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EXPLORING THERAPIST ENGAGEMENT USING PROCESS CONSULTATION

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EXPLORING THERAPIST ENGAGEMENT USING PROCESS CONSULTATION

Presented in Partial Fulfillment of the
Requirements for the Degree of
Doctor of Occupational Therapy

Eastern Kentucky University
College of Health Sciences
Department of Occupational Science and Occupational Therapy

Rachel Spaide, MS, OTR/L, CLT-LANA, CBIS
2019

EASTERN KENTUCKY UNIVERSITY
COLLEGE OF HEALTH SCIENCES
DEPARTMENT OF OCCUPATIONAL SCIENCE AND OCCUPATIONAL THERAPY

This project, written by Rachel Spaide under direction of Dr. Anne Fleischer, Faculty Mentor, and approved by members of the project committee, has been presented and accepted in partial fulfillment of requirements for the degree of

DOCTOR OF OCCUPATIONAL THERAPY

CAPSTONE COMMITTEE

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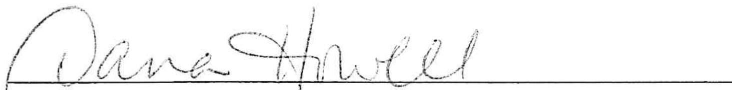
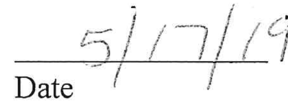
DEPARTMENT OF OCCUPATIONAL SCIENCE AND OCCUPATIONAL THERAPY

Certification

We hereby certify that this Capstone project, submitted by Rachel Spaide, conforms to acceptable standards and is fully adequate in scope and quality to fulfill the project requirement for the Doctor of Occupational Therapy degree.

Approved:

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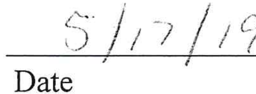

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Executive Summary

Background: There is evidence to support that highly engaged colleagues out-perform less engaged ones. This study explores whether participation in a process consultation workgroup improves engagement scores for occupational/physical/speech therapists.

Purpose: To describe the impact of using process consultation within a volunteer therapist workgroup's engagement, patient perception of quality, and internal customer service.

Theoretical Framework. Edgar H. Schein's process consultation model serves as the primary theoretical basis for this project. Process consultation empowers participants to address issues within the workplace.

Methods. This study uses a prospective cohort design. The intervention is participation in a voluntary process consultation workgroup aimed at improving hospital-based therapy services. Baseline scores in colleague engagement, service to other departments, and patient satisfaction are compared to post-intervention scores.

Results. Following completion of a process consultation workgroup, therapists' engagement increased, and internal customer service improved within the hospital. Patient experience scores did not increase following completion of workgroup sessions.

Conclusions: Allowing physical / occupational / speech therapists the opportunity to improve the work place appears to positively impact engagement as evidenced by an increase in Utrecht Work Engagement Scale (UWES) scores. This study supports that improving engagement in therapists may positively influence service to internal customers.

Acknowledgements

Thanks to my husband, Steve, and my children, Jacob and Ella. Without your daily sacrifices and unconditional support, completion of my doctoral degree would not have been possible. Dad and mom (Dr. Arnold R and Carolyn Smith), your interest in my project and words of encouragement have helped me along every step of this journey. You both have role-modeled the value of advanced education and have inspired me to pursue this goal.

A big thank you is also due to my work family. Laura Sechrest, you demonstrated love of colleagues and love of the mission. Thanks for believing in me! For my friends in Human Resources and Administration—thanks for supporting me both financially and emotionally while I divided my energy between work, family, and school. It is an honor to be a part of this work team. I count it a blessing to work with such an awesome group of therapists, and I am humbled to be on this journey of patient-centered care with you. You truly are engaged and are changing lives because you are.

And finally, thank you to the members of the Occupational Therapy faculty of Eastern Kentucky University. You have shared your passion for the profession of occupational therapy and for each student who crossed your path. Thanks for transforming me into an evidence-based OT!

EASTERN KENTUCKY UNIVERSITY
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DEPARTMENT OF OCCUPATIONAL SCIENCE AND OCCUPATIONAL THERAPY

CERTIFICATION OF AUTHORSHIP

Submitted to (Faculty Mentor's Name): __Dr. Anne Fleischer______________________
Student's Name: __Rachel Spaide, MS, OTR/L, CLT-LANA, CBIS____________
Title of Submission: ___Exploring Therapist Engagement Using Process Consultation_____
____

Certification of Authorship: I hereby certify that I am the author of this document and that any assistance I received in its preparation is fully acknowledged and disclosed in the document. I have also cited all sources from which I obtained data, ideas, or words that are copied directly or paraphrased in the document. Sources are properly credited according to accepted standards for professional publications. I also certify that this paper was prepared by me for this purpose.

Student's Signature: Rachel Spaide, MS, OTR/L, CLT-LANA, CBIS

Date of Submission: 5/13/19

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Section One: Nature of Project and Problem Identification

Project Introduction

Increasingly, metrics such as staff turnover and engagement are defining manager effectiveness in industrial settings (Tucker, 2012). Employee engagement has been predictive of customer loyalty (Miller, 2017) and financial performance (Sorenson, 2013). Top engagement drivers are well understood in industries including real estate and food services, where 74.6% of the workforce is engaged (Clapon, 2013); engagement rates in healthcare settings, however, tend to trend much lower with engagement rates of 58% (Clapon, 2013).

Higher levels of colleague engagement in healthcare are correlated with better patient outcomes including shorter hospital lengths of stay, lower mortality, fewer errors, and lower incidences of pressure ulcers (Choi, Begquist-Beringer, & Staggs, 2013). As the federal government transitions towards a pay-for-performance payment model, hospitals are vulnerable to lower payment when patient satisfaction and quality metrics are not met (Sherwood, 2013). As more is understood about the benefits of an engaged workforce, and the penalties associated with sub-par quality and poor patient satisfaction, it becomes increasingly necessary for healthcare managers to focus efforts upon engagement of the workers who report to them (Studer, Hagins, & Cochrane, 2014).

Employee engagement. Engagement is a term that describes the level of commitment that an employee has towards his or her organization of employment and its goals (Jeve, Oppenheimer, & Konje, 2015). Whereas engaged colleagues are involved in, and enthusiastic about daily work, colleagues who experience burnout are cynical and demonstrate a state of exhaustion associated with their work.

Engagement of teachers. The Job Demands-Resources Model was used to explore concepts of engagement and burnout amongst Finnish teachers (Hakanen, Bakker, & Schaufeli, 2006). Teacher burnout was found to be positively correlated with high job demands and ill health, whereas higher engagement levels were found in teachers who perceived they had a greater amount of job resources and higher commitment to their school. School contexts were explored by Klusmann, Kunter, Trautwein, Ludtke, and Baumert (2008), and individual school environments were less predictive of teacher engagement levels than were personality characteristics of the individual teachers who were studied. As measured by subscales of the Occupational Stress and Coping Inventory, the level of engagement was determined by how teachers described the significance of their work and their career ambitions. More engaged teachers tended to be female and younger; and their engagement levels were not impacted by frequency of interactions with their coworkers. Teachers with higher levels of exhaustion, measured by the Maslach Burnout Inventory, were older, taught more classes, and described lower levels of social support. Higher principal support resulted in higher levels of teacher engagement, while disciplinary problems correlated with higher levels of teacher exhaustion. Skaalvik and Skaalvik (2014) determined that autonomy and self-efficacy were predictors of teachers' levels of engagement, job satisfaction, and emotional energy.

Engagement of nurses. Siller, Dolansky, Clavelle, and Fitzpatrick (2016) studied the correlation between emergency room nurses' level of engagement and their perceptions about how frequently shared governance was experienced on the job. Nurses who felt they had influence over resources (control of patient assignments, ability to obtain supplies, and influence regarding services available outside of the nursing unit) had the highest engagement scores. Perceptions of high levels of shared governance correlated with high levels of engagement.

Level of engagement was found to be higher for older nurses than for younger nurses and was higher in nurses who worked more hours per week, according to a study completed by Simpson (2009). Associate degree prepared nurses demonstrated slightly higher levels of engagement than nurses who were bachelors trained. Levels of engagement were lower in nurses who indicated they were not satisfied with their job and in nurses who had been searching for jobs.

Engagement among occupational therapists. There is little occupational therapy colleague engagement research. Gupta, Patterson, Lysaught, and von Zweck (2012) explored practice issues that contributed to high levels of cynicism and emotional exhaustion experienced by Canadian occupational therapists. Burnout was associated with excessive therapist workloads, perceptions that they weren't well respected as professionals, and a lack of practice autonomy. Burnout also was experienced when employees felt conflicted when their own personal values differed from professional demands of the job. In a study involving 126 occupational therapists, Edwards and Dirette (2010) discovered that therapists who were unclear about their professional identities as occupational therapists, also experienced high levels of burnout and lower commitment to their workplaces. Poulsen et al. (2013) identified high levels of work engagement when colleagues experienced low psychological detachment from work, high satisfaction with income, and attained post-graduate degrees. Employees, who worked more than forty hours per week, had children, and frequently experienced a "belly laughs", also were found to have high levels of work engagement.

Organizational engagement culture. A 2014 study by Naidoo and Martins found that when processes were present to build strong organizational cultures, high colleague engagement scores were also present. Richman, Civian, Shannon, Hill, and Brennan, in their 2008

investigation of fifteen varied types of large companies including technology, professional services, pharmaceuticals, and university staff, concluded when staff perceived that their jobs were flexible and had supportive work-life practices in place, engagement was higher, and longer retention was achieved. Biggs, Brough, and Barbour (2014) found that police officers who perceived high levels of support from work peers, received needed resources and experienced strong supervisor support consistently showed higher levels of engagement.

Companies who excel in high engagement levels. The JCB group, an automotive company, was awarded with the 2016 Engagement Leader of the Year award, after it was able to achieve 100% colleague engagement following the creation of a Smarthub platform (Reward Gateway, n.d.). This technological solution communicated daily corporate news and provided a venue for recognizing others which was positively perceived and utilized by a very diverse working population. Southwest Airlines empowers its employees in a variety of ways; such as, allowing employees design their own work uniform and create a "rapping" flight safety information announcement, which has led to their consistently high engagement scores (Maier, 2016).

Problem Statement

Nursing units and other ancillary departments at one midwestern rural hospital perceive that the rehabilitation department is providing "great" service to their departments only 45% of the time.

Purpose Statement

The purpose of this project is to provide "great" service >50% of the time by creating an environment that encourages therapist engagement.

Research Questions

- Will engagement of all therapy colleagues improve as measured by the Utrecht Work Engagement Scale (UWES), after process consultation is used within a volunteer therapist workgroup?
- Will process consultation a) impact engagement of occupational therapists, physical therapists, and speech therapists equally, b) improve the rehabilitation team's ability to service other hospital colleagues, and c) improve patient perception of care by occupational, physical, and speech therapists?

Objectives

- Improve the therapists' engagement scores as measured by the UWES
- Improve perceived collaboration with other nursing units and hospital departments as measured by the Essential Services survey
- Improve patient satisfaction scores as measured by Press Ganey scores

Theoretical Framework / Scientific Underpinnings

Philosophy. Edgar H. Schein's process consultation model serves as the primary theoretical basis for this project. Process consultation emerged in the late 1960's and became popular in the 1970's and 1980's. It is deeply rooted in social psychology and aims to help create social change through building helpful client-consultant relationships (Lambrechts, Grieten, Bouwen, & Corthouts, 2009). Schein emphasizes the importance of a collaborative relationship between the consultant and the group or organization with whom he is working. For successful change to occur, the process consultation-based practitioner must establish himself as being trustworthy. It is the consultant's role to help surface relevant issues by posing questions,

promoting group analysis, providing feedback, and setting agendas (Bowers, 1973). Ten major principles exist within the model. They include:

- always be helpful;
- always stay in touch with the current reality;
- access your ignorance;
- all acts are interventions;
- clients own the problem and the solution;
- go with the flow;
- timing is crucial;
- be constructively opportunistic with confrontive interventions;
- everything is data; your own errors particularly;
- when in doubt, share the problem (Schein, 1999).

Process consultation approach. Process consultation offers a participatory approach in which therapists can share perspectives about their relationships and work within the hospital environment. Such an approach provides promise for increasing therapist engagement and improving service to patients and colleagues in other hospital departments. With its deep roots in group dynamics and small-group processes (Schein, 1988), process consultation provides opportunities for workgroup members to form collaborative relationships with each other as perspectives are explored regarding daily work and existing barriers that interfere with provision of great patient care.

Process consultation involves consideration of current strengths and weaknesses before an action plan can be formulated and successfully carried out (Schein, 1988). As outlined by process consultation, the researcher/consultant's role was to help surface relevant information by

asking neutral questions, describing her observations, reviewing pertinent findings, and assisting with agenda-setting for future meetings (Bowers, 1973). Lambrechts, Grieten, Bouwen, and Courthouts (2009) discuss the importance of having stakeholders re-evaluate action steps taken.

Evaluation. The workgroup will identify problems and establish workgroup goals, and these will define the effectiveness of process consultation efforts. Schein (1988) describes that although the desired outcome is improved organizational process, a common by-product of such a project is often the value that the human interactions provide. On a larger scale, the researcher and the administrators of the midwestern hospital will measure the effectiveness of process consultation via Essential Services survey scores, and by measuring and monitoring scores achieved on yearly Press Ganey colleague engagement scores.

Significance of the Study

Although recent studies have linked high colleague engagement with fewer patient errors (Lowe, 2012), higher patient satisfaction ratings (Scotti, Harmon, & Behson, 2007), and lower staff turn-over expenditures (Burger & Sutton, 2014), there is a lack of evidence to support how to achieve high levels of colleague engagement among therapists. Few opportunities for one-on-one leadership training are available for new nurse managers (Weir et al., 1997) and likewise, lack of defined competencies exist for occupational therapists who wish to transition from practitioner to manager (Guo & Calderon, 2007). Should process consultation be found as an effective means for increasing therapist engagement, it would be relevant to include this approach within ongoing rehabilitation manager training and skill development.

Section One Summary

Colleague engagement describes the level of emotional commitment one feels towards his or her organization. Evidence supports that employees who are given an opportunity to

influence their work environments are generally more engaged. Process consultation, likewise, provides opportunities for employees to influence struggles encountered at work, and appears to be a natural tool for improving colleague engagement. Although previous studies have explored characteristics of engagement within a therapist population, there is little research which supports which interventions are effective for increasing therapist engagement. This project seeks to measure whether process consultation is a viable means for increasing colleague engagement in occupational therapists, physical therapists, and speech therapists at one midwestern community-based hospital.

Section Two: Detailed Review of the Literature

Introduction

Process consultation has provided consultants a collaborative framework for addressing workplace challenges. Interventions are jointly owned by both the consultant and the client served. Schein (1988) defines process consultation as a set of activities which support a consultant's ability to perceive, understand, and act upon an environment so that the client's situation can be improved. Benefits of process consultation have included heightened collaboration and mutual support in school teachers (Farouk, 2004), improved working relationships between nurses and nurse managers (Weir et al., 1997), and improved "civility" in the workplace for Veteran's Health Administration employees (Osatuke, Moore, Ward, Dyrenforth, & Belton, 2009). Although process consultation has produced positive change in a variety of work settings, the current literature does not address the impact of process consultation upon physical therapists', occupational therapists', and speech therapists' engagement.

Process Consultation Literature

Effectiveness of process consultation in healthcare. A 310-bed hospital in Ontario initiated process consultation as a means of addressing low morale, improving patient satisfaction, and decreasing the number of critical incidents (Weir et al., 1997). Nurse managers were paired with outside nurse consultants from a nearby university to learn how to decentralize existing decision-making efforts. After training in problem identification, realistic goal-setting, strategic planning, and evaluation, nurse managers were tasked with completing process consultation meetings with their own nursing staff. Following twelve months of consultation meetings with staff, managers reaped the benefits of improved peer cohesion, and greater "system clarity." No significant changes in patient satisfaction or the number of risk events

occurred following process consultation, nor did absenteeism improve. Following process consultation, though, nurses reported an increased understanding of manager expectations.

Process consultation in group work in schools. Farouk (2004) found process consultation helpful for supporting middle school teachers who experienced difficulties managing students with emotional-behavioral problems. Using a combined approach of process consultation and Hanko's approach to working with teachers in groups (Farouk, 2004), workgroups were formed including individuals from the school management team, as well as individual teachers. Volunteers met within workgroups to create shared vision regarding current issues, and to develop mutual support. Four distinct phases of group work were facilitated by an educational psychologist consultant. These included a clarification, reflection, personal theory generating, and strategy generating phases (Farouk, 2004). Through participation in workgroup sessions, participants were given the opportunity to fully elaborate upon their individual concerns, participate in active listening, describe their own personal theories regarding current organization's state, and suggest possible action plans for moving forward. The consultant engaged participants by prompting solution-focused questions, encouraging discussion, and reaching consensus. Farouk (2004) suggests that as workgroup participants became accustomed to supporting each other, it became more natural for them to support students as well. Teachers benefitted from approaching issues in a less technical manner, and workgroup participation provided time and space to reflect upon student relationships and strong emotions that had been experienced (Farouk, 2004).

Therapist Job Satisfaction

Job satisfaction of physical therapists. Gupta and Joshi (2013) found that 51 percent of surveyed physical therapists in India were satisfied with their jobs. Men tended to be more

satisfied with their jobs than women; and job satisfaction was largely determined by salary, assignment to interesting work, and feeling a sense of fulfillment.

Job satisfaction of occupational therapists. Occupational therapists' job satisfaction appears to be more determined by intrinsic factors than extrinsic ones (Randolph, 2005). Supersede, Lingah, and Govender (2016) identified the top three dimensions that influenced occupational therapist job satisfaction as the a) nature of the work, b) environmental conditions, and c) coworker relationships. Enjoyable co-worker relationships were identified as the most important of the three factors. In a 2013 Australian study, Scanlan, Meredith, and Poulsen found higher levels of job satisfaction correlated with lower risk for turnover. Occupational therapists who encountered a high level of support and praise reported the highest levels of satisfaction, as did those who perceived a high level of work-life balance (Scanlan, et al., 2013).

Bendixen and Ellegard (2014) analyzed the daily diary entries of occupational therapists who were undergoing a time of leadership transition in one Swedish hospital. Therapists' perceptions regarding how much autonomy they had over daily work significantly influenced their job satisfaction. Participating in goal setting for the organization, choosing location of where the work was to occur, and customizing patient treatment methods significantly increased job satisfaction for these occupational therapists.

Job satisfaction of multidisciplinary rehabilitation team. To predict important factors related to promoting retention among rehabilitation professionals, Randolph (2005) invited physical therapists, occupational therapists, and speech therapists to rate various job factors which influenced job satisfaction in their current clinical positions. She found that rehabilitation professionals rated intrinsic factors, such as helping others, having the opportunity to provide departmental input, participating in meaningful work, and having growth opportunities, as more

important than external factors such as competitive pay, flexible schedule, and continuing education reimbursement.

The Colleague Engagement and Patient Satisfaction Connection

Organizations that are successful at achieving high colleague engagement also have higher quality metrics and profitability (Lowe, 2012). Studer, Hagins, and Cochrane (2014) highlight quality metrics achieved by Royal Victoria Regional Health Centre (RVH). When RVH prioritized colleague and physician engagement, patient satisfaction scores improved from the 10th percentile to the 90th percentile. Likewise, a nation-wide study, of 23 hospital settings in 2007, demonstrated that hospitals with higher engagement ratings brought in 8 percent higher revenues than facilities that experienced lower levels of engagement (Healthcare Source, 2014). API Healthcare (2016) also supports higher provider engagement correlated with better patient satisfaction scores. These studies suggest that focusing upon improving engagement within the hospital work setting is one way to positively impact patient satisfaction scores.

Summary

A review of the literature sheds insight that process consultation provides an effective means of developing workplace relationships amongst colleagues (Farouk, 2004, Weir et al., 1997, Osatuke et al., 2009). Workplace satisfaction is higher when therapists are given the opportunity to participate in meaningful work (Randolph, 2005) and when autonomy over daily work conditions is afforded (Bedixen & Ellegard, 2014). It is believed then, that the inherent goal-setting and problem-solving nature of process consultation will fulfill intrinsic therapist needs for autonomy (Bendixen & Ellegard, 2014), helping others (Randolph, 2005), and participation in enjoyable coworker relationships (Sewpersadh, Lingah, & Govender, 2016). As a result, higher levels of engagement, service to others, and quality of work will be achieved.

Section Three: Methods

Project Design

A prospective cohort design was utilized because a group of therapists and rehabilitation professionals were observed over a prescribed period, when an "exposure" was introduced. Within this study, the "exposure" was a voluntary workgroup consisting of physical therapists, occupational therapists, and speech therapists from the rehabilitation department.

Setting

The research setting is a 244-bed rural hospital located in the midwest. In addition to its acute hospital beds, this facility's continuum of services also includes home health, an outpatient clinic, and a 20-bed inpatient rehabilitation unit. Prior to the launch of this research study, the hospital began work with a consulting company to develop a plan to improve patient satisfaction and colleague engagement.

Inclusion and Exclusion Criteria

Inclusion. Any physical therapist, occupational therapist, physical therapy assistant, occupational therapy assistant, and speech therapist employed by the hospital, who provides patient care within acute care hospital and inpatient rehabilitation unit was included.

Exclusion. Any therapy secretary, therapy transporter, student, and other support staff who works within the acute care hospital and inpatient rehabilitation unit was excluded.

Recruitment

An expedited review of the Eastern Kentucky University Institutional Review Board was completed, and approval was received for this study on December 18, 2018. Recruitment of subjects was completed following receipt of the IRB approval letter.

Therapists were given the opportunity to volunteer to participate in a therapist workgroup focused upon increasing collaborative relationships with other hospital units. The purpose of the workgroup was presented as a means of improving service to internal customers within the hospital including nursing units and other ancillary departments.

Data Collection

Utrecht Work Engagement Scale. Baseline engagement levels of occupational, physical, and speech therapists were determined prior to the launch of process consultation workgroups using the Utrecht Work Engagement Scale (UWES). Paper copies of the UWES were distributed during staff "huddles" the week of February 4, 2019. Time was given for survey completion during "huddles" and paper surveys were collected by an assigned therapy student. Completion of the UWES was not mandatory and staff were informed of this verbally during each "huddle" when the paper UWES forms were distributed. The researcher recorded UWES engagement scores for each of the three engagement domains including vigor, dedication, and absorption into an Excel spreadsheet by discipline (physical therapy, occupational therapy, or speech therapy). Following process consultation, paper copies of the UWES were re-administered the week of March 25, 2019. Time was allotted for survey completion during the "huddle" and surveys were collected by a designated therapy student. Post-workgroup engagement scores were recorded in the post-workgroup section of the Excel spreadsheet by the researcher. Paper copies of completed UWES surveys are stored in a locked drawer of the researcher's home.

Essential Services survey. The Essential Services survey tool is a document created by and used by the hospital facility and is used as an objective measure to quantify service provided to internal hospital customers. One leader from each nursing unit and ancillary department

completes the electronic survey and provides narrative comments to explain selected scores, which reflect the level of customer service received from each hospital department. Numerical scores and comments are provided to department directors and managers during the months of July, November, and March. Pre-workgroup (July 2018 and November 2018) and post-workgroup mean Essential Services survey scores (March 2019) for the Rehabilitation department and the corresponding top-box percentage ratings (scores of 9 and 10) were recorded by the researcher within an Excel spreadsheet.

Press Ganey. The hospital participates in a contract relationship with Press Ganey Associates for the maintenance, recording, and benchmarking of patient experience data. Press Ganey distributes the Inpatient Rehabilitation Facility Experience of Care Surveys to a sampling of patients as they are discharged from the inpatient rehabilitation unit, and these are mailed or emailed to discharged patients by Press Ganey within 24 hours of patient's discharge from the facility. An average of three inpatient rehabilitation surveys are returned monthly, and monthly patient satisfaction results are trended. Responses to each of four questions are analyzed for each therapy discipline including courtesy of the therapist, how well explanation of treatment was provided, how much participation in goal setting was allowed, and what extent the patient perceived that goals were met.

Intervention

Five workgroup sessions were completed during the period of February 1, 2019 and March 31, 2019. The process consultation workgroup consisted of one physical therapist, one occupational therapy assistant, and one speech therapist. Workgroup members were tasked with improving customer service to internal customers who were identified as hospital nursing unit colleagues and ancillary department colleagues. The researcher, who also is the direct supervisor of all members of the workgroup, asked participants to consider current strengths and barriers encountered during interactions throughout the hospital. This launched the first cycle of

problem-solving group sessions, including three stages: problem formulation, producing proposals for solution, and forecasting proposals (Schein, 1988).

The workgroup identified pre-treatment hand-off communication between therapists and nurses at the start of each therapy session as being one of the largest areas of opportunity for all providers. Aligning with the nature of process consultation, dialogue was promoted so that colleague viewpoints could be understood. Proposals for problem-solution were generated by the group and included options, such as, holding nurse in-service training sessions, creating a reference sheet which outlined a standard review of patient status prior to each treatment session, and interviewing of nurse managers. Participants were asked to forecast potential results of their planned actions. The researcher promoted conversations during workgroup sessions so that participants would feel comfortable sharing their viewpoints with each other. Meetings were scheduled by the researcher and agendas were created so follow-up on suggested action plans could occur.

Members of the workgroup were responsible for creating and acting on action plans developed, which included interviewing the medical-surgical nursing manager to understand the nurses' perceptions of therapists' service to them. Feedback from the nurse-manager resulted in a) creating a written checklist that nurses could reference during nursing "huddles," and b) posting the patient's level of toileting assistance on the communication board in each room. After implementing this component of the action plan, the workgroup evaluated the progress as suggested by Schein (1988). Process consultation is cyclic; therefore, as the workgroup evaluates the progress, the workgroup is also identifying the next step within the cycle of improving customer service with nursing and ancillary services.

Data Analysis

Pre-workgroup UWES mean scores collected in February 2019 for all rehabilitation therapists were compared with post-workgroup UWES mean scores collected in March 2019.

Pre-intervention Essential Services mean scores and the top-box percentage scores (those scores rated as a "9" or "10") collected in July and November 2018, were compared with post-intervention Essential Services mean scores and top-box percentages collected in February 2019.

Press Ganey inpatient rehabilitation mean percentile rank customer scores were calculated including occupational therapy, physical therapy, and speech therapy for five months prior to the intervention, and compared to Press Ganey mean percentile rank custom scores obtained between February and March 2019 and following the workgroup intervention in April 2019.

Outcome Measures

Utrecht Work Engagement Scale. The UWES measures engagement as a three-factor paradigm consisting of vigor, dedication, and absorption (Kulikowski, 2017). Responses on each question of the UWES are scored between 0 and 6 where 0 pertains to the lowest level of engagement and 6 pertains to the highest. To fully understand the concept of engagement, it is helpful to explore each of its three engagement dimensions separately.

Vigor. Vigor measures one's energy-state and describes one's willingness to expend effort at work; it includes the ability to persevere during difficult circumstances (Kulikowski, 2017). Six items comprise vigor which measures a person's tendency to act. Schaufeli and Bakker (2004) described vigor as the opposite of exhaustion; higher vigor UWES scores have been associated with lower incidences of anxiety and depressive symptoms (Innstrand, Langballe, & Falkun, 2012).

Dedication. Dedication is the opposite of cynicism (Schaufeli & Bakker, 2004). There are five items included in dedication and this reflects a person's level of identification with his or her job.

Absorption. Absorption measures the degree with which one is engrossed within his or her work (Schaufeli & Baker, 2004). The absorption category includes six items which measure both activation and identification (Poulsen et al., 2014).

Schaufeli and Bakker (2004) found internal consistency associated with the UWES was good, with a Cronbach's alpha of 0.70 or better achieved for each score. A three-year longitudinal study conducted by Seppala et al. (2008) completed confirmatory factor analysis with over 9,000 participants involved in five Finnish populations. These included a group of healthcare workers who completed UWES questionnaires in 2003, a group of engineering managers in 2006, a group of trade union managers in 2005, a group of teachers in 2001, and a three-year follow-up study of dentists who completed UWES questionnaires from 2003-2006. Their study supported that vigor, dedication, and absorption dimensions accurately measure work engagement, and that these constructs were relatively stable over time.; They concluded that the 9-question version of the UWES was more stable over time than the 17-question version of the engagement scale (Seppala et al., 2008). DeBruin and Hill (2013) found the following *r* values: vigor and dedication, $r = 0.86$, vigor and absorption, $r = 0.79$, and dedication and absorption, $r = 0.79$.

Essential Services survey tool. The Essential Services tool is a survey established by the hospital for the purposes of measuring the level of service quality provided to other departments. It is a non-standardized, "home-grown" tool developed jointly by hospital leaders

and a contracted consulting company. The Essential Services survey tool is distributed to departmental directors for completion every 90 days.

Press Ganey. Patient perception of quality of services provided by occupational, physical, and speech therapists was measured using the Press Ganey Inpatient Rehabilitation Facility Experience of Care Survey (IRF EOC). This tool was created by the Research Triangle Institute International in accordance with standards established by the Centers for Medicare & Medicaid Measures Management System (CMS, 2018). It contains 57 items including 41 evaluative questions, 16 demographic questions, as well as one comment opportunity. The survey elicits patient feedback on topics including the rehabilitation admission process, staff communication, rehabilitation experience, preparation for discharge, overall rating of the hospital or unit, as well as one's willingness to recommend the hospital or unit (Press Ganey Associates, 2018). Although rehabilitation facilities are not currently mandated to utilize this tool for national quality reporting, it is anticipated that a version of this tool will later be required by the CMS, as early as 2020 (Press Ganey Associates, 2017). Surveys are distributed to patients by Press Ganey, an independent consulting company, within 24 hours of the patient's discharge from the rehabilitation unit. Once feedback is received, Press Ganey assists with interpretation of data and quality initiatives to improve overall patient experience.

Although patient satisfaction survey data successfully identifies organizational strengths and weaknesses which is helpful for strategic planning, the reliability and validity of patient experience measures have been called into question. Heath (2017) reports that about 41 percent of healthcare facilities report a variability of at least 10 percentile points from month to month. Low response rates and small sample sizes can result in inaccurate results (Emergency Physicians, n.d). Presson and colleagues (2017) found an internal consistency reliability rating

of 0.79 to 0.96 and a high ceiling rate of 29.3% in their University of Utah study of medical practice surveys.

Ethical Considerations

There were minimal risks to research participants. One possible risk was psychological discomfort resulting from participating in a workgroup with other therapists. Also, because participants were from a convenience sample, de-identifying data became important so that privacy of the participants could be maintained (Creswell, 2014). Participants were not asked to provide any demographic information other than their therapy discipline, and surveys required minimal handwriting. Prior to survey completion, therapists were informed that their employment would not be positively or negatively impacted by completion of the UWES survey. Because the researcher was also a direct supervisor of potential workgroup participants, therapists might have felt pressured to participate in the research study. Therapists were educated that there were no rewards for participation. A physical therapy assistant student assisted in privacy efforts by collecting completed paper surveys. This allowed for dissociation between participants and their responses and helped to protect anonymity.

Section Four: Results and Discussion

This study sought to determine whether process consultation workgroup participation would impact the level of engagement experienced by hospital-based therapists practicing in a midwestern town. Process consultation-based workgroups gave participants the authority to identify current barriers which limited the workgroup from achieving goals, then develop a plan to reduce these barriers (Schein, 1988). In addition to impacting engagement, it was anticipated that process consultation would likewise positively impact service to ancillary and nursing departments and improve patients' perceptions of the quality of care received.

Results

Therapist engagement. Thirteen of the 33 therapists completed a baseline UWES: 7 (50%) physical therapists/assistants, 3 (21%) occupational therapists/assistants, and 3 (60%) speech therapists. A total of 17 therapists completed a post-workgroup UWES: 8 (57%) physical therapists, 5 (36%) occupational therapists, and 4 (80%) speech therapists (See Table 1).

Table 1: UWES Participation Rates

	Therapists Employed	Completed Baseline UWES	Completed Post-Workgroup UWES
Physical Therapists	14	7 (50%)	8 (57%)
Occupational Therapists	14	3 (21%)	5 (36%)
Speech Therapists	5	3 (60%)	4 (80%)
Total Therapists	33	13 (39%)	17 (51%)

Note: UWES: Utrecht Work Engagement Scale (Schaufeli et al., 2006). Total number of therapist employed includes all therapists / assistants who provide inpatient services at the midwestern hospital on 2/4/19.

Engagement scores from all three therapy disciplines improved following the process consultation workgroup (Figure 1). As outlined in Figure 2 occupational therapists were found to

be the most engaged therapy group; however, physical therapists demonstrated the greatest gains between baseline and post-workgroup data collections.

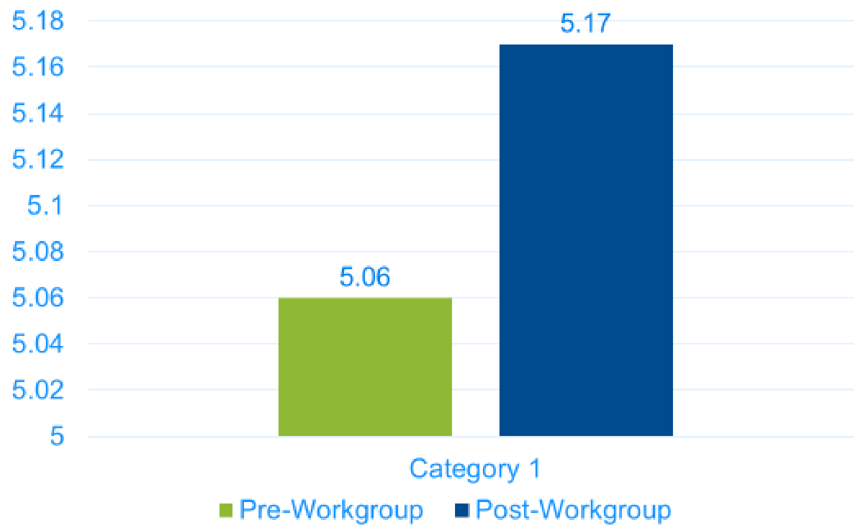

Figure 1: Pre-and Post-Workgroup UWES Scores

Note: Scores represent UWES mean scores (Schaufeli et al., 2006) from all physical / occupational / speech therapists. Pre-workgroup scores represent data submitted between 2/4 – 2/11/19 and post-workgroup scores represent data submitted between 3/25 – 3/31/19.

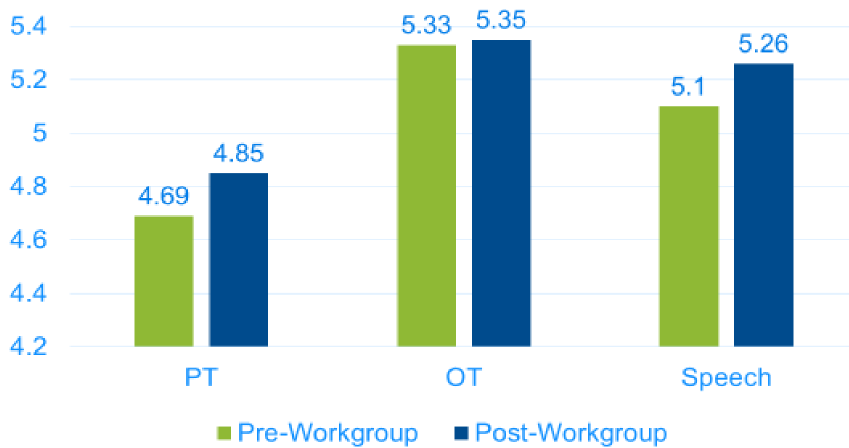

Figure 2: Discipline-Specific Pre-and Post-Workgroup UWES Scores

Note: Scores represent UWES mean scores (Schaufeli et al., 2006) from all physical / occupational / speech therapists. Pre-workgroup scores represent data submitted between 2/4 – 2/11/19 and post-workgroup scores represent data submitted between 3/25 – 3/31/19.

Vigor. High vigor scores in all three therapy disciplines indicate that therapists reported feelings of increased energy and improved persistence followed the completion of the process consultation workgroup. Figure 3 outlines significant increases in therapists' vigor scores experienced following implementation of process consultation workgroups.

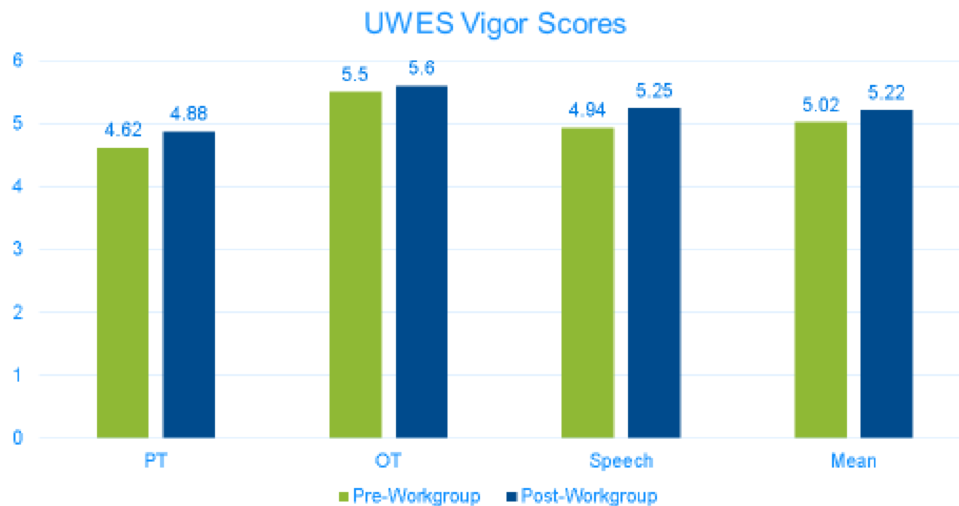

Figure 3: Pre-Workgroup and Post-Workgroup UWES Vigor Scores

Note. Vigor describes ones' willingness to expend energy at work (Kulikowsky, 2017). Pre-Workgroup scores represent data submitted between 2/4 – 2/11/19 and Post-Workgroup scores represent data submitted between 3/25 – 3/31/19.

Dedication. One's level of dedication measures the amount of challenge, as well as the degree of pride and sense of significance one feels with his or her work (Kulikowsky, 2017). Therapists from the midwestern hospital scored higher in the dimension of dedication than they did in the dimension of vigor or absorption. Occupational therapists' dedication scores were higher than those reported by speech therapists or physical therapists. Figure 4 shows that dedication scores of physical and speech therapists increased following completion of the process consultation workgroup, and the mean occupational therapy dedication score remained unchanged, yet high, at 5.8.

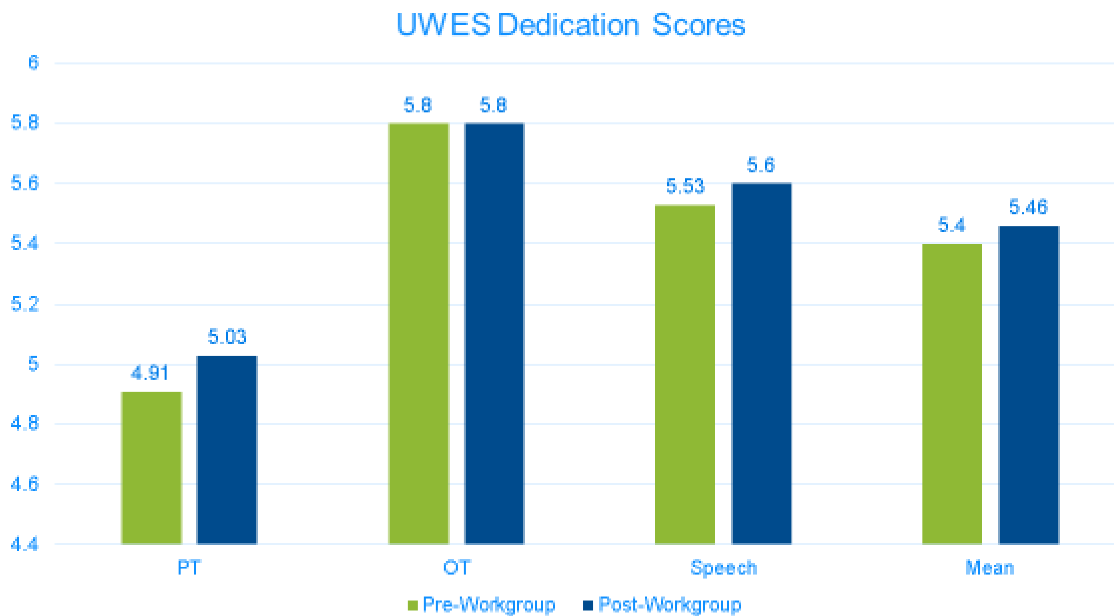

Figure 4: Pre-Workgroup and Post-Workgroup UWES Dedication Scores

Note: Dedication describes the amount of pride one feels with his or her work (Kulikowsky, 2017). Pre-Workgroup scores represent data submitted between 2/4 – 2/11/19 and Post-Workgroup scores represent data submitted between 3/25 – 3/31/19.

Absorption. Absorption describes how engrossed one is with his or her work. A worker who is absorbed with work fully concentrates at the task at hand, and time passes quickly (Kulikowski, 2017). Of the three engagement dimensions, the midwestern therapists scored lowest in absorption, and the speech therapists demonstrated a decline in absorption following completion of the process consultation workgroup. Figure 5 outlines post-workgroup gains in absorption for the occupational and physical therapists. Although the mean absorption score for all therapists increased following workgroup participation, speech therapy absorption decreased slightly.

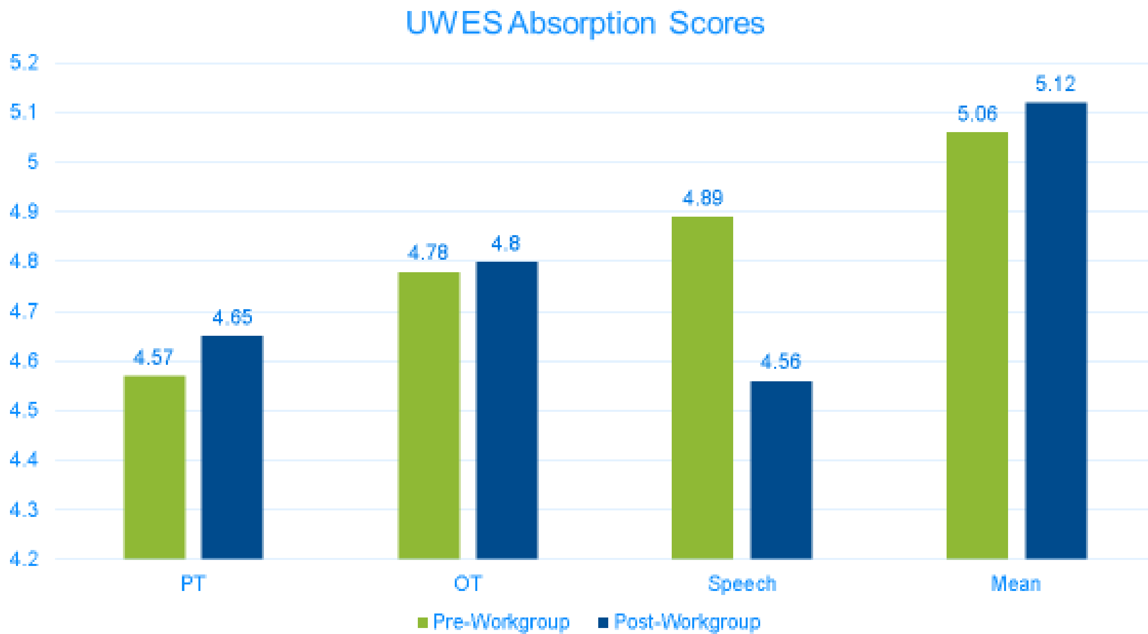

Figure 5: Pre-Workgroup and Post-Workgroup UWES Absorption Scores

Note: Absorption describes how engrossed one is with his or her work (Kulikowsky, 2017). Pre-Workgroup scores represent data submitted between 2/4 – 2/11/19 and Post-Workgroup scores represent data submitted between 3/25 – 3/31/19.

Interdisciplinary collaboration. Process consultation workgroup sessions ended on March 31, 2019 and the most recent Essential Services Survey was conducted in February 2019. This objective can't be fully assessed until the Essential Services Survey is re-administered in early May 2019 and results are shared. Figure 6 shows positive Essential Services Survey trends to date, as evidenced by increasing mean scores.

Additionally, Figure 7 illustrates improved service to internal customers as evidenced by rising top-box percentage scores. A top-box score represents a rating of a "9" or "10." The percentage of top-box ratings improved from 45% in July 2018 to 94% in October 2018, to 100% in February 2019.

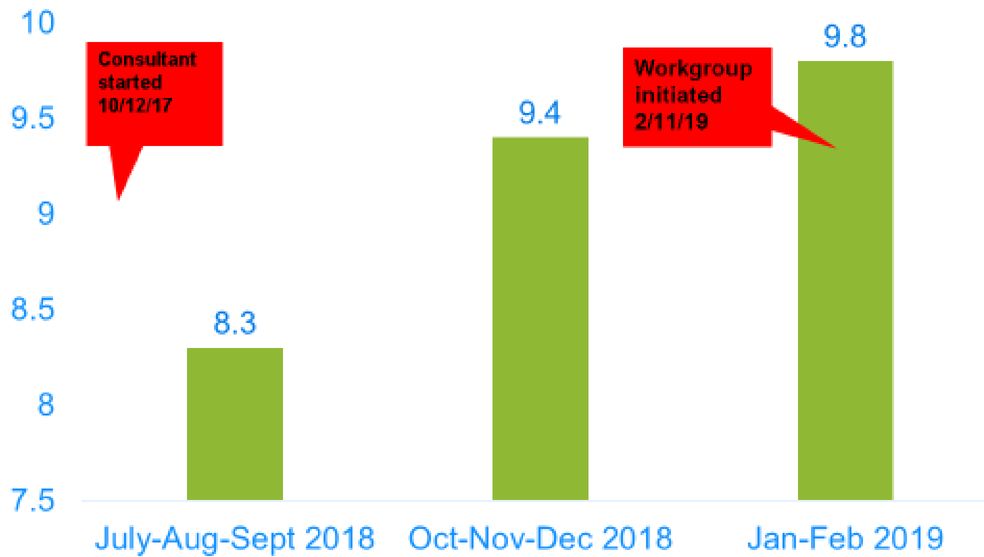

Figure 6: Essential Services Survey Mean Scores

Note: Positive trends in Essential Services Survey scores started prior to the implementation of the process consultation workgroup in February 2019.

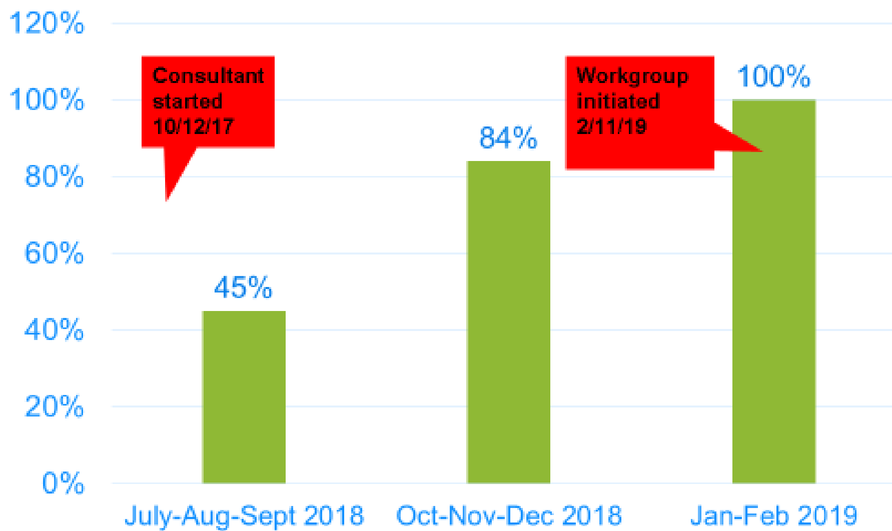

Figure 7: Essential Services Survey Top-Box Scores

Note: Top-box scores refer to the number of ratings of "9" or "10" on a 10-point scale. Positive trends in Essential Services Survey scores started prior to the implementation of the process consultation workgroup in February 2019.

Patient satisfaction. This objective can't be fully assessed at this time. After establishing a pattern of percentile ranks of the 90th percentile and better between July through November 2018, a decline in patient experience scores was noted during the months of January through March 2019. February and March percentile ranks were the 1st percentile and the 4th percentile respectively. An average of three Press Ganey surveys are returned monthly and this small "n-size" limits the confidence interval for the obtained results.

Discussion

Therapist Engagement. Only one other study was found in which therapist engagement levels were studied using the UWES. Mueller, Prins, and deHeer (2018) explored engagement levels of physical therapy students following online training on empathy and resilience skills. Their study suggests that educating practitioners about self-care may offer lasting benefits to reduce burnout and increase empathy exhibited towards other persons served. This project adds to the research which seeks to positively influence therapist engagement levels among therapists.

Although no comparison studies were found that measured the engagement of practicing physical, occupational, and speech therapists, Wang and Liu (2013) and Jeve et al. (2015) studied the degree of engagement experienced by other medical professionals. In Wang and Liu's 2013 study, 300 nurses completed the UWES to determine the extent that nursing practice environment had upon engagement.

Vigor. As outlined by Figure 8, a mean vigor score of 4.16 was found in Wang and Liu's population of nurses (2013); their vigor score was significantly lower than the vigor score reported within the team of therapists in our engagement study. Engagement scores were also

collected from a multi-disciplinary healthcare team (nurses, doctors, and administrative staff) at National Health Services Teaching Hospital (NHS) in the United Kingdom (Jeve et al., 2015). NHS's mean vigor score was 3.83 which also represented a much lower vigor score than that of the therapists in this study.

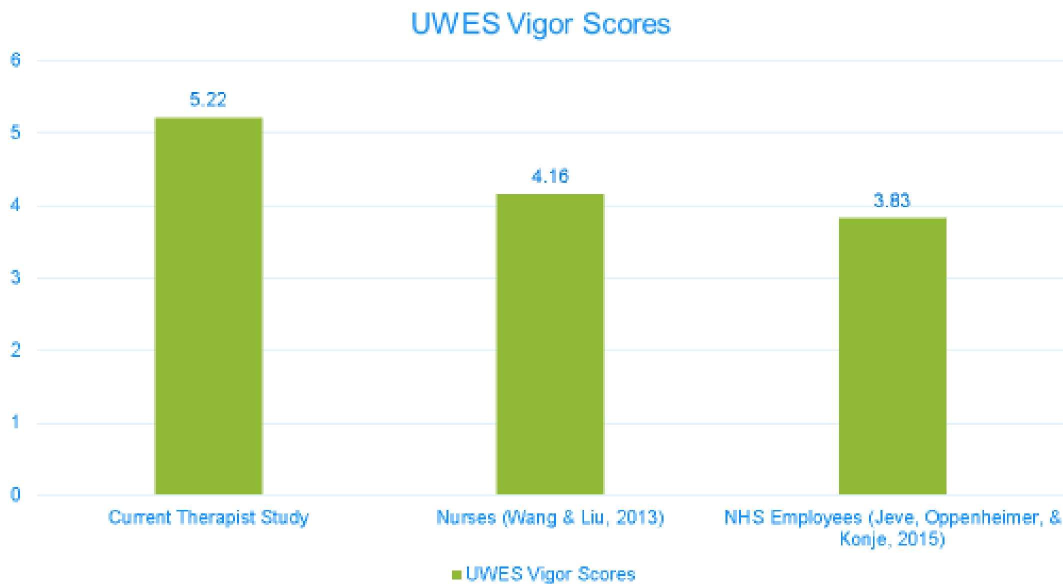

Figure 8: Comparison to Other Medical Professionals' Vigor Scores

Note: Vigor describes one's willingness to expend energy at work (Kulikowsky, 2017). Mean therapist vigor scores were higher than both comparison studies.

Dedication. When the dedication scores of the midwestern therapist group were compared against the nursing scores and the multi-disciplinary healthcare scores (Wang & Liu, 2013 & Jeve et al., 2015), the therapists outperformed the two comparison groups as displayed in Figure 9. High dedication scores reflect that the midwestern therapists find significance, and feel challenged by their daily work (Kulikowski, 2017).

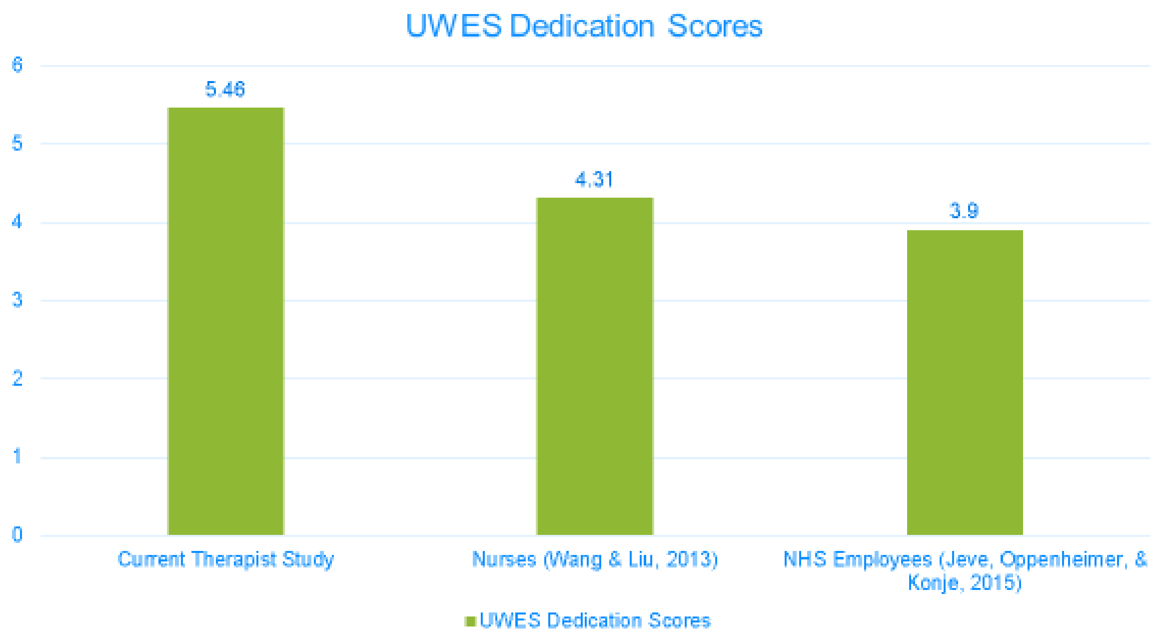

Figure 9: Comparison to Other Medical Professionals' Dedication Scores

Note: Dedication describes the amount of pride one feels with his or her work. Mean therapist dedication scores were higher than both comparison studies.

Absorption. Absorption scores of the midwestern hospital-based therapists were also higher than absorption scores reported by nurses and multi-disciplinary healthcare workers as depicted in Figure 10 (Wang & Liu, 2013; Jeve et al., 2015). High absorption scores indicate that the therapists are deeply engrossed with their work (Kulikowski, 2017).

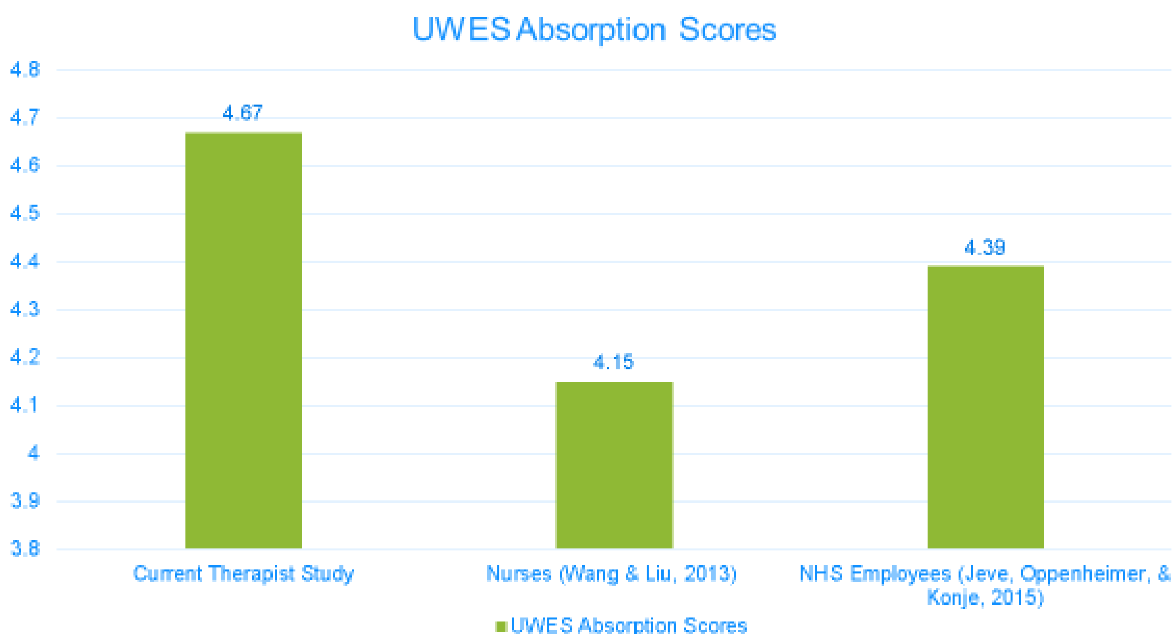

Figure 10: Comparison to Other Medical Professionals' Absorption Scores

Note: Absorption describes how engrossed one is with his or her work. Mean therapist absorption scores were higher than both comparison studies.

Participation of therapists. Although occupational therapists demonstrated the highest levels of engagement in this study, their participation rates were the lowest of all three disciplines. Lower participation levels in occupational therapists may be related to staffing mix differences. Because more part-time and PRN colleagues are maintained within the occupational therapy group, fewer occupational therapists were on-site to complete paper surveys.

Age, years of service, and setting. Lowe's 2012 study uncovered that age and the amount of experience on the job may influence engagement levels. The least engaged employees in his study tended to be between the ages of 30 and 49 and had been in the job setting for three to five years. Part-time workers tended to be more engaged than full-time workers, and engagement tended to be higher in non-acute work settings (Lowe, 2012). Those in their first year of employment tended to be the most engaged and reported the highest amount of feedback

offered on-the-job. The only demographic question asked of therapist was to indicate discipline; so, the impact of age or years of service upon therapist engagement is not available for consideration in this study. The number of hours worked by therapists, however, may have a bearing upon engagement at this midwestern hospital. Although it is unknown who completed a pre- and a post-workgroup UWES, overall department employment statuses were reviewed, and the number of part-time and full-time therapists were determined (See Table 2). It is interesting to note that the occupational therapist group who scored the highest UWES engagement scores, also had the highest percentage of part-time workers, and the physical therapists whose engagement scores were the lowest, had the fewest part-time employees. Additionally, the number of therapists in their first year of employment were determined. Speech therapists had the highest percentage of first-year colleagues at 40%, followed by occupational therapists at 23%, and physical therapists at 12%.

Table 2: Therapist Demographics

	Therapists Employed	Part-Time Status	Full-Time Status	First-Year of Employment
Physical Therapists	14	6 (43%)	8 (57%)	2 (14%)
Occupational Therapists	14	10 (71%)	4 (29%)	3 (21%)
Speech Therapists	5	3 (60%)	2 (40%)	2 (40%)
Total Therapists	33	19 (58%)	14 (42%)	7 (21%)

Note: Total number of therapist employed includes all therapists / assistants who provide inpatient services at the midwestern hospital on 2/4/19. Part-time status is defined as therapist is hired / budgeted to work 32 hours or less per week whereas full-time status is defined as therapist is hired / budgeted to work greater than 32 hours per week. Therapists were in their first year of employment if their hire date was less than 365 days prior to 2/4/29.

Post-intervention service to others. Veteran's Health Administration colleagues demonstrated improved "civility" following process consultation sessions within colleague-driven workgroups (Osatuke et al., 2009). Mean civility index scores increased from 3.46 to 3.70 following weekly workgroup level conversations aimed at improving interpersonal relationships. Essential Services survey scores at the midwestern hospital likewise increased following implementation of process consultation sessions.

Strengths and Limitations

Strengths. Strengths of this study were the a) use of validated and reliable standardized assessments: Press Ganey and UWES, b) access to multiple pre-intervention outcome measurement results: Essential Services and Press Ganey, c) ability to have more than one outcome measure, and d) ability to use a "natural environment."

Limitations. Limitations of this study were the a) small sample size, b) use of a convenience sample, c) UWES completion by 50% or less of each discipline, d) workgroup facilitator being the direct supervisor of the participants and primary researcher, and e) workgroup consisting of volunteers.

Additionally, concurrent process improvement initiatives were introduced by a consulting group hired by the midwestern hospital which likely acted as a threat to the external validity. Because internal customer satisfaction increased significantly between the months of July 2018 and November 2018, one might postulate whether any potential improvements made in service to internal customers were a result of the consulting group intervention and/or workgroup efforts. Studer, Hagins, and Cochrane (2014) suggest that to improve engagement of employees, an organization must first establish and monitor quality-metrics. Suggested quality metrics to be measured might include colleague turnover, hand hygiene compliance, and the number of

workplace injuries. In addition to establishing metrics, Studer and colleagues (2014) advise that fostering colleague input into decision-making and providing frequent feedback are two ways to increase colleague engagement. Because the consulting company measured frequency of "patient rounding" and "leader rounding" during the same time frame in which process consultation workgroups were being held, the benefits of process consultation work might have been magnified. As a result, achieved results may not be generalizable to other clinical settings.

Although process consultation is quite individualized to each workgroup, the method empowers the workgroup members to analyze and act on events that occur within their environment. This method of empowerment can be generalized from one setting to another; de-emphasizing the specific action plan as being the intervention.

Implications for Practice

The positive impact of process consultation upon therapist's engagement offers many practical takeaways to those who manage occupational, physical, and speech therapists. Offering therapists, the opportunity to prioritize work initiatives and interact with hospital peers to drive change appears to be an important means of improving engagement. Lowe (2012) identifies the following characteristics within a list of the top-ten factors that drive engagement of healthcare workers: a) opportunity to make improvements in the work environment, b) matching personal values with the work to be accomplished, c) having clear objectives and goals, d) belonging to a team, and e) having supervisor assistance for completion of difficult tasks. Each of these opportunities were afforded by therapists' participation in the process consultation workgroup. It is recommended that therapy managers seek out opportunities for their colleagues to participate in decision-making activities within the work setting, and they should assist colleagues in formulating clear and obtainable goals to work towards.

The positive association among engagement, service to internal customers, and patient satisfaction also may suggest that one way to improve patient perception of care is to focus upon the engagement levels of direct therapy providers. The benefits of such include improved safety, lower employee turnover, and lower rates of absenteeism (Studer et al, 2014).

Healthcare organizations are increasingly being rewarded or penalized based upon their performance outcomes; and the competitive advantage that high engagement levels offer should not be under-estimated. Value-based purchasing programs sponsored by the federal government (Owens et al., 2017) have resulted in capitated payments to hospitals for patients with myocardial infarction, heart failure, and pneumonia (Owens, et al., 2017). Despite massive reductions in hospital spending; Rogers, Bai, Lavin, and Anderson's 2016 study supports the added value that occupational therapists can provide within an inpatient setting, as evidenced by fewer hospital re-admissions. As further evidence supports the connection between strong organizational culture and high-quality performance, it becomes more imperative for healthcare organizations, and therapy departments specifically, to adopt practices aimed specifically at increasing engagement of its colleagues (Owens, Eggers, Keller, & McDonald, 2017). Healthcare organizations who have created high levels of staff engagement, have also reaped the benefits of reduced employee turnover, fewer falls, and high rates of hand hygiene compliance (Studer, Hagins, & Cochrane, 2014).

Future Research

Demographic differences seem to influence an employee's level of engagement within the work setting (Lowe, 2012). For instance, within this study of therapists, it appears that the number of hours worked, and the number of years of service may have impacted the level of engagement. The group of occupational therapists who were the most engaged, also employed

the greatest number of part-time employees; meanwhile, the physical therapists who produced the lowest engagement scores, employed the fewest number of part-time therapists. The group of physical therapists comprised the lowest proportion of first-year colleagues. Further studies are recommended so that the interplay of gender, age, position, length of service, and level of work engagement can be better understood.

Engagement was highest among the occupational therapists in this study; it is interesting to note that the researcher/supervisor of this hospital-based therapy department is an occupational therapist. Further research exploring the impact of manager's professional background on therapists' engagement levels would add to our limited understanding of manager impact upon therapist engagement.

Further research investigating the validity of Press Ganey inpatient rehabilitation and standard quality measures is also warranted.

Summary

Therapists, from one midwestern hospital setting, demonstrated improvements in engagement after initiating process consultation to facilitate improved "hand-off" communication between nursing and therapy colleagues. The impact on patient quality indicators is not understood at this time. When follow-up patient quality indicator scores are available, such as Essential Services Survey, an understanding of this association will emerge.

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Appendix

IRB Approval and Revision Approval

Hello Rachel Spaide,
Congratulations! The Institutional Review Board at Eastern Kentucky University has approved your application for the study entitled, **"Exploring Therapist Engagement Through Process Consultation."** Your approval is effective immediately and will expire on 05/15/2019.
Principal Investigator Responsibilities: It is the responsibility of the principal investigator to ensure that all investigators and staff associated with this study meet the training requirements for conducting research involving human subjects, follow the approved protocol, use only the approved forms, keep appropriate research records, and comply with applicable University policies and state and federal regulations.
Consent Forms: All subjects must receive a copy of the attached consent form as approved with the EKU IRB approval stamp. You may access your stamped consent form in your InfoReady Review account. Copies of the signed consent forms must be kept on file unless a waiver has been granted by the IRB.
Adverse Events: Any adverse or unexpected events that occur in conjunction with this study must be reported to the IRB within ten calendar days of the occurrence.
Research Records: Accurate and detailed research records must be maintained for a minimum of three years following the completion of the research and are subject to audit.
Changes to Approved Research Protocol: If changes to the approved research protocol become necessary, a Protocol Revision Request must be submitted for IRB review, and approval must be granted prior to the implementation of changes. Some changes may be approved by expedited review while others may require full IRB review. Changes include, but are not limited to, those involving the study's completion date, personnel, consent forms, subjects, data collection instruments, and procedures.
Annual IRB Continuing Review: This approval is valid through the expiration date noted above and is subject to continuing IRB review on an annual basis for as long as the study is active. It is the responsibility of the principal investigator to submit the annual continuing review request and receive approval prior to the anniversary date of the approval. Continuing reviews may be used to continue a project for up to three years from the original approval date, after which time a new application must be filed for IRB review and approval.
Final Report: Within 30 days from the expiration of the study's approval, a final report must be filed with the IRB. A copy of the research results or an abstract from a resulting publication or presentation must be attached. If significant new findings are provided to the research subjects, a copy must be also be provided to the IRB with the final report. To submit your final report, please follow the steps below:

1. Log in to your InfoReady Review account using your EKU credentials (user name and password, not email address).
2. Click the Applications link from the top menu bar.
3. Select the project title for your study.
4. Click the Progress Report button from the right sidebar menu.
5. Complete the information fields and attach copies of any required documents.

6. Click the Finalize button to submit your report. This button is located just above the attachment fields.

If you have questions about this approval or reporting requirements, contact the IRB administrator at lisa.royalty@eku.edu or 859-622-3636.
For your reference, comments that were submitted during the review process are included below. Any comments that do not accompany an "I approve" response have been provided to you previously and were addressed prior to the review process being completed.