ED Staff Morale

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ED STAFF MORALE

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- Unit leadership – Amy Scott
- KT Scholar – Traci Atzenweiler
Emergency Department (ED) leadership has frequently found staff stating that there is low nursing morale and communication between staff members. While staff could communicate this concern, they were unable to provide examples or specific reasons for this problem.

A staff survey performed by the summer 2016 nurse cohort was done to pinpoint specific problems that may lower staff morale and scope of current issues.

- The median staff morale score was 7 on a 1-10 scale. The top three biggest concerns for staff as the cause for the morale problem were 1) Staffing/High turnover 2) Communication with the interdisciplinary team 3) Feeling of not being appreciated or valued on unit.
Current Literature

- Multiple Factors
- Both Quantitative and Qualitative studies have been done
- Intrinsic Factors tend to raise morale while Extrinsic Factors tend to lower it

Day, Minichiello, & Madison, 2006)
PICO Question & Aim Statement

PICO Question

- (Population, Intervention, Comparison, Outcomes Measures)
- **P:** ED Nurses and Support Staff
- **I:** Huddle Recognition and prizes
- **C:** No recognition
- **O:** Improved nursing morale
Aim Statement

- To increase the median morale of nursing and support staff from 74% to 80% as measured by Daily Pulse by March of 2018.
Strategic Goal Alignment

**Demonstrate Quality Outcomes**
Demonstrate quality, safety and clinical effectiveness.

**Improve Performance**
Improve processes, increase capacity for innovation and service excellence, and strengthen our financial position.

**Strengthen Market Position**
Strengthen Children’s Mercy’s market position in the Metro area, region, and beyond.

**Deliver Value**
Deliver value, expertise, and efficiency through an integrated pediatric health system.

**Elevate Academic Profile**
Enhance the research capabilities and accomplishments of CMH and strengthen the quality of the educational experiences.
PDSAs Implemented
PDSA #1

P: Informing staff about recognition changes
D: Implementing recognition board
S: Is morale improving? Are staff members utilizing board?
A: Change according to results
PDSA #2

P: Staff Recognition forms  
D: Implementing forms throughout department  
S: Is morale improving? Are forms being utilized?  
A: Change according to results

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**KUDOS**

To:  
From:  

Date:  

**You:**  
- Did a great job  
- Made me smile  
- Made a patient happy  
- Were a team player  
- Went above & beyond  
- Dealt with stress  

- Made my day  
- Had a great idea  
- Great catch  
- Other:  

**BUT WAIT, there’s more…**

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Children’s Mercy
Kansas City
PDSA #3

P: Quarterly prize drawings for staff that utilize recognition forms and staff that are recognized
D: Implementing various prizes to different staff members
S: Is morale improving?
A: Change according to results
Project Outcomes

Staff Morale Percentages

Dates

Pulses Percentages


ED Week

CMS Visit

FLU Season
Barriers

- Morale is subjective on the individual experience
- Staff participation
- Hard to appropriately measure staff morale
- Financial constraints
Lessons Learned

- Increasing cognitive awareness of one's condition can both increase and decrease staff morale.
- Morale is subjective.
- One negative outlier can bring down the whole group.
- External factors can affect the workplace.
Pediatric Nursing Implications

- If staff morale is low patient care can suffer. Increasing the staff morale can increase patient safety and quality of care.
- To make the workplace more enjoyable.
- To make us cognizant as new nurses about our new careers in healthcare
- Introduction to conflict resolution.
Conclusions

- Interventions: happy/sad button, kudos board, awards at staff updates.
- Aim statement was not met.
- Moving forward: Leading by example


Questions?