



# Interpreting and Using Your **SCORE** Survey Results

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## SCORE Survey Overview

The integrated SCORE (**S**afety, **C**ulture, **O**perational risk, **R**esilience/burnout and **E**ngagement survey is designed to provide insights that are both diagnostic and actionable. Debriefing – with visible follow through and specific actions being taken – not only drives improvement, but also enhances trust and supports organizational learning. The results of this survey provide opportunities in both clinical and non-clinical settings to proactively discuss what it feels like to work there and to talk about issues such as teamwork, safety, learning and the quality of leadership. This is one of the great values of a culture survey: it provides powerful data that can be used to begin important conversations that would otherwise be difficult to engage in.

Remember that all culture is local, and that the survey results are focused on generating understanding about local work settings. This is important because organizational leaders frequently are interested in aggregate scores and benchmarking against others, whether that be against other departments in their organizations or against the world that has taken the SCORE survey in the past. Aggregate data and benchmarks have their place, but the most powerful impact of culture surveys and the actions they generate is at the local level. It is important to think about SCORE data as valuable insights to drive continuous learning and improvement, not static periodic snapshots of organizational culture.

The conversations with front line workers about their survey results can generate greater understanding of their perspective, why they answered the way they did, and where they see opportunity. Framing the conversation to the positive is key – “everyone gets out of bed in the morning to do the right thing for patients. Let’s talk about the things you do really well and where we have some opportunity.” Conversations should include discussion about positive aspects of the culture as well as areas that need improvement. Using “appreciative inquiry” – asking simple questions and then allowing participants to talk openly with little interruption - is a helpful way of engaging staff in this process. “Help me understand what you were thinking when you answered the way you did” is a powerful, open ended question that can open the door for very valuable dialogue. Encourage the participation of the employees around a short list of specific actions that can be taken to improve culture in the work setting. It is far better to be successful at really fixing a few things than trying to fix too many things and not achieving sustainable progress.

Realize that the absolute percentage values in the survey reports are just the beginning. Yes, greater than 60% positive is an important threshold because it indicates that a majority of individuals feel positively about an aspect of the culture, but equally important is to see if the perceptions of different role types are strong and concordant. For example, if the overall work setting score for an item is a healthy looking 75%, you would want to investigate further if the physicians answers were very positive but the nurses answers were very negative. The desired goal is strongly positive concordant results across caregivers. Weak scores and marked differences in caregiver perceptions are markers of risk and need to be addressed. Often the SCOR data results provide a very clear picture of the social dynamics.

## Understanding Domains and Items

In this part of this document, we will review each Domain and the questions (called Items) comprising it. We offer some overall suggestions about questions to ask when debriefing the results as well as suggestions regarding actions to take.

## Culture Domains

### **C1 Improvement Readiness Domain** (previously the Learning Environment Domain)

Robust learning environments are *SELF REFLECTING, IMPROVEMENT CAPABLE* systems. The Improvement Readiness domain measures the perceptions of staff regarding the ability to identify and fix defects and concerns. Healthy learning environments focus on identified concerns and apply formal and informal means to ameliorate them. In word and deed they are self-reflecting, seeking greater understanding about how they identify issues, and then acting with determination to continuously improve. Healthy learning environments also successfully import, adopt and apply good learning from other work settings. In healthy learning systems there are high degrees of organizational trust, caregivers know their issues and concerns will be acted upon in a visible, reliable manner. One of the pervasive, fundamental challenges in medicine is that the overwhelming majority of the time, the issues raised by caregivers are not addressed and fixed in a consistent manner. This leads to lots of local workarounds - avoidable variation - and perceptions of not feeling valued by the organization.

If the Improvement Readiness Domain score is <60%, *debriefing should focus on identifying opportunities to improve how defects are identified and acted upon within the work setting.* If Improvement Readiness Domain by position scores differ by >40% *between highest and lowest position scores, seek to understand the differences in perceptions among role types.*

#### **IR1 Item:**

**In this work setting, the learning environment utilizes input/suggestions from the people who work here.** Having a voice is fundamental to feel part of the team and feel valued by the organization. People need to feel safe to speak up (psychological safety), to know the organization listens – and quite importantly – know that their suggestions have been acted upon. Visible manifestation of closing the loop and having an intact learning environment is critically important.

#### **IR1 Discuss:**

- How inputs and suggestions are utilized and how they are not.
- Identify where the gaps are leading to this negative perception about the work setting.

#### **IR1 Actions:**

Actions can be wide ranging to address this question, depending on the underlying issues:

- Often inputs are acted upon, but staff don't hear about or see the activity. If this is the case communication should be enhanced between senior leaders and the work setting, or managers and their staff. In huddles, a specific action item should be added to the agenda to discuss inputs



from the team and actions that have been taken. If the responsibility for actions extend beyond the work setting to other groups or leaders, then reports from these work settings, or visits by senior leaders should be scheduled to occur regularly. As in all actions suggested in this document, these should be tested first and modified to make them successful.

- If inputs are elicited but not acted on, discuss how this can be addressed. Test a triaging process using up-voting so that key issues or those voted by the group as most important can be highlighted for action, and the follow up action made visible on analog or digital boards in the work setting and through conversation in regular meetings..
- Create visible manifestations of closing the loop, and make learning visible in a timely way. White boards, digital learning boards are all ways in which ideas and issues elicited from the rank and file can become actionable items with a timeline to completion.

#### **IR2 Item:**

##### **In this work setting, the learning environment integrates lessons learned from other work settings.**

The ability to spread best practices suggests that there are effective mechanisms for leaders and others to identify good practice in the organization, to communicate their insights, and that there are mechanisms to generate and spread useful change.

#### **IR2 Discuss:**

- Examples of successful integration of learning from other work settings. Good practices that participants know about that could be spread to other areas. Why are these practices important for safe & reliable care?
- What are the barriers to do these more effectively?
- What are the one or two things we could do here to more successfully integrate lessons learned from other work settings?

#### **IR2 Actions:**

- Internally spreading learning is a hallmark of excellence. There is no more powerful activity than visiting sites that are doing good work to gain an understanding of their practices. Establish a regular activity of having personnel visit other parts of the organization to learn about how they work, especially when a work setting has been highlighted for its excellence. 'Walk in another's shoes' is a good summary of this activity.
- Similarly, visiting other work settings can be especially useful at a managerial level, where managers can visit others and learn about good managerial practices. Done well, this can create a coaching environment rather than one that is perceived as judgmental of managers who have received low scores.
- Create an agenda item one day a week during the huddle for staff to highlight effective practices they learned about from other work settings.
- Create periodic in-depth evaluation/summary/brochures of best practice in the organization, especially when centered around a story about how staff avoided a problem with a patient and then delivered outstanding care. (The goal should be to highlight the processes that made the great care possible).

#### **IR3 Item:**

##### **In this work setting, the learning environment effectively fixes defects to improve the quality of what we do.**

Employees deal with defects and "pebbles in their shoes" every day. The ability to identify and fix defects not only helps reduce waste, harm and inefficiency, but gives them a sense of control or influence in their work environment. In the absence of this, burnout, detachment and feeling underappreciated by the



organization is more likely.

#### **IR3 Discuss:**

- What are the common defects that, if fixed, would make your day simpler, safer and easier?
- Are there examples of defects that have been successfully identified and fixed? How did you know?
- Is the process of identification and fixing of defects visible and measurable?  
What are the annoying defects that don't get fixed?
- If you could fix one or two things that get in the way of your ability to provide quality of care/service that you want, what would they be?

#### **IR3 Actions:**

Every one of the discussion topics can lead to actionable changes.

- If there are frustrations that are easy to fix, aka "low hanging fruit", then acting on them quickly validates the experience of participating in the culture survey and the debriefing. Classic examples include the mundane to essential: inadequate lighting, doors that malfunction, specific individuals who needed reprimanding for inappropriate behavior, benign neglect of a work setting by a senior leader etc. (in some cases these exist as frustrations for extended periods of time.)
- Actively incorporate a discussion of defects and fixes into operational huddles. Huddles are usually about operational issues (how many patients? how much staff? etc.). Huddles should include discussions about identified defects, defects that have been fixed, defects that are big enough to become larger goals, what's been done since the last huddle to act on those goals. Note that "defects" can be clinical, operational or cultural. Incorporating a discussion about these aspects of continuous learning into huddles brings improvement to life and makes it an intrinsic part of the work setting.
- If the challenge is knowing what to do to fix a problem, obtain outside expertise. For example, the group may need improvement experts to help think through what actions to take. These experts can help create workable aims or goals, can teach work settings how to run small tests of change to gain the insights necessary to then create implementable actions most likely to be successful.

#### **IR4-5 Items:**

**In this work setting, the learning environment allows us to gain important insights into what we do well. AND allows us to pause and reflect on what we do well.**

The ability to pause, reflect and share insights is central to the way workers problem solve. The lack of opportunity to do this is referred to cognitive scarcity, and precludes organizational learning and contributes to burnout. Effective team behaviors like briefings and debriefings can be implemented here. Planning forward and reflecting back are hallmarks of high performing teams.

#### **IR5 Discuss:**

- What mechanisms exist in your work setting to plan forward and reflect back?
- Regular debriefings are effective mechanisms for reflecting on recent activities and capturing opportunities for improvement.
- Does leadership in your work setting communicate that pausing to reflect is important for enhancing culture and learning? In what ways do they reinforce or detract from the importance of this behavior?
- Are there formally set times for this activity to happen, or is it just assumed you will find time?  
What happens when it gets busy on the unit?

#### **IR5 Actions:**



- Institute times when groups stop and pause the work to momentarily reflect on current activity, ensure a commonly understood game plan, redistribute responsibilities if they have become unbalanced, or ensure that everyone has a similar view of where the group is in the course of that day's work. These pauses can be very brief - 1 minute in some cases. For example, a surgeon might pause every 30 minutes in a long case to describe where they are in the case, check with others in the room about any issues or concerns, and clarify what they will need for the next 30 minutes of the case. What do you think is the likelihood that the surgeon will have exactly what they need in timely fashion throughout the case? This can be applied widely from the surgical suite to office practice to the lab.

**IR6 Item:**

**In this work setting, the learning environment is protected by our local management (or physician leaders).**

Local management determines how effectively the learning environment functions in every work setting. They are, in essence, the guardians of the learning system. It is their joint responsibility as dyad or triad leaders (i.e. MD, RN, Administrator or other) to be available within the work setting to run the learning process and to take all precautions to ensure that self reflecting and improvement capable characterize the daily activity. In some situations, these issues are complex but the goal should always be to ensure that managers and leaders perceive that they own the learning process as a primary responsibility, that they know how to conduct learning - i.e. collect defects and apply improvement to them, that they have the time to do this work, and that they can access the appropriate resources in the institution to assist them. If any one of these is sub-optimal, action should be taken to improve the area of weakness.

**IR6 Discuss:**

- In what ways does local management demonstrate that Improvement Readiness is important? How are new employees socialized to the importance of the learning environment when they come into the work setting?
- How is the learning environment displayed on the unit? How does that reflect the importance of this process?

**IR6 Actions:**

- Regularly discuss defects and suggestions identified and progress on improvement activities during huddles and staff meetings.
- Provide staff the opportunity to become involved and lead improvement activities.

## **C2 Local Leadership Domain**

The Local Leadership domain focuses on those activities that local leaders perform to increase and support PSYCHOLOGICAL SAFETY in the work environment. “Local Leaders” refers to those individuals to whom frontline workers report (i.e. Pharmacy Manager, Chief of Anesthesiology, Nurse Director or Manager etc.). Psychological safety is: comfort asking questions, comfort requesting feedback, comfort being respectfully critical or willingness to suggest innovations or stimulate conversation by knowingly suggesting not-fully-developed ideas. Local leaders’ actions to achieve the above are predicated on being available to those who report to them, and engaging regularly and frequently in feedback conversations with individuals about their activities. If asked, recipients would describe this interaction with their local leader as opportunities for reflection or learning for improvement. They would not characterize these interactions as judgment.

If the Local Leadership Domain score is <60%, evaluate which items are low. Is leadership availability an issue, taking time to pause and reflect, or giving useful and positive coaching and feedback? There are 4 questions about feedback, and they tend to be answered similarly. If the feedback questions mean is <60%, discuss how to generate better feedback between local leaders and staff.

In many work settings, respondents answering the survey will be thinking about different local leaders based on discipline. For example, Nurses think of their Manager while Environmental Cleaning staff consider their Supervisor, and an MD is thinking about their Chair/Chief or Clinical Leader. If a particular discipline (Position scores) is <50% evaluate why that leader scores that way and what might be done about it. How do those leaders compare with others in that work setting? How do they compare with other similar leaders in other work settings?

### **LL1 Item:**

**In this work setting, Local Leadership is available at predictable times.**

High responses to this question may be interpreted as work setting members perceiving that local leaders establish patterns of working so that team members know where they can be found, and have reasonable access to them. Low scores warrant exploration.

### **LL1 Discuss:**

- Is the issue that leaders are perceived as not physically present, or are they present but not available (in their office with the door closed etc.) How easily do staff have access to them? Are office doors regularly closed? Does signage inhibit individuals from knocking on a closed door?
- Is communication through email leading to diminished face to face contact?
- Is the Manager/Leader unapproachable because of their personality style and how they appear to others?
- What other impediments keep the local leaders at a distance?
- Are there differences between day / night shift perceptions?

### **LL1 Actions:**

- If Leaders are physically not present, evaluate why and set goals or expectations about availability to front line staff.
- In some cases organizations create this problem by scheduling too many meetings. In that case, one action might include decreasing the number of meetings that take managers/leaders out of the work setting.



- Establish times as “meeting free zones” - allowing managers/leaders to keep those times clear on their calendars specifically to be present in the work setting, and hopefully visible and available to staff and their teams.
- If personality styles are an issue, coaching may be warranted.
- Consider using 360 degree evaluations by staff and one-ups who work with that individual Manager/Leader and use the findings for coaching and other actions. (Consider that in some of the best of best cultures, 360 degree evaluations of managers are routinely performed and standard practice, including making the results publicly visible to the whole organization. )

#### **LL2 Item:**

**In this work setting, Local Leadership regularly makes time to pause and reflect with me about my work.**

The ability to pause and reflect individually and in teams is an important part of how skilled employees think about complex problems. Doing this on a regular basis helps managers/leaders make better decisions, and generates resilience in work setting employees. The lack of this adds to cognitive scarcity, the state in which personnel make poorer decisions because of lack of interaction with others ergo the limited spread of good ideas.

#### **LL2 Discuss:**

- Do managers/leaders have structured monthly 10-minute conversations individually with every one of their reports where they ask a few specific questions:
  - “Are there topics or issues that have worked impressively well since we last talked?”
  - “Are there topics or issues that have worked poorly or been problematic since we last talked?”
  - “Are there individuals we should highlight because of something good that occurred?”
  - “How have I been doing in managing the issues you’re confronting right now?”
  - “Are there other topics or issues of concern or interest to you that I should know about?”

#### **LL2 Actions:**

- These brief interactions should be perceived as coaching opportunities and should build a positive relationship between staff and Manager.
- If managers have too many reports, then assistants should be engaged to help with these conversations.
- These interactions should occur with every participant in the work setting, for example an RN Manager should also ask these questions of the MDs who work in their department.

#### **LL3-6 Items :**

**In this work setting, Local Leadership: regularly makes time to provide:**

- **positive feedback to me about how I am doing.**
- **frequent feedback about my performance.**
- **useful feedback about my performance.**
- **meaningful feedback to people about their performance.**

‘Feedback’ in these questions refers to the regular (weekly or at least monthly) brief meetings (~10 minutes), described in the previous question. This presumes local leaders maintain oversight of the activities in their work settings and of their reports, and know the activities that are occurring in their work settings. In the ideal, these are opportunities for managers/leaders to reflect, coach and identify issues for improvement. Conversations between managers/leaders and the staff who report to them should be perceived as improving the relationship between the two participants, and lead to easier and more fluid conversations and, generally, to increased levels of psychological safety and good perceptions of teamwork. (Note: These questions are not directed at bi-annual or annual discussions with employees





about their growth and advancement.)

**LL3-6 Discuss:**

Low scores should lead to a conversation about

- What feedback occurs
- What would be useful feedback?
- How should insights about work be elicited?
- Thoughts on how best to give practical and actionable advice.

**LL3-6 Actions:**

- Test brief feedback meetings in a work setting to learn how they might be performed, and then set an aim to increase the sessions and make them more meaningful over a 3-6 month time period.
- Simulate meetings for managers/leaders, using skilled HR or other educators, so that the managers/leaders can learn how to conduct the meetings well.
- Set up a measurement of meeting effectiveness by asking staff and team members to vote and grade the sessions, and use the metric plus comments to refine the process.
- Offer coaching or online teaching modules to managers/leaders that will help them be personally more resilient while also highlighting the attributes of good leadership and increase their skills and focus on the social and cultural dynamics they are charged with managing.

**LL7 Item:**

**In this work setting, Local Leadership:...communicates their expectations to me about my performance.**

Local leaders should be able to create an environment where team members feel that their voices count and that they are prized as members of the team. At the same time local leaders should be able to set clear expectations of performance and have the comfort to state those clearly to team members, regardless of discipline or role. The formal or financial relationship between the team member and organization is irrelevant - whether employed, contracted, in private practice, etc. - expectations about behavior is always a worthy conversation for managers. Expectations about technical performance should also occur regularly.

**LL7 Discuss:**

- Do local leaders do set expectations for behavior and performance?
- If yes, how do they set those expectations?
- If yes, are the expectations explicit, clear and reasonable?
- Are team members and the managers/leaders comfortable having these conversations?

**LL7 Actions:**

- If managers/leaders are not comfortable having these conversations, coaching may be helpful, especially with simulations.
- Organizations should set explicit expectations that these conversations need to occur and are an intrinsic aspect of every work setting (and then assist managers/leaders in how to perform them, especially those who are new to their positions.)



### **C3 Resilience / Burnout and Work-life Balance Domains**

Burnout has become an important issue in healthcare because of its increasing prevalence and severity. In recent studies, over 50% of American physicians indicated that they have one or more of the characteristics that lead to “burnout.” (Shanafelt, et al. Mayo Clin Proc, Dec 2015;90(12):1600-1613). The National Academy of Medicine (NAM) in 2016 launched an ‘Action Collaborative to Promote Clinician Well-Being and Combat Burnout, Depression, and Suicide Among Health Care Workers’ because of the severity of burnout in healthcare. While there are many reasons for this troubling trend, a perfect storm has been created by the ever increasing use of information technology and the electronic health record, combined with constant pressure to increase productivity and decrease cost. The end result is that dedicated clinicians, especially MD but also their counterpart NP and PAs, work full days in healthcare organizations and then go home to spend unpaid and unacknowledged hours completing online tasks. Other disciplines like nursing and pharmacy have struggled too, whether because burnout is like a contagion that spreads, or because healthy cultures are hard to create when one of the culture’s leading positions - MDs - is increasingly stressed. Nursing still loses up to 25% of its new graduates within a year of joining the workforce. Pharmacists do not appear to be faring much better as SCORE’s culture survey results repeatedly show low overall scores in pharmacy areas.

High levels of burnout undermine patient care and diminish organizational capacity to improve. When individuals become burned out, they tend to depersonalize, so patients become little more than “cases” or “the heart failure in Room 502.” High levels of burnout impair the ability of units to engage in improvement and continuous learning.

Fortunately, there are very specific techniques and interventions that can reduce burnout and promote resilience. The items in the Burnout and Work-Life Balance (see below) domains provide important feedback about the readiness and ability for a work setting or the people in a certain role type to engage in improvement work. High burnout scores indicate that personnel are likely to be more interested in focusing on their own personal issues than on organizational priorities. At its worst, burnout leads to disinterest in the healthcare organization and the patients being cared for.

The SCORE survey has two Burnout domains that give different perspectives. One set of questions pertains to how respondents perceive others around them. These questions will be influenced by conversations that occur in the coffee lounge and other communal areas, plus the conversations that occur daily between team members. Another set of similarly focused questions pertain to how respondents perceive themselves. The domains offer two lenses into Burnout, and both are instructive. In general, respondents tend to perceive that others do less well than they do, so the Burnout Climate Domain (perception of others) tends to have poorer scores than the Personal Burnout domain (“my assessment of myself”). If this is NOT the case, the differences should be explored as to why perceptions about oneself are worse than perceptions of others. Additionally, burnout appears to be like a contagion. Once it begins, the SCORE data suggests that it affects others in the work setting, so if one discipline is burned out, their attitudes and actions can and will spread to others.

**Work–life balance**, closely linked to Burnout, reflects the balance between professional, job related demands and maintaining a healthy personal lifestyle. A good work-life balance is important both for the health of employees and as a leading indicator for burnout. Working through the day without breaks, arriving home late from work and changing personal plans because of work are all dissatisfiers. Leaders who engage their staff in dialogue around work-life balance and burnout are effectively showing their concern for their workers. Leaders who do not have this dialogue run the serious risk of having disenchanted and disconnected employees setting the tone in work settings.



## **Burnout Climate Domain**

### **BC1-5 Items:**

#### **Events in this work setting:**

- affect the lives of people here in an emotionally unhealthy way

#### **People in this work setting are...**

- burned out from their work.
  - exhausted from their work.
  - frustrated by their jobs.
  - working too hard on their job
- 

## **Personal Burnout Domain**

### **PB1-5 Items:**

#### **Events in this work setting:**

- affect my life in an emotionally unhealthy way.

#### **I feel....**

- burned out from my work.
  - fatigued when I get up in the morning and have to face another day on the job.
  - frustrated by my job.
  - I am working too hard on my job.
- 

## **Work-life Balance Domain**

### **WLB1-8 Items:**

("During the past work week" means the event in question occurred one or more times in the last 5 days.)

#### **During the past work week, how often did this occur?**

- Skipped a meal
- Ate a poorly balanced meal
- Worked through a day/shift without any breaks
- Arrived home late from work
- Had difficulty sleeping
- Slept less than 5 hours in a night
- Changed personal/family plans because of work
- Felt frustrated by technology

### **Discuss:**

#### **General Questions**

- How far down the path towards burnout are people in this work setting? Emotionally exhausted, cynical or disengaged?
- What aspects of work are leading individuals down this path?
- Is there one thing that would reduce this trajectory in the work setting?
- What are the sources of frustration?



- What is the short list of simple things that might help make things better?

Do people feel valued?

- Do participants in the debriefing feel valued by the organization? Explain why or why not?
- Do the employees feel like leaders know and acknowledge they are working too hard?

Do people feel they have a voice?

- How much of the frustration being felt stems from the sense that employees do not have a voice?
- What are the simple things that can be fixed or addressed that will give staff a sense of influence or control where they work?

What are the perceptions of operational efficiency and effectiveness

- Are there persistent process problems or defects that do not get addressed?
- Do people have the tools and resources they need to do their work well?
- Do workers have to commonly work around defects and processes that are not reliable?
- What are the aspects of their work they see as not adding value for themselves or patients?
- Is the perception that there is too much to do?
- Is it hard to get done what needs to be done for good patient care?
- What are the things that take up time and energy that are annoying and do not contribute to high quality patient care?

Work-Life Balance

- Is the work more physically taxing than it should be? What are the factors causing this?
- Is the work-setting short-handed and do personnel have to work extra shifts?
- Do workers consistently get out later than they should? Are there simple things that can be done to improve this?
- Do workers get breaks and the opportunity to periodically decompress during difficult shifts? If people skip meals because they can't take the time from the work, is this common and why does it happen?
- Is the manager aware and what have they done to try and improve this?

#### **BC and PB All Items Actions:**

First and foremost, acknowledge the the perceptions are real and that the organization recognizes them and wants to deal with them.

- Identify one or a few small and fixable issues that can be readily solved that are irritants or cause inefficiencies.
- Apply techniques from the positive psychology literature such as "Gratitude and focusing daily on 3 Good Things" to support the psychology that bolsters resilience. While this exercise is an individual one, work setting participants can agree to do this and compare experiences.
- For major issues, brainstorm and be willing to TEST innovative ideas that might decrease unnecessary work. Acknowledge that these are works-in-progress and agree to create the bandwidth to perform the tests.

#### **WLB All Items Actions:**

- Survey the work setting to ascertain if the team members are going to have difficulty getting breaks or meals and provide food in the work setting. (Volunteers can bring meals. managers can pay for meals etc.)
- Schedule breaks and meals into the calendar so the time is formally blocked.



- Design the places staff go to get food so that healthy choices are more easily available than unhealthy ones.
- Design “re-briefs” into the day where a component of the rebrief is to re-allocate responsibilities to address the situation where one individual is overwhelmed while another has capacity.
- Measure the current state of affairs regarding meals and breaks and set a goal to improve it by X%, or to 100%, as deemed feasible by the work setting. Hold everyone accountable for achieving the goal and then routinely measure and make the results visible. Periodically brainstorm on ways to improve, and then test the ideas.
- If lack of sleep is an issue, bring in experts to the work setting to discuss theory and strategies to improve sleep cycles. If the causes of sleep deprivation are organizationally derived, set an Aim to decrease that factors by some reasonable amount, brainstorm on mechanisms to achieve those reductions and periodically measure the impact on personnel.
- Evaluate whether there are activities within the positive psychology literature, such as the “3 Good Things” reflections on Gratitude that might be applied.
- Measure the baseline rate of personnel missing family plans, personal events or arriving home late. Once the base rate is known, discuss what staff thinks is a reasonable frequency and set an Aim to eliminate the delta between the current and desired rates, and also how long it should take to achieve the goal. Then test changes, based on best ideas from the work setting, to improve this.

#### **Burnout Actions related to Technology issues:**

- It is important to differentiate frustration related to large technology installations, like EHRs, which are slow and hard to change versus simpler issues like slow computers on wheels, or scanners that don’t work or run their batteries down too quickly. Focus on the tools employees use routinely to help ensure they can do their work.
- Identify, if possible, the fixable issues and identify the one that team members find the most frustrating. If simple, take the actions to ameliorate.
- If all the issues are complex, have staff choose one and set an Aim to decrease it.
- If all the issues are insurmountable secondary to large scale EHR problems etc, then acknowledge the frustrations and brainstorm other activities/changes that might be helpful.
- A broader action regarding large scale EHR issues might include making the triaged list of priorities for EHR fixes (usually determined by organizational informatics departments) available for clinicians to see. Ideally clinicians should be able to upvote or downvote issues on the list based on improvements/changes of greatest interest to them. The reason for doing is that that the more clinicians can weigh in on what gets fixed first, the greater the sense of control they have over the technology they use. As we’ve identified repeatedly in the suggested actions in this document, the concept of “voice” - having control over one’s environment - has a huge impact on overall attitudes and perceptions by employees about the organization in which they work.

## C4 Teamwork Domain

The teamwork domain evaluates different aspects of culture that together characterize how teams work together. In truth these attributes are broader than just “teamwork”. The items in this domain evaluate communication, difficult colleagues, psychological safety, and coordination of disciplines. Each are determined by different work setting attributes and require different, although sometimes overlapping, sets of activities to be robust, so the domain is best evaluated by looking at each item separately. The challenge in this domain is that there are very few single actions that will target and improve all the items in this domain.

When teamwork climate is low, employees may feel that their coworkers are not cooperative, that their voices are not heard by management, that their efforts are not supported, or that communication is not robust. These feelings can deeply affect employee performance and patient outcomes. If fewer than 60% report good teamwork climate, look at each teamwork item specifically to see which aspect pulled down the overall score. The questions are described below.

### **TW1 Item:**

**Disagreements in this work setting are appropriately resolved (i.e., not who is right but what is best for the patient).**

High scores on this item are essential to achieve safe and reliable patient care because disagreements resolved by hierarchy or whose voice is the loudest are likely to have higher failure rates than collaborative discussions focused on a patient’s best interests or the overarching goals of the work setting. Anything below 70% warrants discussion. Ideally, these scores should be above 90% because conversations should always be focused on what’s best for patients or the goals of the work setting (in non-clinical settings), and disagreements should be resolved based on good logic, not on hierarchy or personality. Find out why respondents answered this question differently. The goal in clinical settings of optimal, safe care and in non clinical settings to achieve reliable and excellent performance are ones that everyone should be able to agree with.

### **TW1 Discuss:**

- Are team members skilled in depersonalizing disagreements and having “3rd person” conversations to focus on what is best for the patient, not who’s right and who is wrong.
- What structures and team behaviors currently exist to support collaborative dialogue to do what is best for the patient or to achieve the work setting goals?
- Is there a formal structure for the team to discuss the care plan for the patient on a regular basis? Is this multidisciplinary?
- Does everyone participate and have a voice? Are people treated with respect? Are members of the team routinely invited to share their perspectives?
- Does everyone know the plan of care?
- In non-clinical environments, how are disagreements resolved in the best interests of that work settings’ output and expectations.
- What are the escalation policies that exist when disagreements occur, and are they practical and usable? Do they generate bad feelings between personnel, or are they perceived as appropriate when disagreements arise? Are staff reticent to use them if the disagreement is with someone higher up in the hierarchy of the work setting? Do team members fear retaliation resulting from disagreements?
-

**TW1 Actions:**

- Identify common sources of disagreements that lead to poor conflict resolution. Discuss the factors that improve and enhance acting in the best interest of the patient, and think of ways the mechanisms that enhance doing what is best can be commonly used on the unit. What mechanism will you use to track the changes and improvement that results?
- Test various escalation policies with the goal to creating one, or modify an existing one, such that personnel feel that the policy helps resolve conflict without undermining relationships.
- Review real cases in multidisciplinary meetings, where each discipline characterizes their experience of the disagreement. If moderated by someone with experience these can be helpful to create the right kind of culture about these issues.
- Educate physicians and others: Escalation of disagreements, in the patient's best interest, can protect responsible clinicians from problems, as opposed to the view that escalation of disagreements is an affront to their leadership or autonomy.
- If disagreements arise because good multidisciplinary planning doesn't occur, then test huddles or briefings where the plan of care (or plan of action in non-clinical settings) is clearly delineated. These can help get expectations in line across the team so that there is less likelihood of misunderstandings or disagreement.
- Practice and simulate the "3rd person" conversation when dealing with conflict. Focus on the common goal: "We all want this patient to do well and receive optimal care. What does that look like? What needs to happen to achieve that? What are the specific actions team members will take to achieve that?"

**TW2 Item:**

**In this work setting, it is difficult to speak up if I perceive a problem with patient care.**

**TW2 Discuss:**

- Why is it difficult to speak up? What are the factors that enhance or detract from psychological safety? Identify one to three things that make it easier, and a few things that make it hard to speak up.
- Is there effective leadership that sets a positive, active tone for the team to interact?
- Are there mechanisms like briefings or huddles so everyone knows the plan?
- Is there predictability as to what is supposed to happen, so that work setting members are better able to gauge when changes are occurring so that they know when to speak up?
- Is every member of the team treated with respect? What happens if people are not treated with respect?
- What is the one thing that makes it easy to speak up with concerns? What is the one thing that makes it hard? Psychological safety is when work setting members can comfortably ask questions, ask for feedback, be respectfully doubtful, or suggest innovations even when they have not been fully fleshed out? How robust is psychological safety in the work setting?

**TW2 Actions:**

Psychological safety is essential for organizational excellence and safe care.

- Can the group identify one thing to change in the short term that would make speaking up easier.
- Set a goal to improve comfort speaking up by X% in Y months (the What by When of all good goals).
- Discuss what grouping of 3-5 actions would allow the work setting to achieve this goal and agree on acting on one of them in the days following the debrief.
- Measure changes in psychological safety by surveying the disciplines in the work setting on a frequent basis as the goals are being worked on.



- If there is one or a specific group who make this difficult, consider 360 degree evaluations if data is needed. Consider coaching if the problem is well established and known.
- Request engagement by senior leaders and other resource personnel (Human Resources or Employee Assistance) to assist.

**TW3 Item:**

**It is easy for personnel here to ask questions when there is something that they do not understand.**

**TW3 Discuss:**

- Effective teams always plan forward. Are there routine huddles or briefings on the unit? Good teams think out loud and invite all team members into the conversation for their ideas, questions and concerns. When this is standard practice it is much easier for people to ask questions.
- Are team members encouraged or invited to ask questions when there is something they do not understand? Is this explicitly stated? There is a profound difference between assuming team members will speak up and explicitly inviting them to do so.
- Are team members always treated with respect when they ask questions? Are questions seen as an opportunity to learn and teach? This becomes especially important when the questions or comments are not accurate or correct. When concerns turn out to be unfounded, is there still a respectful response?

**TW3 Actions:**

- Try small, tests to improve understanding of psychological safety and to incorporate operational processes that support psychological safety. These might include actively calling out the concept in huddles, highlighting concerns on Learning Boards, improving response time when issues are voiced, and identifying training opportunities when inadequate technical skills lead to misunderstandings.
- Teach managers/leaders about how to respond to questions. Coaching and learning is usually the right response. Judgement is much frequently the appropriate response.
- Institute team huddles and communication processes that ensure that team members know the game plan for the day or session. Highlight the importance of asking questions if team members feel that activities don't match the discussed game plan.

**TW4 Item:**

**The people here from different disciplines/backgrounds work together as a well-coordinated team.**

Scores below 60% should be evaluated. This question is one of the most direct about team function and team norms. Low scores should be evaluated about the underlying reasons. Well coordinated teams practice together, have agreed upon forms of communication to ensure transmission and reception of information is one and the same, and have agreed upon team behaviors and norms that keep everyone on track working on an agreed upon goal.

**TW4 Discuss:**

- How is teamwork organized?
- Are there huddles and multidisciplinary rounds on a regular basis? Does everyone speak? Does every member of the team feel valued?
- Do leaders set a positive tone, think out loud to share the plan, and invite every member of the team into the conversation?
- Does every member of the team feel valued? What practices are used to insure that? How is that measured?





#### **TW4 Actions:**

- Are effective leadership behaviors present - setting a positive tone, thinking out loud, inviting team members to participate, discussing operations team behaviors and examples of psychological safety? Identify the components that are less robust and test small additions of the team huddles to address them.
- If all the necessary disciplines don't participate in team huddles, test a way to engage them. Some options include changing the time of the huddles, setting up virtual access to huddles, setting appropriate expectations of every discipline to participate, taking roll call and making the data public and visible, or modifying the content of the huddles so that everyone perceives value from them.
- Realistically examine the teamwork structures on the unit, go observe them and plan for the effective implementation of briefings / huddles, debriefs and critical language. Make them practical, time efficient and highlight the benefits to all members of the team. Link debriefs to visible learning and improvement. This is one of the most important ways to create sustainable change in service of operational excellence.

#### **TW5 Item:**

**Dealing with difficult colleagues is consistently a challenging part of my job.**

Scores below 50% should be evaluated. (NOTE: this is a negatively worded question that is reverse scored). If half of respondents answer that they do deal with difficult colleagues, further examination of the issues is warranted. It is often particularly useful to examine this data by role type.

#### **TW5 Discuss:**

- What efforts have been made on the unit to work as collaborative teams and build relationships? Is the unit an environment of respect? This is a fundamental responsibility of leaders.
- What are the consequences if team members treat each other disrespectfully? Is there a clear, overarching goal that the needs of the patient come first?
- What mechanisms exist to promote professionalism? Is the "elephant in the room" that there are specific individuals that the whole group is thinking about when discussing this question? Discuss the sources of difficult behavior. Is it pervasive or limited to a few individuals?

#### **TW5 Actions:**

- If a few individuals are the source of this problem, then leadership clarifying the "rules" of the culture, what is expected and acceptable, and what is not acceptable is the first step. Clarity around expectations, and especially clear consequences and the process of ongoing monitoring are essential.
- If the culture has allowed lots of people to behave in unpleasant ways, then recalibration will need to be highly visible, and require very clear expectations with accountability. High performance cultures are clear about defining the desired behaviors, and they don't tolerate disrespect. Sometimes unhelpful behaviors are so embedded that a retreat of work setting participants is necessary, focused on setting expectations, gaining commitment and "resetting" the culture. These should be accompanied by setting of clear rules, and willingness to respond when team members deviate. Senior leaders, Risk personnel, and Physician leaders with responsibility for professionalism may need to be engaged prior to the retreat.

**TW6 Item:**

**Communication breakdowns are common in this work setting.**

This question and the one below (communication breakdowns with other work settings) are amongst the lowest scoring questions in culture surveys and probably link to some of the greatest overall risks to patients. Scores below 50% require investigation.

**Discuss:**

- Are there standardized processes for communication in the work setting – briefings, debriefings, structured language like SBAR, so everyone knows the plan?
- Are they consistently used?
- What are the common situations where information gets lost and communication breaks down?

**Actions:**

- Ask, what one process could we focus on to improve communication?
- What is the one thing we can do consistently in this work setting to improve communication? How will we know this an improvement?
- Discuss with the team the ways that information gets lost.
- What are the situations that are risky and/or frequent? Pick one or two communication processes to improve and hardwire. These learnings will be applicable more broadly.
- Communication breakdowns are common when this work setting interacts with other work settings.

**TW7 Item:**

**Communication breakdowns are common when this work setting interacts with other work settings.**

**TW7 Discuss:**

- What are the common patterns of communication failure across units?
- Discuss with the team the ways that information gets lost between work settings.
- Discuss how a work setting might engage with another work setting to improve just one aspect of concern common to both groups.
- How do these failures impact the ability to deliver safe & reliable care?
- What are the mechanisms for building relationships with the units where communication breakdowns occur?
- What is the one process we should work on to improve communication and preclude failures?
- Who needs to own the work?
- What does success look like and how will you measure?

**TW7 Actions:**

- Bring common issues to organizational leaders for assistance in creating cross work settings goals.
- Handoffs and moving patients from one care area to another are inherently risky. What are the situations that are risky and /or frequent?
- Pick one or two communication processes to improve and hardwire. These learnings are likely to be applicable more broadly.



## C5 Safety Climate Domain

Safety Climate scores predict clinical outcomes and tend to correlate closely with Teamwork Climate scores. When respondents report a low safety climate, they don't perceive a real dedication to safety in their work setting. Safety climate is significantly related to both employee safety (e.g., needlesticks, back injuries) and patient safety (e.g., bloodstream infections, decubitus ulcers), so low safety climate is critical to address.

### SC1 Item:

#### **My suggestions about quality would be acted upon if I expressed them to management.**

Scores below 60% warrant further discussion. This question links to the local leadership domain. Exploration of low scores should seek to understand why respondents perceive that their suggestions would not be acted on.

### SC1 Discuss:

- What has been the past experience on the unit when ideas and suggestions related to quality have been raised? Is there follow through and feedback on consistent basis?
- What are the current levels of organizational trust?
- How often are leaders present on the unit engaging front line staff about their concerns and ideas for improvement?
- What examples exist that show prior suggestions have been acted on and resolved in a visible manner?

### SC1 Actions:

- Brainstorm with respondents about how managers and Leaders can be more responsive in timely fashion. Visible learning boards, individual responses to suggestions, tracking of issues raised, periodic meetings to review suggestions are all possible ways to improve scores on this question.

### SC2 Item:

#### **Errors are handled appropriately in this work setting.**

This question speaks to the degree that management has created the appropriate structures to manage important information, and whether there exists a just culture in the organization where individuals are appropriately and reasonably held to account when things go wrong.

### SC2 Discuss:

- Is there a well-understood just culture / accountability model that employees understand?
- Does it live and breathe on the unit, so that people use it and trust that they will be safe to discuss and learn from error?
- Are visible actions taken to fix defects that led to errors reported on the unit?
- Have leaders build trust among front line staff through discussions about errors and near misses?
- Has there been education about system errors and the limits of human performance?

### SC2 Actions:

- If a just culture algorithm has not been adopted, then doing so and discussing it is a first step.
- If there is an organizational algorithm, taking simulated or near-miss cases and applying them periodically in multidisciplinary meetings affords participants opportunity to experience and gain



understanding of how the process works.

**SC3 Item:**

**The culture in this work setting makes it easy to learn from the errors of others.**

Low scores should be examined for why learning from errors doesn't occur. Underlying issues can be wide ranging, from fear about reporting to operational limitations to inadequate team behaviors to collect information.

**SC3 Discuss:**

- Do colleagues feel safe to discuss errors, knowing that the goal is to learn and provide safer care for everyone?
- Do leaders model the values of being able to admit mistakes and errors of their own?
- Is there awareness that skilled people, working hard to do the right thing, working in complex environments will make mistakes?
- Is there a well-understood, clear accountability model for Just Culture / Organizational Fairness that exists and is used on the unit?

**SC3 Actions:**

Actions must be based on the underlying reasons.

- If the mechanisms for spreading insights is poor, testing communication through safety newsletters is an option.
- If learning is limited because individuals feel that there will be repercussions about discussing errors, then creating safe places to report and discuss events can be facilitated with the help of resource personnel from Safety, Quality and HR departments.
- If leaders in Risk departments are averse to allowing conversations about errors, senior leadership must weigh in about organizational culture, and appropriately clarify the great value of transparency to improve versus the small protections generated by limiting conversations.

**SC4 Item:**

**I would feel safe being treated here as a patient.**

This is the bellwether question regarding safety, with one caveat. In some cases respondents will report that they would be comfortable being treated because they know and control their "system", i.e. choosing who takes care of them and where the care occurs. The real question becomes whether the same level of safety accrues to a patient who is not able to manipulate aspects of care in the work setting.

**SC4 Discuss:**

- What do you see that would make you feel unsafe if you or a family member was a patient here?
- Have you mentioned this before? If yes, what actions were taken? Did anything change for the better?
- What is the one thing that can be done on this unit to provide better care within the constraints of the resources we have?

**SC4 Actions:**

- Generate a list of items about why respondents would not choose to receive care.
- Some findings that are locally controlled can be identified and aims set to eliminate or fix them, i.e. par levels of equipment, improved communication between disciplines.
- If the findings deal with more significant issues such as communication issues linked to poor professionalism or miscommunications across work settings that neither can resolve then these should be sent to a higher level in the organization for action plans - with guarantees of feedback



to the work settings about the discussion, finding, and actions.

**SC5 Item:**

**In this work setting, it is difficult to discuss errors.**

Low scores to this question may indicate that when things begin to go wrong, personnel are hesitant to discuss them. A proactive culture is far better off in regards safety and reliability than a reactive culture, so ease in discussing errors is of paramount importance. Ease in discussing errors is also a hallmark of psychological safety. That makes this one of the most important questions in the survey, and organizations should want this score to be in the ninety percentiles. Low scores should be vetted carefully for underlying reasons.

**SC5 Discuss:**

- Does it feel psychologically safe for individuals to talk about mistakes, or do they risk getting in trouble or appearing incompetent?
- Is there trust that the errors that are discussed will lead to improvement and greater safety for all?
- Do discussions about adverse events begin by applying the Just Culture / Organizational Fairness algorithm so people feel safe?
- Is there a history of activity that undermines confidence that errors will be dealt with fairly?

**SC5 Actions:**

- Simulated evaluations of near misses or minor events in which a just culture algorithm is applied, and where the focus is on learning and coaching before judgement, allows managers and leaders to learn how to do safe evaluations that enhance learning.
- Simulations also teach staff how the organization will conduct itself when real adverse events occur. Organizations are short-sighted if they expect this skillset to be robust when only applied to bad events - when emotions are intense, and there are pressures placed on the organization from patient and their families, media, legal and regulatory groups.
- The process of evaluating events and errors must be practiced by managers/local leaders at the work setting level when situations are not stressed by harm events, in order to be effectively and fairly applied when harm events occur.
- Simulations should be performed routinely and regularly, and managers should do so every few months in every work-setting as a regular part of work setting meetings. These activities can be quite brief - 10 minutes in a meeting - once the organization and work settings understand how to apply the underlying concepts.
- Each staff meeting should begin with a description of a near miss or a 'good catch'. Preferably the description of the near miss should be given by the person that observed it.

**SC6 Item:**

**The values of facility leadership are the same values that people in this work setting think are important.**

This is the only question that focuses exclusively on senior leadership, and speaks to a factor in organizations that is fundamental to achieving safe and reliable operational excellence. Low scores indicate an important disconnect between Leaders and Frontline, and this particular disconnect affects the willingness of workers to volunteer the extra effort that is always required for organization excellence. Scores below 60% should be vetted for underlying reasons, and specific actions identified for senior leaders to perform.

**SC6 Discuss:**



- Do the discussions with senior leaders include assessing values and how they are being applied at the senior leader level to issues of concern, as well as manifesting them at the frontline. The classic disconnect is frontline folks talking about care and quality while senior leaders discuss finance, but there are many other disconnects that occur around issues of staffing, resources, and overarching aims.
- Do leaders round frequently enough that frontline personnel know who they are?

#### **SC6 Discuss**

- Is there a value statement that is crisp and clear and known to all staff, employees and team members? Is it used and applied when major decisions must be made to help steer groups in the right direction?
- If scores are low, what other reasons did respondents apply in answering this question.

#### **SC6 Actions:**

- If front line personnel do not know or see senior leadership, activities should be generated that bring those leaders regularly to the work settings for conversations and discussions through rounding or other activities. In large organizations, identify representative leaders who can do this by service line or other groupings that make sense in the organization.
- Senior leaders can also begin virtual call-ins with the entire organization or face-to-face town hall meetings, regularly performed, where discussions about topical issues, ideally chosen by the staff and NOT by the senior leaders, make manifest the alignment and application of values.
- In some organizations, the issue is not that values are out of alignment but that the communication between senior leaders and the rank and file is inadequate. If that's the case, a review of communication options should be performed, and a variety of activities tested for impact. Monthly newsletters, special case highlights, better senior leader to Manager communications are all options that can be vetted.
- The impact of these tests must then be measured - in some case this is as simple as asking front line personnel if they are effective, "did they hear back from senior leaders about X and did the actions taken appear reasonable?"



## Engagement Domains

Employee engagement has long been an important topic for organizations. Over the past decade, increasingly relevant for healthcare organizations as we understand the link between employee engagement and patient outcomes. In fact, studies consistently show that employee engagement correlates to patient safety outcomes, accidents on the job, clinical outcomes, staff turnover and absenteeism. We often hear “employees are our most important resource,” but healthcare surveys show that over 50% of employees are disengaged. Leaders often think employee engagement and employee satisfaction equate, but they are not the same. Satisfaction is setting the bar at the minimum – adequate comp and benefits, enough supplies, people come to work on time, etc. Engagement occurs when employees are committed and motivated, working with “vigor, energy, and absorption,” so much so that they willingly contribute discretionary efforts to provide the best care and patient experience.

The SCORE Survey has six Domains to measure employee engagement: **Growth Opportunities, Advancement, Job-related Uncertainty About the Future, Intentions to Leave, Workload, and Participation in Decision-making.** Based on the SCORE survey results for Engagement, you have measured the current state of your work team on these domains. The next step is to deepen understanding of the results with the work team by debriefing the results and holding conversations that will deepen understanding of where opportunities for improvement exist. Intentional follow up and participative action planning will engage and motivate employees toward greater engagement, even in the midst of accountable care demands, industry change and transformation, and challenging work environments.

### E1 Growth Opportunities Domain

A significant factor that drives employee engagement is providing opportunities for continuous learning and development. Past research on how people learn and develop most effectively has resulted in the 70-20-10 model: 70% of learning and development comes from “doing.” The best learning occurs on-the-job, real-life work experiences, projects, challenging work, etc. 20% of learning and development comes from interactions with others: role models, managers, colleagues, coaches, mentors. 10% comes from training programs.

#### G01 Item:

**With respect to *Growth Opportunities* in this work setting, I have:  
--enough variety in my work.**

A job that is perceived by the employee as boring, monotonous, and not very challenging will decrease motivation, but a job with variety that has the flexibility to change on occasion will challenge the employee to learn and grow, therefore increasing motivation. Adding variety to a job, or job enrichment, is one of the keys to growth, development and motivation. In addition to the impact on motivation, job enrichment also helps the employee to gain a broader view of their job and willingness to take on additional responsibilities, beyond the current job description.

#### G01 Discuss:

- Are we fully utilizing your skills, knowledge and experience?
- Where are the opportunities on our work unit to enrich your job, adding variety and flexibility to jobs so you can continue to learn and grow?
- What are some ways we might accomplish these ideas?

**G01 Actions:**

- If you have one or more employees who identify this domain as important, ask for further feedback and involve them in the process of thinking through how to change job functions that will add satisfaction.
- Contact HR for help with redesigning a job to increase the variety. The goal is to achieve more meaningful work. Sometimes redesign may be as simple as supporting employee to vary tasks based on their personal and social needs. Or it may involve adding or decreasing some new job tasks within a specific job.
- Explore how job shadowing and rotations can add challenge and variety to current jobs.

**G02 Item:**

**With respect to *Growth Opportunities* in this work setting, I have  
--opportunities for personal growth/development**

Development does always mean climbing the ladder by getting promoted. For most employees, managers can build engagement by holding regular development discussions with them, helping them identify strengths and development areas, clarifying goals, and providing feedback, and coaching. Growing “in place,” if you will. This is very different from what typically happens – a discussion focused on weaknesses or performance issues.

**G02 Discuss:**

- What growth opportunities are available on this work unit?
- Do you have regular development discussions with your local manager?
- If so, what is working well? If not, discuss what might be barriers to this happening.
- Development also occurs when one receives constructive feedback. How do you translate constructive (negative) feedback into personal growth and development?
- How can team members support each other’s personal growth and development?

**G02 Actions**

- Hold development discussions with staff, ask about their goals, strengths and development areas. Ask them to create a development plan, using HR tools available.
- Provide access to development experiences, i.e. 360 feedback assessment, mentoring, coaching, stretch assignments/projects, and training programs that maximize strengths, skills, and interests.
- If manager needs help in building skill in holding development discussions, seek out training or coaching from a skilled manager.
- It is critical that managers learn how to give both positive and constructive (negative) feedback.

**G03 Item 3:**

**With respect to growth opportunities in this work setting, I have  
--the feeling I can achieve something**

A model of work engagement, based on the work of Bakker and Demerouti, helps us understand the importance of job resources and personal resources that research has linked to high performance and employee engagement. These resources are particularly important to balance the stress presented by high job demands. Job resources are those that help an employee’s learning, growth and development, such as autonomy, team support, a feedback culture, variety in the job, and coaching from manager. Additionally, Job Resources can be more functional in achieving work goals, such as job design, quality processes and supplies. Personal Resources such as self-efficacy, self-esteem, and optimism combined





with Job Resources starts a motivational process.... that leads to work engagement...that leads to higher levels of performance.

**G03 Discuss:**

- What are some examples of recent achievements that are evident in the work unit? In your personal job?
- How satisfied with you with how goals are set/decided upon in the work unit? What is working well? What needs to be done differently?
- Discuss the concept of “Efficacy” - your belief in your ability to make things happen or achieve things. Team efficacy is the collective team’s belief in the team’s ability to do so.
- What is supporting you and/or keeping you from achieving what is important to you – whether in your work/performance goals or development goals? Think about the same question relative to team efficacy.
- Discuss Job Resources in your work unit that supports your ability to achieve things. Discuss team member’s Personal Resources.

**G03 Actions:**

- Make certain managers have the capabilities to give feedback, coach and mentor employees.
- Take steps to build a sense of team and teamwork.
- Build a feedback-rich culture, so that it is not only the manager’s responsibility, but the responsibility of all team members. Secure training and practice if necessary.
- Look for opportunities for each employee to set both work/performance goals and personal development goals. Coach them on action steps to achieve those goals. Give positive feedback on observable progress. Check in regularly.
- Provide positive feedback to reinforce the achievement.

**GO 4-7 Items:**

**With respect to growth opportunities in this work setting, I have**

**--opportunities for independent thought and action**

**--freedom in carrying out work activities**

**--influence in the planning of work activities**

**--influence in decisions about work activity timelines**

Autonomy and ability to influence work planning, activities, and timelines are also related to the JD-R Model of Work Engagement. Research shows that those with more job autonomy, or the ability to control or influence their work environment that allows them to perform at their best, experience less stress and burnout and higher work engagement and performance. Autonomy does not mean absolute freedom, but can happen by giving employees the ability to plan their activities, speed of work, what methods to use, for example. Something as simple as deciding when to take a break can feel like autonomy to an employee. Another simple example is giving staff more daily control over how the day’s work is organized. Influencing can happen by asking for their opinion/input and using same to make a decision. Clinical nurse autonomy and control over nursing practice (CONP) have been associated with increased nurse satisfaction and improved patient outcomes - both elements of a healthy and engagement work environment - from the very first research on Magnet hospitals.

**G04-7 Discuss:**

- What does autonomy (freedom) at work mean for you?
- How does lack of autonomy (freedom) affect you at work?
- Is there work the manager is doing that could be delegated to team members?
- It is important that the team feel ownership of their daily work. How would you suggest we do more of that?



- What types of decisions does the manager currently make that team members would feel comfortable making themselves?
- What actions can we take that will help team members feel more autonomy at work?
- Are there opportunities for the manager to ensure more participation and influence in your work?

**G04-7 Actions:**

- If work unit scores are low on these items, it is important for the manager to reflect on their leadership. Are there elements of control and micromanaging that are impacting work engagement and performance?
- Take steps to build trust in the work unit by building relationships with team members, hold regular development discussions with team, learn about their strengths, development needs and career goals.
- Think deeply about how to increase autonomy, choices and influence, knowing that the manager can always do so with boundaries.
- Delegate! One of the most important lessons a manager can learn is to “let go of the work” and focus on the strategy, goals, and development of the work unit. Your job is now to manage/lead people, not the work itself. You now get the work done “through others” which mean setting clear expectations and responsibilities for team members and delegating work to challenge and develop their skills.
- There may be times when it is not possible to give team members influence over all aspects of a project, from goal setting, to the methods used to accomplish the goals. Explain the situation to the team and still strive to create autonomy and influence by assigning remaining project plan tasks.
- As a manager works to increase influence and autonomy on the team, it is critical that mistakes and errors are learning opportunities and not a reason to find fault, punish or pull back on the effort to engage the team.

## **E5 Workload Domain**

The Workload domain identifies the demands that contribute to a workload that is increasingly demanding and stressful to manage. When healthcare workers have too much to do in too little time, with the pressure of deadlines, and are required to multitask continuously, employees feel overworked and exhausted. Work overload and exhaustion is one of the key drivers of burnout. Burnout affects the physical and mental health of employees and may affect the quality and safety of care.

A contributor to work overload is the often little control physicians and other healthcare employees have over their work and the work environment. Job control, making decisions that affect your work, and the ability to influence how work gets done, can reduce the stress of workload and mitigate the potential for burnout. Burnout, and its accompanying exhaustion and cynicism, is the polar opposite of engagement, energy, and vigor.

### **WL Items 1-5:**

**With respect to the workload in this work setting, I have**

**--too much work to do**

**--to work under time pressure**

**--to attend to many things at the same time**

**--to give continuous attention to work**

**--to remember many things**

### **WL 1-5 Discuss:**

- What are the key factors on this work unit that drives high level of workload? Has it gotten worse or better in the past year or so?
- Do employees have the tools and resources they need to perform their job?
- Are team members getting time for breaks and lunches? If not, how does that affect performance and patient care?
- Do you have concerns or see signs that the workload issue may contribute or has contributed to burnout among team members? How has this been dealt with in the past? How could it be done differently?
- Given that healthcare organizations have limited resources to support hiring more staff, what other actions could be taken to reduce the negative impact work overload?

### **WL 1-5 Actions:**

- Acknowledge the seriousness of work overload and the link to burnout and its effects. Pledge support to address it.
- Engage the team to work toward an overarching goal of building a healthy work environment.
- Ask the team to commit to "it's everyone's responsibility to prevent burnout." Have each other's backs, look for early signs of work overload and exhaustion, agree on how to communicate to each other when concerns arise.
- Identify one or two issues that can be addressed to reduce employee workload. Look for an early win. If needed run some tests of change, get feedback from team, and continue to work toward the goal of managing workloads.
- Look for ways build flexibility work schedules, i.e. using a float workforce.
- Promote employee sense of autonomy and control in their work. Give team members more say over what is happening on the work unit. Enable team members to make as many decisions regarding their work as appropriate.



- Pay attention to where interpersonal/intergroup conflict might exist. Identify the need for resolution, manager should intervene if team members cannot work it out. Provide training on conflict if needed.

**WL Items 6-7:**

**With respect to the *workload* in this work setting, I have**

**--to deal with things that affect me personally.**

**--contact with difficult people.**

In healthcare work units where multidisciplinary teams are providing complex care in a stressful and demanding environment, tension, miscommunication and conflict often results. Not only among the team but with patients and families as well. People have different opinions and perspectives about patient care. Processes don't always work the way they should for maximum efficiency and quality. There may be differences in values, goals and needs. The resulting negative emotional reactions show up as anxiety, frustrations, and conflict. Unresolved interpersonal conflict can affect performance and engagement. If your work unit scores are collectively high on this item, it warrants a team discussion to surface the issues and understand if the situations involve patients/families or co-workers and colleagues.

**WL 6-7 Discuss:**

- Sometimes difficult people are members of the team. Has as the work unit put effort into building a high performing team, building collegial relationships, and creating an environment of mutual respect? If not, the manager should lead the process.
- Are there clear expectations for professional behavior on the work unit?
- Illness can bring out the worst behavior in patients and families, and employees may need to take action to prevent escalation. How can you best prepare in advance so you can be ready to communicate your expectations of behavior and what won't be tolerated?
- Providing care can be energy-draining and stressful. How can you resist the urge to fix every problem and focus your energy where it matters most?

**WL 6-7 Actions:**

- Determine what situations/people are the source of the stress. If it is one or a few difficult people on the work team, the manager must clarify the expectations and communicate consequences. If not resolved, a consultation with HR to help with next steps might be in order. If there is a culture of challenging behavior, further assessment and intervention will be needed.
- Manager can provide coaching, resources and social support to help individuals deal with "people" stress. HR and the Employee Assistance Program can support these efforts.



## **E3 Job-Related Uncertainty About the Future Domain**

Industry consolidation and mergers, declining reimbursements for care, transformation strategies --- just a few examples of events that cause job-related uncertainty about the future. These concerns may be real or may be perceived, but the impact is the same. Job insecurity can impact employees' health, performance, and engagement at work. If an employee thinks their job is at risk or they might be demoted, they might start to look for work with another organization. They might start to speak negatively about the organization, and performance might decline. If a merger or consolidation has occurred, there might be a perceived risk that they will be found redundant, with negative behavior resulting. This is a critical time for leaders and managers to be in action and increase communication with employees.

### **JU Items 1-3 :**

**With respect to *Job-related Uncertainty About the Future*, I would like to feel more secure that:**

**--I will still be working here in one year's time**

**--I will keep my current job in the next year**

**--Next year I will keep the same function level as currently**

### **JU 1-3 Discuss:**

- Given the current situation, how deep is the insecurity? What have they heard or read that is contributing to insecurity?
- Do they think they are receiving adequate and honest information and communication?
- Is the level of insecurity related to not having a voice? Not being heard?
- How can team members empower themselves to deal with the feelings?
- What have others done to prepare themselves for the future? To deal with insecurity most effectively?
- What can the manager do to re-engage them during this uncertain time? What do they need from their leaders to deal with insecurity?

### **JU 1-3 Actions:**

- Leaders/managers must respond to uncertainty with clarity and direction. Restate and reconnect the team with the vision and mission of the organization.
- While change happens quickly, it is important to keep the flow of information open. Employees want information and want the truth. Share what is known and clarify any grapevine information that is not true.
- The goal is to keep employees engaged. Do not let the communication process break, do not let trust be broken.
- managers should walk around and address individual questions and concerns. Pay attention to email communications and remote employees.



## E4 My Intentions to Leave Domain

One of the most important issues facing healthcare organizations today is how to retain the quality talent needed to deliver on the mission as the availability of talent is shrinking. Retention risk is present when employees are considering leaving their current job in the next one to two years. If the work unit survey score shows high retention risk, you must understand the reasons behind the score and assess the true likelihood they will leave. According to research, when employees say they are thinking about leaving, the reason is likely lack of career advancement, personal financial challenges, issues with supervisor or manager, lack of work engagement. A clear retention strategy may be needed as we know retaining a quality employee is more cost effective and results in better patient outcomes than recruiting, hiring, and training a new similar employee.

### ITL Items 1-3:

**With respect to *My Intentions to Leave* this organization:**

**--I would like to find a better job**

**--I often thinking about leaving this job**

**--I have plans to leave this job within the next year**

### ITL 1-3 Discuss:

- What factors would drive team members to act on “thinking about leaving?”
- Would they stay if they were offered a comparable job? Why or why not? This may tell you something about whether they really prefer to stay or have already made the decision to leave.
- What factors make people stay? How can we continue to build on those “stay” reasons?
- How can we make work more satisfying and engaging for team members?
- With regard to advancement, are development discussions with manager happening on a regular basis?
- Have team members heard the message they are valued to the organization and work unit? Have their contributions been recognized and appreciated?

### ITL 1-3 Actions:

- Monitor and understand turnover on an ongoing basis.
- Consult with HR regarding work unit turnover
- Study any available analytics regarding factors associated with increased turnover.
- Share with team, invite their suggestions on strategies to decrease turnover.
- Create and implement a retention strategy. Monitor the results to determine if the strategies are having an impact.
- Discuss the Total Rewards package with HR. Has it been fully optimized? Do employees have a full understanding of the value?

## E5 Advancement Domain

A key factor in employee satisfaction is compensation and other total benefits, which must be perceived as fair and competitive keep employees satisfied and productive. That said, employee satisfaction is not the same as employee engagement. Satisfaction is more transactional, based on “did I get paid enough?” “am I paid fairly?” “is there an opportunity for me to earn a bonus this year?” “are the child care benefits of value to me?” As long as the organization continues deliver on these transactions, employees are satisfied, perhaps even content. managers can build upon this satisfaction with employee engagement



and its drivers to build higher performance and discretionary effort. Pay is interconnected with other engagement drivers and especially key to sense of worth and value.

**ADV1-7 Items:**

**With respect to *Advancement in this organization*:**

- I can live comfortably on my pay.
- This organization pays good salaries.
- I am paid enough for the work I do.
- I have opportunities to progress financially.
- I am satisfied with my total benefits package.
- I have opportunities to advance through training courses
- I have opportunities to be promoted

**ADV 1-7 Discuss:**

- If the work unit has low scores on these items, collect background information from HR to make certain you have all the needed information to be clear and transparent in discussions with the work team.
- When you are ready for the discussion, remember that it's not just about the team want more money. It is a sensitive and personal subject about fairness, self-worth, and what they deliver for patients every day.
- How well does your team understand the compensation and benefits system? Perhaps having HR present to the team and answers questions/address concerns would be of value.
- You could privately solicit any team member concerns of unfairness or falling below industry standards with regard to comp and benefits.
- Is the manager holding regular development discussions with team members that include future advancement and promotion opportunities, if important to the employee? If not, what can be done to move forward on this action?
- What can the manager do to support development plans and actions? Is the manager spending enough time and effort on development?
- Does the team believe meaningful development opportunities, i.e. training courses, are accessible?
- How important is it to consider other development strategies in addition to training? For example, since people learn best by doing, taking on challenging projects and assignments may be better preparation for advancement. How can these opportunities be matched to development plans and made accessible?
- Is it transparent to the team how to advance to the next level or how promotions "happen?" Be prepared to communicate about the potential levels of promotion: what are the qualifications, skills, knowledge, and experience needed at each level to advance or be promoted?
- What does "advancement" mean to team members? Is it the traditional "move up the ladder?" Or is it the ability to build one's resume with skills, experiences, assignments, and projects that are challenging and diverse in nature?

**ADV 1-7 Actions:**

- Work with HR to effectively communicate the full comp and benefits strategy to your team.
- Make sure your team understands the Total Reward approach and how it builds the employee value proposition. Pay alone is seldom the only key to success.
- Learn about the process that HR utilizes to create compensation that is competitive and fair, based on market values.
- Communicate as much as possible about the total rewards package. You should know the rationale for pay grades and what is required to advance.



- Continue to focus on developing people because as we know, it is a driver of engagement. If people are more engaged, higher performance results. And higher performance may result in higher rewards.
- An assessment of development needs on the work unit can be done to identify common areas. The manager can help secure the resources for training, coaching, or experiential learning to meet the collective needs.
- Depending on the career levels on the work unit, team members can be mentored by those already advanced to the level they are seeking. A mentor can help them create a path forward to gain the right learning and experiences needed.
- Be clear and transparent about career levels, qualifications, skills, and experiences.
- Consider online training and resources to provide more flexibility for shift team members.





## E6 Participation in Decision Making Domain

Encouraging and structuring employee participation in decision-making helps employees feel like they are part of a team with common goals, builds ownership for outcomes, and increases work engagement. Change management becomes more effective when employees have provided input and had a role in project decisions or even broader organizational decisions. Participative decision-making also results in more creative and innovative solutions because diverse ideas and perspectives have been included.

### PDM Items 1-3:

**With respect to the *participation in decision making*:**

- The decision making process is clear to me.**
- It is clear to whom I should address specific problems**
- I can discuss work problems with my direct supervisor**

### PDM 1-3 Discuss:

- What processes are in place on this work unit to support problem-solving and decision-making? How effective are these processes?
- How clear is the decision-making process? Are there examples when the decision-making process was not clear or transparent?
- How approachable and accessible is your manager when you need to discuss work problems?

### PDM 1-3 Actions:

- Assess the current state of decision-making processes on the work unit. Look for opportunities to make decision-making a more inclusive and participatory process.
- Team members want to know how decisions will be made and who will be involved. It's the manager's responsibility to communicate what decision making process will be used when.
- Work on your listening and asking open-ended questioning skills so you are prepared with team members come to you for help with solving-problems. You don't need to give them the answer, use coaching skills to help them solve their problem.

### PDM Items 4-6:

**With respect to the *participation in decision making*:**

- I can participate in decisions about the nature of my work**
- I have a direct influence on my organization's decisions.**
- This organization utilizes input from staff about technology initiatives.**

### PDM 4-6 Discuss:

- To what extent do employees participate in decisions about their **own work responsibilities** on this unit? To what extent do employees participate in decisions about **the work unit goals, plans, processes**, etc.?
- What would it take to increase participation in decision-making on this work unit?
- Employees often feel disengaged and unknowing about broader organization decisions. Where do opportunities exist to get involved outside the local work unit? Committees? Project teams? What impact might this have on employee engagement and performance?

### PDM 4-6 Actions:

- Not all decisions can be made with employee participation, but still it's imperative to find a way to gather staff input at some point in the process. If team members are not participating in the decision, clear communication for that decision is needed.



**PDM 4-6 Actions:**

- Be bold! A common misconception by managers is that participative management is asking team members to make suggestions, saying “my door is always open,” or other simplistic approaches. Increasing participation in decision-making must be a thoughtful process and managers must be willing to relinquish some control to the team.
- Be open! Be open to new ideas and different ways of approaching problem-solving. managers might now agree with every idea, but how they listen and respond to the ideas is critical to open communication and employee involvement.
- It goes both ways! Team members must want to participate and share their input. They have to care and want to engage in this way. Encourage and support employee participation. Help them find areas to contribute where they have the skills and experience to be successful.
- Employees must also be willing to participate and share their ideas. Participative management does not work with employees who are passive or simply do not care. Many times employees do not have the skills or information necessary to make good suggestions or decisions. In this case it is important to provide them with information or training so they can make informed choices. Encouragement should be offered in order to accustom employees to the participative approach. One way to help employees engage in the decision-making process is by knowing their individual strengths and capitalizing on them. By guiding employees toward areas in which they are knowledgeable, a manager can help to ensure their success.
- Start to create stories about successful participation in decision-making and share with team. This can lead to knowledge sharing and learning across the team, another benefit of participation.