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Tillott, S. (2013). The importance of staff engagement to the development of positive workplace cultures. Faculty of Science, Medicine and Health - Papers: Part B. Retrieved from <https://ro.uow.edu.au/smhpapers1/1336>

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Abstract

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Keywords

workplace, cultures, positive, importance, development, engagement, staff

Publication Details

Tillott, S. (2013). The importance of staff engagement to the development of positive workplace cultures. *International Practice Development Journal*, 3 (1), 9-1-9-7.



CRITICAL REFLECTION ON PRACTICE DEVELOPMENT

The importance of staff engagement to the development of positive workplace cultures

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Submitted for publication: 3rd December 2012

Accepted for publication: 25th February 2013

Abstract

Background and context: This paper uses Kolb's learning cycle as a reflective framework to critically reflect on personal experience in the workplace and to carry out a review of the literature of workplace culture. Through this reflection, factors that impact on workplace culture are discussed; in particular the effect of staff engagement as a central concept in developing positive workplaces is explored. The factors that reduce staff engagement in the workplace are presented and reflections on what is necessary to improve workplace cultures for the benefit of the staff, patients and the healthcare organisation are discussed.

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Keywords: Engagement, effective, workplace, culture, threat, reward

Introduction

In this paper I would like to reflect upon the importance of staff engagement as both a mechanism for and an outcome in developing positive workplace cultures. From my experience and reading, workplace culture is one of the central concerns of practice development (Manley et al., 2011; Plakhotnik et al., 2011). The workplace culture impacts both the employees and the patients. Poor workplace cultures have contributed to increased sick leave of staff, medication error, poor staff retention and psychological ill health of employees (Griffin, 2004; Longo, 2007; Manley et al., 2011). While there are many influences on workplace culture, contemporary studies have focused on the workplace and reviewed the factors which influence staff engagement.

To review critically my experience within the healthcare workplace, I have used Kolb's learning cycle (Kolb, 1984) to inform and structure my reflection. This model enabled me to simplify what I felt to be a complex array of feelings governed and influenced by the many people I encountered in the healthcare workforce. I have used the elements of this model to describe my journey through the workforce via commentary, concrete experiences, reflection, abstract conceptualisation and active experimentation (Kolb, 1984).

Workplace culture

Workplace culture is influenced by many variables but, according to the work of numerous practice development researchers and authors, the fundamental aspects of culture are primarily formed and influenced by the values, beliefs and experiences of individual employees (McCormack et al., 2002; Manley et al., 2011). The nature of the workplace culture, particularly within the healthcare sector, impacts on the care provided by staff and on patient outcomes (Manley, 2008). It also influences the health of staff working within the environment (Longo, 2007). Due to the significant implications that workplace culture has for health and productivity within the healthcare facility, considerable time and resources are allocated by organisations to improve it.

My experiences as a registered nurse have led to an interest in developing a deeper understanding of workplace culture. I am enrolled and undertaking a masters degree by research in nursing and have chosen to focus on this area as a topic of interest. The following discussion will pertain to my reflection of the workplace culture guided by Kolb's learning cycle. Each section will have a heading provided by the learning cycle. I will then elaborate on the major aspects of workplace culture and culture change in relation to my experience and the literature that I have uncovered thus far. My aim is to use the literature to support my experience and review ways to facilitate change where it is needed in nursing workplace culture.

Self-reflection and Kolb's Learning Cycle

Positive workplace cultures are essential to optimal workplace environments but do not always exist within the healthcare sector. The inability to instil such an environment affects the ability to recruit and retain staff, and adversely impacts on patient satisfaction and on morale, productivity and health among staff (Krovner et al., 2006; Longo, 2007).

Concrete experience

My time spent as a registered nurse has exposed me to the effects of a poor workplace culture, predominantly influenced by hierarchal management and dogmatic leadership styles. This significantly impacted on the level to which I chose to engage with my peers. Although I was new to the nursing field, I had some degree of confidence in my ability thanks to positive mentoring from a nurse educator with whom I spent the first six months of my new graduate year. Her mentorship helped me to maintain my enthusiasm and standard of patient care despite the poor workplace environment. However, I did witness the influence of poor leadership and non-transparent managerial styles. Some nurses attempted to become part of the hierarchal clan in order to improve their workplace conditions, which meant they operated in a similar fashion to the managerial staff – one of whom could be deemed a bully. Other staff who did not attempt to work their way into the hierarchal tribe found jobs outside this workplace or simply cut down their shifts.

Working in this culture was frustrating for me. I managed myself by keeping busy and only consulted with staff on medical matters. Back then I shook my head at what appeared to be a complete lack of emotional intelligence demonstrated by senior members of staff. This style of management certainly did not and does not align with the transformational leadership style that is now encouraged within the healthcare workforce.

Reflection observation

As mentioned, my observations of working in a poor workplace culture (Kolb, 1984) included witnessing many of my peers forming relationships with senior staff in order to survive in their workplace and advance their careers. I refused and still refuse to allow any negativity to affect the way I function within the workplace but rather use this knowledge to create change for the future. Complaints should be followed by solutions. Witnessing the effects of this leadership style engendered a lot of anger and resentment towards the hierarchy. I was also confused about the context in which I was experiencing events such as bullying, hierarchal management and peers talking about each other behind closed doors. My perception of nursing was one of caring and compassion but my experience with some of my peers contradicted this. I could see the immediate effects that operating a ward in such a manner was having on my colleagues but my position in the nursing hierarchy did not lend itself to the bravery needed to challenge the culture. I see this as the same challenges that undergraduate nurses face today. Instead of my colleagues being able to change the culture for the better, the poor workplace culture changed them.

Abstract conceptualisation

These experiences have had a significant impact on me as a registered nurse and as a lecturer in an undergraduate bachelor of nursing programme. I am saddened to report that students' experiences similar to my own do not seem to be uncommon today. As difficult as cultural change may be, it is essential if we wish to sustain quality nursing and allow staff to work within a supportive environment. Otherwise, nurses' ability and choice to engage positively within their workplace environment will be reduced.

It is clear to me that it is imperative to create agents of change within the healthcare workforce. I have learned that people are a product of their values, beliefs and experiences (Manley, 2008). Manley talks about shared vision being one way to improve the workplace culture; to achieve this, managerial staff would benefit from understanding their employees and recognising that each individual brings something unique to the workplace environment. Learning how to use employees' strengths and manage behaviours that are not conducive to a positive workplace environment may go a long way to improving the workplace culture. In my opinion, this process will require managers to role model emotionally intelligent behaviour and encourage all staff to undertake an honest reflection of the values and experiences that underpin their daily practice. As individual employees, we all need to consider how we contribute to the workplace culture in which we are employed.

Active experimentation

I have been able to use my position as a lecturer in the bachelor of nursing programme to disseminate the information that I have collected from my experience and academic research to educate the undergraduates about the challenges of creating a positive workplace culture. In tutorials we openly discuss the encounters students have been exposed to in different healthcare settings and how these episodes have informed their values and beliefs and practice as student nurses. In my opinion these classes have proven to be essential in providing the students with an ability to reflect on whether these incidents had a negative or positive influence on them and how they might be able to use these experiences to define what kind of nurse they would like to be.

In searching the literature on workplace culture and through my discussion with students, key themes and questions have emerged (see Table 1).

Table 1: Emerging themes and key questions

Emerging themes <ul style="list-style-type: none">• Bullying and intimidation• Loss of confidence• Poor workplace satisfaction• Role modelling (positive or negative experiences)• Poor workplace camaraderie• Fairness and trust
Key questions <ul style="list-style-type: none">• What factors affect nurses' ability to engage positively in the workplace?• What are the determinants that affect workplace satisfaction within the healthcare structure?

The research that I am undertaking pertains more to the second question above. Workplace satisfaction and nurse engagement are two major topic areas that are attracting a lot of attention in the literature (Kovner et al., 2006; Hayes et al., 2010). Although, both terms are broad they maintain a symbiotic relationship. It appears from a preliminary investigation of the literature that nurses are more likely to engage with their work when they are satisfied within their workplace (Greco et al., 2006; Plakhotnik et al., 2011). The question then becomes, what are the determinants that affect workplace satisfaction from a nursing perspective? I believe these determinants are the people who have the most power to influence the workplace culture and therefore, in my opinion, the focus must be on them.

Cultural change

I have come to accept that cultural change is a long process that requires a shift in employees' attitudes and behaviours (Plakhotnik et al., 2011). Manley (2008) argues that the micro-system (the employees) is the level where most healthcare is experienced. It is this level that mostly influences the healthcare provided and staff commitment. Through research and experience as a critical care practitioner, Manley (2008) emphasises the importance of sharing a common vision and a set of values and principles in order to enhance the workplace environment and improve the level of care provided. There is, however, growing concern that perhaps the potential for greater individual and team effectiveness is inhibited by the way organisations use their valuable human, financial and natural resources. In order to meet the growing demands in the healthcare system for optimal patient and staff outcomes, there needs to be a focus on changing the systems and the structure that govern the culture and which therefore have the potential to change it.

The key message of culture change is summed up by Manley et al. (2011) who propose that transformation of practice within healthcare requires fundamental changes in the mindset and patterns of behaviour of employees. I believe this theory would best be applied to leaders and managers, who can be positive role models for employees and offer them a clear vision of the workplace culture. All New South Wales health districts and services have a performance management framework that incorporates a core set of values such as collaboration, openness, respect and empowerment (NSW Health, 2011). While these core values are operational from an organisational perspective, they also apply to the workers. They act as a set of standards that the workers must aim to establish within the unit in which they are employed. In my opinion, any staff whose actions deviate from these core values should be held accountable and questioned in relation to their conditions of employment. These core values should ensure that we are all accountable for our actions regardless of seniority, helping to create a shared vision for a better workplace culture. They are guidelines to ensure that we all act with integrity towards our peers and patients.

The importance of engagement

As previously mentioned, there appears to be a link between workplace satisfaction and nurse

engagement. Nurses are more likely to engage within their work when they feel empowered (Greco et al., 2006). The degree to which nurses feel empowered can be influenced by many variables as discussed above but much of the literature investigating the notion of engagement is focused around the role of the nurse from a leadership perspective (Florence, 2010). Nurse leaders play a significant role in creating positive workplace environments thus influencing the degree to which nurses engage (Greco et al., 2006).

According to Rock and Tang (2009, p 15) staff engagement is the ‘...degree to which people put in discretionary effort and care into their job’. Engagement in the literature is also often proposed as the antipode of burnout; Greco et al. (2006) comment that engagement is characterised by energy, involvement and an individual’s ability to interact positively within their workplace. Rock and Tang (2009) believes that engagement is an attribute that cannot be demanded from an employee; it has to be offered willingly. From my reflections I believe this assertion to be true.

I view engagement as primarily dependent on the individual’s drive, morals and values. I have often seen differences in what drives individuals; what motivates one person might upset another. The resilience of the employee is key and I believe this attribute comes from our past experiences and personal coping mechanisms. While the term ‘engagement’ usually has a positive connotation, I feel it is important to say that engagement has levels driven by motivational barometers and is heavily defined by personal perception. So while an employee may feel that they are giving 100 per cent, their efforts may be perceived very differently by colleagues. This can create conflict within the workplace and negatively influence the culture.

The points below have been derived from literature that has reviewed the workplace culture of nursing staff from an evidence-based perspective.

Factors that reduce engagement in the healthcare setting

It is imperative to maintain high levels of engagement in the workplace. However this is too often impeded by poor organisational and managerial structure and other factors, (see Table 2).

Table 2: Organisational and managerial factors	
Factor	Reference
Reduced workplace autonomy and decision making	McCormack et al. (2002); Manley (2008); O’Brien et al. (2010)
Workplace uncertainty	McCormack et al. (2002)
Dogmatic leadership styles	Braithwaite et al. (2007)
Hierarchal structures	McCormack et al. (2002); Braithwaite et al. (2007); O’Brien et al. (2010)
Task driven organisations	McCormack et al. (2002)
Tribalism and ethnocentrism	Braithwaite et al. (2007)
Ego driven management	Braithwaite et al. (2007)
Perceived lack of support	McCormack et al. (2002); O’Brien et al. (2010)
Lack of clarity and boundaries	McCormack et al. (2002); Manley (2008)
Lack of consistency and low regard for individuals	McCormack et al. (2002)
Reduced transparency with processes	McCormack et al. (2002)

This is a preliminary look at some of the historical factors that negatively affect workplace culture and nurse engagement. I am currently reviewing the literature to collect more data on this topic. It is imperative to understand what factors reduce the ability of nurses to engage within their workplace, from interpersonal and cultural perspectives, so that the appropriate changes can be made to improve recruitment and retention.

Individual process of engagement

Engagement appears to be affected by so many variables that it can be difficult to measure. However, as discussed, contemporary literature pinpoints workplace culture as a pivotal influence. I have drawn on the work of Friedman and Forster (2001) which states that people will engage when they feel rewarded and disengage when they feel threatened. However, interpreting how an individual perceives threat and reward is primarily dependent on the factors that underpin human behaviour, which relate back to the individual values, beliefs and experiences (Manley et al., 2011). It can therefore be hypothesised that culture and engagement have a symbiotic relationship. Gaining a broader perspective regarding the factors that underpin culture and engagement may be essential to understanding how individuals will interact within their workplace environment and contribute to the culture.

Implications for practice

Given the importance of engagement to the development of positive and effective workplaces, I suggest that this is an important area for practice development research. I am developing a study that will describe the factors that contribute to workplace satisfaction and therefore staff engagement and disengagement in the workplace. These factors will be examined in the everyday work life of nurses and may assist in understanding behaviour in the workplace and in developing strategies to help build individual resilience and more effective workplaces.

Conclusion

My exploration of the literature has revealed a number of factors that positively and negatively influence the current healthcare culture. One way to move forward in creating a positive workplace culture is systematically to review the evidence and examine these factors. This requires me to engage in honest reflection on the current systems and how individuals' core values and beliefs contribute to the practice and environment in their workplace. Individuals must be willing to review stagnant practice and collaborate as a team, with the support of managers and leaders within the organisation, to move forward confidently to improve practice and contribute to positive organisational change. To create and promote this change, organisations, from a micro and macro perspective, need to reflect on the evidence available and implement strategies that have demonstrated positive outcomes in the workplace. There is plenty of literature that has identified the factors that are currently harming the workplace environment. It is time for us as nurses to recognise these facts and investigate what we need to do to help make the changes that will improve our workplace. Doing this requires that all nurses take personal responsibility for how we are operating and influencing the culture around us. Only we as individuals can change our thoughts, behaviours and actions.

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