-105.

Greco, P., Laschinger, H. K. S., & Wong, C. (2006). Leading empowering behaviours, Staff nurse empowerment and work engagement/burnout. *Nursing Leadership, 19*(4), 41-56.

Institute for Healthcare Improvement. (2012). Retrieved from http://www.ihi.org.

Institute of Medicine. (2010). The future of nursing: Focus on education. Retrieved from www.iom.edu/nursing.

Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel*. Washington, DC: Interprofessional Education Collaborative. Retrieved from http://www.aacn.nche.edu/Education/PDF/IPECReport.pdf.

Interprofessional Education Collaborative Expert Panel. (2011). *Team-based competencies: Building a shared foundation for education and clinical practice*. Retrieved from http://www.aacn.nche.edu/Education/PDF/IPECReport.pdf.

Kalb, K. A., & O'Conner-Von, S. (2012). Strategies in education: Breaking down silos, building

     up teams. *Health Progress, 93*(3), 39-45.

Kalisch, B. J., Curley, M., & Stefanov, S. (2007). An intervention to enhance nursing staff

     teamwork and engagement. *Journal of Nursing Administration, 37*(2), 77-84.

Kerfoot, K. (2008). Staff engagement: It starts with the leader. *Medsurg Nursing, 17*(1), 64-65.

Kitchie, S. (2008). Determinants of learning. In S. B. Bastable (Ed.), *Nurse as educator:*

     Principles of teaching and learning for nursing practice (pp. 93-145). Sudbury, MA:

     Jones & Bartlett.

Kluska, K. M., Laschinger, H. K. S., & Kerr, M. S. (2004). Staff nurse empowerment and effort-

     reward imbalance. *Nursing Leadership, 17*(1), 112-128.

Kocher, R., Emanuel, E. J., & DeParle, N. M. (2010). The affordable care act and the future of

     clinical medicine: The opportunities and challenges. *Annals of Internal Medicine*, *153*(8),

     536-539.

Krichbaum, K., Diemert, C., Jacox, L. Jones, A. Koenig, P., Mueller, C., & Disch, J. (2007).

     Complexity compression: Nurses under fire. *Nursing Forum, 42*(2), 86-94.

Kuokkanen, L., Leino-Kilpi, H., & Katajisto, J. (2003). Nurse empowerment, job-related

     Satisfaction, and organizational commitment. *Journal of Nursing Care Quality, 18*(3),

     184-192.

Laschinger, H. K. S. (2008). Effect of empowerment on professional practice environments,

     Work satisfaction, and patient care quality: Further testing the nursing work life model.

     Journal of Nursing Care Quality, 23(4), 322-330.

Laschinger, H. K. S., & Finegan, J. (2005). Empowering nurses for work engagement and health

     in hospital settings. *Journal of Nursing Administration, 35*(10), 439-449.

Laschinger, H. K. S., Finegan, J. E., Shamian, J., & Wilk, P. (2004). A longitudinal analysis of

the impact of workplace empowerment on work satisfaction. *Journal of Organizational*

Behavior, 25, 527-545.

Laschinger, H. K. S., & Leiter, M. P. (2006). The impact of nursing work environments on

patient safety outcomes: The mediating role of burnout/engagement. *The Journal of*

Nursing Administration, 36(5), 259-267.

Laschinger, H. K. S., Wilk, P., Cho, J., & Greco, P. (2009). Empowerment, engagement and

perceived effectiveness in nursing work environments: Does experience matter? *Journal*

of Nursing Management, 17, 636-646.

Laschinger, H. K. S., Wong, C. A., & Greco, P. (2006). The impact of staff nurse empowerment

on person-job fit and work engagement/burnout. *Nursing Administration Quarterly,*

30(4), 358-367.

Lawrence, L. A. (2011). Work engagement, moral distress, education level, and critical reflective

practice in intensive care nurses. *Nursing Forum, 46*(4), 256-268.

Lee, B., Peck, C., Rutherford, P., & Shannon, D. (2008). Transforming care at the bedside how-

to guide: Developing front-line managers to lead innovation and improvement. Institute

for Healthcare Improvement. Retrieved from http://www.ihi.org.

Mackoff, B. L., & Triolo, P. K. (2008). Why do nurse managers stay? Building a model of

Engagement: Part 2, cultures of engagement. *The Journal of Nursing Administration*,

38(4), 166-171.

Maslach, C., & Leiter, M. P. (2008). Early predictors of job burnout and engagement. *Journal of*

Applied Psychology, 93(3), 498-512.

Nantsupawat, A., Srisuphan, W., Kunaviktikul, W., Wichaikhum, O., Aungsuroch, Y., & Aiken, L. H. (2011). Impact of nurse work environment and staffing on hospital nurse and quality of care in Thailand. *Journal of Nursing Scholarship, 43*(4), 426-433.

National League for Nursing. (2005). *The scope of practice for academic nurse educators*. New York, NY: Author.

National League for Nursing. (2010)*. Outcomes and competencies for graduates of practical/vocational, diploma, associate degree, baccalaureate, master's, practice doctorate, and research doctorate programs in nursing.* New York, NY: Author.

Ning, S., Zhong, H., Libo, W. & Qiujie, L. (2009). The impact of nurse empowerment on job satisfaction. *Journal of Advanced Nursing, 65*(12) 2642-2648.

Purdy, N., Laschinger, H. K. S., Finegan, J., Kerr, M., & Olivera, F. (2010). Effects of work environments on nurse and patient outcomes. *Journal of Nursing Management, 18*, 901-913.

Rathert, C., Ishqaidef, G., & May, D. R. (2009). Improving work environments in health care: Test of a theoretical framework. *Health Care Manage Review, 34*(4), 334-343.

Rivers, R., Pesata, V., Beasley, M., & Dietrich, M. (2011). Transformation leadership: Creating a prosperity-planning coaching model for RN retention. *Nurse Leader.* Retrieved from www.nurseleader.com.

Salanova, M., Lorente, L., Chambel, M. J., & Martinez, I. M. (2011). Linking transformational leadership to nurses' extra-role performance: The mediating role of self-efficacy and work engagement. *Journal of Advanced Nursing, 67*(10), 2256-2266.

Sarmiento, T. P., Laschinger, H. K. S., & Iwasiw, C. (2004). Nurse educators' workplace

     empowerment, burnout, and job satisfaction: Testing Kanter's theory. *Journal of*

     Advanced Nursing, 46(2), 134-143.

Shermont, H., & Krepcio, D. (2006). The impact of culture change on nurse retention. *The*

     Journal of Nursing Administration, 36(9), 407-415.

Simpson, M. R. (2009a). Engagement at work: A review of the literature. *International Journal*

     of Nursing Studies, 46, 1012-1024.

Simpson, M. R. (2009b). Predictors of work engagement among medical-surgical registered

     nurses. *Western Journal of Nursing Research, 31*(1), 44-65.

Society for Human Resource Management. (2010, Second Quarter). Motivation in today's

     workplace: The link to performance. *SHRM Research Quarterly*, *2,* 1-12. Retrieved from

     http://www.shrm.org/research/articles/articles/documents/10-

     0235%20research%20quarterly-q2-fnl.pdf

Stichler, J. F. (2008). Staff nurse engagement in health facility design. *Journal of Nursing*

     Administration, 38(7/8), 315-318.

Upenieks, V. V., Lee, E. A., Flanagan, M. E., & Doebbeling, B. N. (2009). Healthcare team

     vitality instrument (HTVI): Developing a tool assessing healthcare team functioning.

     Journal of Advanced Nursing, 66(1), 168-176.

U.S. Department of Health and Human Services. (2012). TeamSTEPPS: National

     implementation. Retrieved from http://teamstepps.ahrq.gov/.

Vahey, D. C., Aiken, L. H., Sloane, D. M., Clarke, S. P., & Vargas, D. (2004). Nurse burnout

     and patient satisfaction. *Med Care, 42*(2), 1157-1166.

Wagner, S. E. (2006). Staff retention: From "satisfied" to "engaged." *Nursing Management,*

37(6), 24-29. Retrieved from www.nursingmanagement.com.

Wang, X., Chontawan, R., & Nantsupawat, R. (2011). Transformational leadership: Effect on the

job satisfaction of registered nurses in a hospital in China. *Journal of Advanced Nursing,*

68(2), 444-451.

Waters, A. (2012). Give us the right number and mix of staff to drive up care standards. *Nursing*

Standard, 26(18), 12-15.

Appendix A

Nursing Professional Development: Scope and Standards of Practice

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**STANDARDS OF PRACTICE FOR
NURSING PROFESSIONAL DEVELOPMENT**

STANDARD 1. ASSESSMENT
The nursing professional development specialist collects data and information related to educational needs and other pertinent situations.

STANDARD 2. IDENTIFICATION OF ISSUES AND TRENDS
The nursing professional development specialist analyzes issues, trends, and supporting data to determine the needs of individuals, organizations, and communities.

STANDARD 3. OUTCOMES IDENTIFICATION
The nursing professional development specialist identifies desired outcomes.

STANDARD 4. PLANNING
The nursing professional development specialist establishes a plan that prescribes strategies, alternatives, and resources to achieve expected outcomes.

STANDARD 5. IMPLEMENTATION
The nursing professional development specialist implements the identified plan.
5A: Coordination
5B: Learning and Practice Environment
5C: Consultation

STANDARD 6. EVALUATION
The nursing professional development specialist evaluates progress toward attainment of outcomes.

**STANDARDS OF PROFESSIONAL PERFORMANCE FOR
NURSING PROFESSIONAL DEVELOPMENT**

STANDARD 7. QUALITY OF NURSING PROFESSIONAL DEVELOPMENT PRACTICE
The nursing professional development specialist enhances the quality and effectiveness of nursing professional development practice.

STANDARD 8. EDUCATION
The nursing professional development specialist maintains current knowledge and competency in nursing and professional development practice.

STANDARD 9. PROFESSIONAL PRACTICE EVALUATION
The nursing professional development specialist evaluates his/her own nursing practice in relation to professional practice standards and guidelines, and relevant statutes, rules, and regulations.

STANDARD 10. COLLEGIALITY
The nursing professional development specialist establishes collegial partnerships contributing to the professional development of peers, students, colleagues, and others.

STANDARD 11. COLLABORATION
The nursing professional development specialist collaborates with interprofessional teams, leaders, stakeholders, and others to facilitate nursing practice and positive outcomes for consumers.

STANDARD 12. ETHICS
The nursing professional development specialist integrates ethics in all areas of practice.

STANDARD 13. ADVOCACY
The nursing professional development specialist advocates for the protection and rights of individuals, families, communities, populations, healthcare providers, nursing, and other professions, institutions, and organizations.

STANDARD 14. RESEARCH
The nursing professional development specialist integrates research findings into practice.

STANDARD 15. RESOURCE UTILIZATION
The nursing professional development specialist considers factors related to safety, effectiveness, and cost in regard to professional development activities and expected outcomes.

STANDARD 16. LEADERSHIP
The nursing professional development specialist provides leadership in the professional practice setting and the profession.

Reference

American Nurses Association, & National Nursing Staff Development Organization. (2010). *Nursing professional development: Scope and standards of practice*. Silver Spring, MD: Nursesbooks.org.

Appendix B

Core Competencies of Nurse Educators

Competency 1: Facilitate Learning
Nurse educators are responsible for creating an environment in classroom, laboratory, and clinical settings that facilitates student learning and the achievement of desired cognitive, affective, and psychomotor outcomes.
Competency 2: Facilitate Learner Development and Socialization
Nurse educators recognize their responsibility for helping students develop as nurse and integrate the values and behaviors expected of those who fulfill that role.
Competency 3: Use Assessment and Evaluation Strategies
Nurse educators use a variety of strategies to assess and evaluate student learning in classroom, laboratory, and clinical settings, as well as in all domains of learning.
Competency 4: Participate in Curriculum Design and Evaluation of Program Outcomes
Nurse educators are responsible for formulating program outcomes and designing curricula that reflect contemporary health care trends and prepare graduates to function effectively in the health care environment.
Competency 5: Function as a Change Agent and Leader
Nurse educators function as change agents and leaders to create a preferred future for education and practice in the nurse.
Competency 6: Pursue Continuous Quality Improvement in the Nurse Educator Role
Nurse educators recognize that their role is multidimensional and that an ongoing commitment to develop and maintain competence in the role is essential.
Competency 7: Engage in Scholarship
Nurse educators acknowledge that scholarship is an integral component of the faculty role, and that teaching itself is a scholarly activity.
Competency 8: Function within the Educational Environment
Nurse educators are knowledgeable about the educational environment within which they practice and recognize how political, institutional, social, and economic forces impact their role.

Reference

National League for Nursing. (2005). *The scope of practice for academic nurse educators*. New
        York, NY: National League for Nursing.

Appendix C

Core Competencies for Interprofessional Collaborative Practice

Values/Ethics (VE): Work with individuals of other professions to maintain a climate of mutual respect and shared values.

VE1.   Place the interests of patients and populations at the center of interprofessional health care delivery.

VE2.   Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.

VE3.   Embrace the cultural diversity and individual differences that characterize patients, populations, and the health care team.

VE4.   Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions.

VE5.   Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services.

VE6.   Develop a trusting relationship with patients, families, and other team members (CIHC, 2010).

VE7.   Demonstrate high standards of ethical conduct and quality of care in one's contributions to team-based care.

VE8.   Manage ethical dilemmas specific to interprofessional patient/ population centered care situations.

VE9.   Act with honesty and integrity in relationships with patients, families, and other team members.

VE10.Maintain competence in one's own profession appropriate to scope of practice.

Roles/Responsibilities: RR: Use the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served.

RR1.   Communicate one's roles and responsibilities clearly to patients, families, and other professionals.

RR2.   Recognize one's limitations in skills, knowledge, and abilities.

RR3.   Engage diverse healthcare professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific patient care needs.

RR4.   Explain the roles and responsibilities of other care providers and how the team works together to provide care.

RR5.   Use the full scope of knowledge, skills, and abilities of available health professionals and healthcare workers to provide care that is safe, timely, efficient, effective, and equitable.

RR6.   Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention.

RR7.   Forge interdependent relationships with other professions to improve care and advance learning.

RR8.   Engage in continuous professional and interprofessional development to enhance team performance.

RR9. Use unique and complementary abilities of all members of the team to optimize patient
care.

Interprofessional Communication (CC): Communicate with patients, families, communities,
and other health professionals in a responsive and responsible manner that supports a team
approach to the maintenance of health and the treatment of disease.

CC1.   Choose effective communication tools and techniques, including information systems and
communication technologies, to facilitate discussions and interactions that enhance team
function.

CC2.   Organize and communicate information with patients, families, and healthcare team
members in a form that is understandable, avoiding discipline-specific terminology when
possible.

CC3.   Express one's knowledge and opinions to team members involved in patient care with
confidence, clarity, and respect, working to ensure common understanding of information
and treatment and care decisions.

CC4.   Listen actively, and encourage ideas and opinions of other team members.

CC5.   Give timely, sensitive, instructive feedback to others about their performance on the
team, responding respectfully as a team member to feedback from others.

CC6.   Use respectful language appropriate for a given difficult situation, crucial conversation,
or interprofessional conflict.

CC7.   Recognize how one's own uniqueness, including experience level, expertise, culture,
power, and hierarchy within the healthcare team, contributes to effective communication,
conflict resolution, and positive interprofessional working relationships (University of
Toronto, 2008).

CC8.   Communicate consistently the importance of teamwork in patient-centered and
community-focused care.

Teams and Teamwork (TT): Apply relationship-building values and the principles of team
dynamics to perform effectively in different team roles to plan and deliver patient-/population-
centered care that is safe, timely, efficient, effective, and equitable.

TT1. Describe the process of team development and the roles and practices of effective teams.

TT2. Develop consensus on the ethical principles to guide all aspects of patient care and team
work.

TT3. Engage other health professionals—appropriate to the specific care situation—in shared
patient-centered problem-solving.

TT4. Integrate the knowledge and experience of other professions—appropriate to the specific
care situation—to inform care decisions, while respecting patient and community values
and priorities/ preferences for care.

TT5. Apply leadership practices that support collaborative practice and team effectiveness.

TT6. Engage self and others to constructively manage disagreements about values, roles, goals,
and actions that arise among healthcare professionals and with patients and families.

TT7. Share accountability with other professions, patients, and communities for outcomes
relevant to prevention and health care.

TT8. Reflect on individual and team performance for individual, as well as team, performance
improvement.

TT9. Use process improvement strategies to increase the effectiveness of interprofessional
     teamwork and team-based care.

TT10. Use available evidence to inform effective teamwork and team-based practices.

TT11. Perform effectively on teams and in different team roles in a variety of settings.

Please note. The *Core Competencies for Interprofessional Collaborative Practice* were developed by the American Association of Colleges of Nursing, American Association of Colleges of Osteopathic Medicine, American Association of Colleges of Pharmacy, American Dental Education Association, Association of American Medical Colleges, and Association of Schools of Public Health.

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References

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Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel.* Washington, DC: Interprofessional Education Collaborative. Retrieved from http://www.aacn.nche.edu/Education/PDF/IPECReport.pdf

Interprofessional Education Collaborative Expert Panel. (2011). *Team-based competencies: Building a shared foundation for education and clinical practice.* Retrieved from http://www.aacn.nche.edu/Education/PDF/IPECReport.pdf

Appendix D

Education Competencies Model

Definitions of Program Outcomes

Human Flourishing is difficult to define, but it can be loosely expressed as an effort to achieve self-actualization and fulfillment within the context of a larger community of individuals, each with the right to pursue his or her own such efforts. The process of achieving human flourishing is a lifelong existential journey of hope, regret, loss, illness, suffering, and achievement. Human flourishing encompasses the uniqueness, dignity, diversity, freedom, happiness, and holistic well-being of the individual within the larger family, community, and population. The nurse helps the individual in efforts to reclaim or develop new pathways toward human flourishing.

Nursing Judgment encompasses three processes: namely, critical thinking, clinical judgment, and integration of best evidence into practice. Nurses must employ these processes as they make decisions about clinical care, the development and application of research and the broader dissemination of insights and research findings to the community, and management and resource allocation. Critical thinking means identifying, evaluating, and using evidence to guide decision making by means of logic and reasoning. Clinical judgment refers to a process of observing, interpreting, responding, and reflecting situated within and emerging from the nurse's knowledge and perspective (Tanner, as cited in NLN, 2010, p. 34). Integration of best evidence ensures that clinical decisions are informed to the extent possible by current research (Craig & Smith, as cited in NLN, 2010, p. 34).

Professional Identity involves the internalization of core values ad perspectives recognized as integral to the art and science of nursing. These core values become self-evident as the nurse learns, gains experience, and grows in the profession. The nurse embraces these fundamental values in every aspect of practice while working to improve patient outcomes and promote the ideals of the profession. Professional identity is evident in the lived experience of the nurse, in his or her ways of "being," "knowing," and "doing."

Spirit of Inquiry is a persistent sense of curiosity that informs both learning and practice. A nurse infused by a spirit of inquiry will raise questions, challenge traditional exiting practices, and seek creative approaches to problems. The spirit of inquiry suggests, to some degree, a childlike sense of wonder. A spirit of inquiry in nursing engenders innovative thinking and extends possibilities for discovering novel solutions in ambiguous, uncertain, and unpredictable situations.

Reference

National League for Nursing. (2010). *Outcomes and competencies for graduates of practical/vocational, diploma, associate degree, baccalaureate, master's, practice doctorate, and research doctorate programs in nursing.* New York, NY: National League for Nursing.

Appendix E

Potratz Circle Model of Empowerment and Engagement: An Exemplar

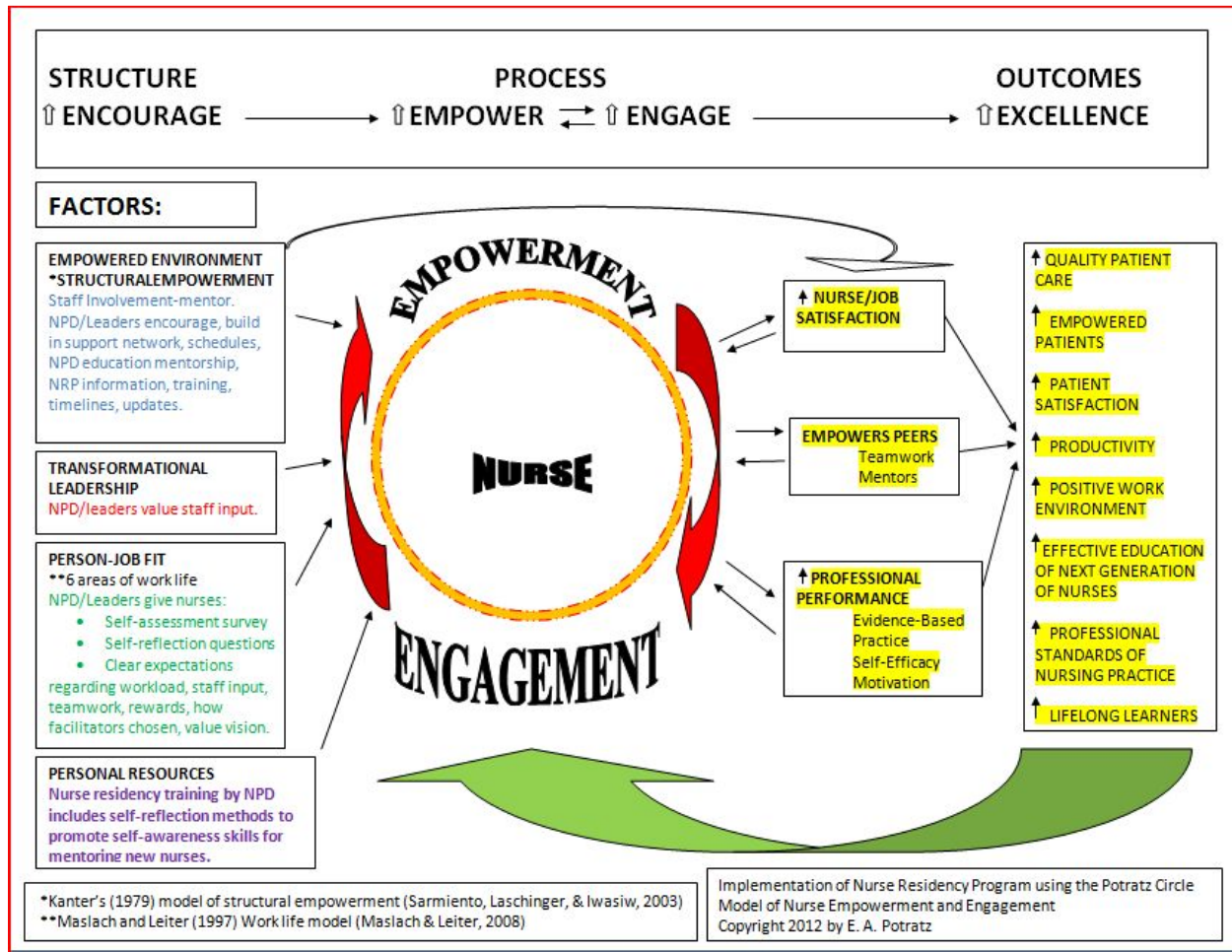*Empowering and Engaging New Nurses: Nurse Residency Program Implementation*

Figure E. Implementation of Nurse Residency Program using the Potratz Circle Model of Nurse Empowerment and Engagement. Copyright 2012 by E. A. Potratz. This is an adapted Potratz model reflecting the implementation of a nurse residency program.

Strategy: Implementation of Nurse Residency Program (Key)

Structure/Factors:

Structural Empowerment

Opportunity: Nurse Residency Program (NRP) provides opportunity for staff nurses to get involved and mentor new nurses.

Support: Nurse Professional Development (NPD) educator and leaders encourage, build in support network, set schedules.

Resources: NPD educator provides education regarding how to be a preceptor/mentor.

Information: NRP includes information, training, timelines, and updates.

Transformational Leadership

NPD educator and leaders value input from staff nurses regarding process and nurse resident cohort schedules.

Person-Job Fit

NPD educator and leaders give staff nurses self-assessment survey regarding expectations of nurse resident facilitator role so staff nurses can assess how program fits in their work life regarding workload, control, community, rewards, fairness, and values. Survey includes self-reflection questions and clear expectations regarding workload, staff input, teamwork expectations, rewards-compensation, how facilitator team is chosen, and a clear vision of the value of nurse residency program to nurses, health care team, organization, and nursing profession.

Personal Resources

Nurse residency program training by NPD educator includes self-reflection methods to promote self-awareness of skills for mentoring new nurses.

Process: Secondary to employment of above factors to promote nurse empowerment and engagement, nurses involved in nurse residency program will be more empowered and engaged, the more empowered a nurse feels the more engaged he/she will be and vice versa.

<mark>Outcomes: Primary</mark>

<mark>Increase in nurse/job satisfaction</mark>. Increase in nurse empowerment and engagement leads to increase in job satisfaction. New nurse satisfaction increases.

<mark>Empowers peers-teamwork-mentors</mark>. As staff nurses become more empowered and engaged, this positive energy rises and is contagious throughout the team. Working together on the program and the built in support system and network creates positive teamwork. Energy for creative problem solving and clinical reasoning allows for competent mentoring. Mentoring empowers new nurses.

<mark>Increase professional performance</mark>. The nurse residency program includes working with nurse residents on evidence-based projects which encourages high standards with professional practice. Nurse empowerment and engagement increase motivation and self-efficacy which also leads to confident practice, that is role modeled to the nurse resident and colleagues. Being involved in a challenging initiative such as a nurse residency program, will contribute to professional performance.

Outcomes: Secondary

Excellence. Secondary to the primary outcomes, excellence is seen in quality patient care. Empowered staff nurses working together leads to empowered patients and higher patient satisfaction.   High functioning teams increases productivity and creates a positive healthy work environment. Professional standards of nursing practice are upheld creating effective education for new nurse generations and lifelong learners in the staff nurses.

Re-generating cycle: All positive outcomes in turn re-energize the nurse empowerment and engagement circle which continues to reinforce positive outcomes leading to a culture of positive transformation, a health care climate that is able to thrive even with reduced resources and increasing demands.