

Enhancing Employee Engagement in the Respiratory Therapy Department of the Royal Alexandra Hospital

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Alberta Health Services (AHS) is the large provincial health authority responsible for planning and delivering health supports and services for more than 3.8 million adults and children living in Alberta [1]. The Royal Alexandra Hospital (RAH) has 678 beds and services approximately 450,000 patients per year [2]. The Respiratory Therapy (RT) department of the RAH is a small department that provides services to patients in the main hospital as well as several adjacent site including the Robbins Pavilion and the Orthopedic Surgical Center. It consists of a staff of 146 full-time, part-time and casual respiratory therapists, the majority of whom work twelve-hour shift work to provide twenty-four hour coverage for RAH patients.

The leadership team of the RT department has identified that a shift in our organizational culture towards enhanced employee engagement could improve relationships with patients and between employees within the department. This is congruent with AHS' priority of high quality patient care as well as their strategy of building strong and supportive relationships through enhanced employee engagement [3].

Employee engagement is about "creating a lasting relationship based on mutual respect, trust and personal fulfillment" [4]. Through this relationship organizations have higher customer satisfaction, improved staff retention and a more productive workforce [4-6]. While the evidence continues to support that high employee engagement is important for success, many organizations are failing to implement these suggested strategies [6]. My inquiry into AHS, specifically in the RT department of the RAH, indicated that there were still some discrepancies between strategies for improving employee engagement suggested by the literature and the current state of the organization. This project has completed an action research cycle aimed at identifying stakeholder perspectives of employee engagement while taking into consideration the impact that these changes may have on the RT department and its external stakeholders.

My inquiry focused on the question "How can the Respiratory Therapy department of the Royal Alexandra Hospital enhance employee engagement?" This was supported by four sub-questions:

1. How is employee engagement currently perceived in the Respiratory Therapy department by staff and leadership?
2. What would enhanced employee engagement look like?
3. What would be the impact of enhanced employee engagement on the Respiratory Therapy department?

A literature review was conducted on the three main topics of this inquiry including employee engagement, leadership and organizational change. The literature provided evidence that by creating a culture of employee engagement, the RT department may experience the positive change associated with employees who are happy to come to work and to provide excellent patient care [7].

Action research involves concurrently operating cycles consisting of four basic steps: constructing, planning action, taking action, and evaluating action [8]. Each cycle builds on the previous cycles propelling the project forward. An action research project also involves

meta learning, that is, while the core action research cycle had the goal of answering the research question, a second reflective action research cycle occurred simultaneously allowing me to evaluate the progress of the project and my personal learning [8].

Two qualitative research methods were used to gain diverse perspectives and to ensure the richness and depth of the data collected. The first method used was in person, semi-structured interviews. All four individuals who were invited agreed to participate. The interviews allowed for private dialogue where participants openly described their experiences, perspectives, beliefs and opinions [9]. Themes were identified and pulled from these interviews and presented at the beginning of the second qualitative research method to help guide the discussion.

The second method used was a structured focus group. The focus group consisted of five participants providing a manageable, yet comprehensive and diverse, set of opinions and perspectives [10]. The focus group method served the secondary purpose of unifying the participants in a common understanding and created ownership of the results. This forum mimicked the team-based, collaborative environment that is essential for the RT department to function and allowed the respiratory therapists to learn from each other's perspectives and experiences [11]. The focus group aimed to help the participants feel respected and heard, with the hope that they would feel valued and contribute actively to the group [11]. The trust and understanding created in this group setting promoted engagement as they discussed and attempted to resolve the issue as a team [11].

The participants for the Organizational Leadership Project (OLP) were selected from the frontline respiratory therapists employed by the RAH. Purposeful sampling was used in the interview to select the participants who were already deemed as highly engaged employees [11]. This provided information-rich cases with depth and understanding of the factors that encouraged individuals to be engaged at work [12]. The snowball method was used to select candidates for the focus group. Snowball sampling involves utilizing well-informed individuals to identify possible participants who have a great deal of information about the research question [13].

The inquiry was submitted to the Royal Roads Research Ethics Board for review. Once approved it was sent to the Health Research Ethics Board and the Northern Alberta Clinical Trials and Research Center for organizational review. Data collection did not begin until ethical and operational approval was granted. While planning any research study, researchers must take steps to reduce the risk that harm will come to their participants as a result of their involvement with the study [11]. The participants and I are from a homogeneous group to ensure there were no power-over issues in this inquiry [12].

The transcribed data from the interview and the focus group was coded to provide a system for organizing the data and tracking key concepts and experiences [14]. The data was separated into units of meaning. These units were then assigned a code that allowed them to be categorized [11]. The categories were determined as they emerged through data analysis. Themes were then identified from the categorized data. Three members of my inquiry team also reviewed the themes and categories, thereby reducing the possibility of researcher bias.

Through the rigorous analysis of this inquiry, five findings emerged from the data:

1. A sense of providing excellent patient care promotes engagement.
2. Individualized incentives and recognition promotes engagement.
3. Supportive and trusting interpersonal relationships promotes engagement.
4. Inclusiveness and strong communication during organizational change promotes engagement.
5. A positive work environment promotes engagement.

Based on the study findings, conclusions and a review of the literature, the following recommendations were made:

1. Managers can empower employees through frequent and meaningful interactions.
2. Support organizational change through two-way communication and ensure the resources to provide the change are accessible.
3. Use the personal connection of patient and employee stories to connect with employees.
4. Link employee engagement to organizational vision and values.

Successful implementation will depend on the organizational priority of employee engagement and the alignment with the organization's vision, values, and strategic direction. AHS's mission is "to provide a patient-focused, quality health system that is accessible and sustainable for all Albertans" [15]. Enhancing employee engagement has been shown to improve customer service and motivate employees to improve through personal development [6]. Implementing the recommendations of this inquiry will ultimately assist the RT department to support AHS in meeting their goal of patient focused high-quality care.

Undertaking this action research has actively engaged some of the respiratory therapists within the RT department by allowing them to express their opinions and share their views in response to the study questions. Both staff and the leadership team must take ownership and contribute to identifying solutions to ensure a positive change within the organization [8,11,12].

As with any change to practice, frontline managers may require additional processes and supports to implement the recommendations. Leaders can use these recommendations as leverage points and by focusing on these changes they will be able to influence significant improvements in the current level of staff engagement [16]. Small changes in leadership practices will inspire positivity and motivation in their staff. Frontline respiratory therapists have an amazing ability to engage each other when they feel optimistic and empowered. Engagement is contagious and could quickly spread throughout the RT department.

If employee engagement is not made a priority for RT leadership, there may be negative repercussions experienced within the department that could spread to external stakeholders. When employees do not feel engaged and empowered the result is exhaustion, cynicism, and inefficacy can occur, which can manifest as poor job performance and health concerns [17]. Employee burnout should be a concern to the leadership team because it would likely result in an increase in absenteeism and turnover as well as a decrease in job satisfaction, productivity and quality of customer service [5].

This project was created with the intent to support the engagement of RT staff and promote a positive cultural change for respiratory therapists. With the support of my sponsor and the leadership team I would like to present my findings to the entire staff of the RT department. I believe that continued interaction regarding employee engagement will further promote this topic as an important component of success within the department. I would also like to coordinate with the leadership team and facilitate an opportunity for a patient volunteer to share their story. I believe that this will help us move towards the organizational goal of patient centered care and simultaneously engage staff to continue to provide excellent patient care.

Moving forward, there are many directions that the organization could investigate to probe further into this very important topic. This inquiry was conducted over a few short weeks and captured a snapshot in time of how nine participants viewed employee engagement. The possibility of engaging a larger group of respiratory therapists in further dialogue would allow for further investigation into these results. A survey or world café, for example, may increase the wealth of information that was gained and further promote employee engagement in the RT department.

Only frontline respiratory therapists were eligible to participate in this inquiry. Further investigations could include members of the leadership team, patients, their families and a variety of other interdisciplinary team members. Broadening the perspective of the inquiry would help provide a complete understanding of the internal and external systems of the RT department.

The results of this inquiry could be used with caution in other RT departments within AHS. These recommendations could be used as a starting point for other departments to begin their own individualized investigations into the engagement of their staff. I recommend that the RT department of the RAH implement and evaluate the effectiveness of my recommendations. I also recommend that they continue to investigate this topic with its many internal and external stakeholders and continue to strive for enhance employee engagement.

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