A Program Evaluation of the Organizational Readiness for Pathway to Excellence at Two Community Hospitals

Shannon J. Behling

University of Detroit Mercy

McAuley School of Nursing

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 The American Nurses Credentialing Center’s (ANCC) mission is to promote excellence in nursing and healthcare globally through credentialing programs (ANCC, 2020). This can be done through individual nurses who certify in specialty areas or through healthcare organizations that promote nursing excellence. Two programs that the ANCC provides for healthcare organizations is Pathway to Excellence® and Magnet Recognition Program® (Pabico & Graystone, 2018). Both programs provide valuable frameworks for achieving nursing excellence in slightly different ways. The Magnet Recognition Program® recognizes healthcare organizations for quality outcomes, patient care and nursing excellence, and innovations in professional practice whereas Pathway to Excellence® emphasizes supportive practice environments which value nurses’ contributions (Pabico & Graystone, 2018). After careful consideration, the chief nursing officer at Spectrum Health Big Rapids and Reed City Hospitals decided to pursue the Pathway to Excellence® program because it had more of a focus on well-being and less of a focus on empirical outcomes.

 Spectrum Health System is a not-for-profit integrated health system based in West Michigan which includes 14 hospitals (Spectrum Health, 2019). Their three large hospitals in Grand Rapids have earned Magnet designation but their other 11 smaller community hospitals do not have either designation. Two of these community hospitals, Spectrum Health Big Rapids Hospital (SHBRH) and Spectrum Health Reed City Hospital (SHRCH), share leadership and their nurses and hospital staff work at both campuses. These two hospitals are embarking on their Pathway to Excellence® designation journey.

**Background and Significance**

Almost two decades ago, Pathway to Excellence evolved from the Texas Nurse-Friendly Program (TNF) which was developed to affect nurse retention by improving workplaces for nurses (ANCC, 2017). The mission of Pathway to Excellence® is to “guide the positive transformation of practice environments in multiple settings to build global community health care organizations committed to nursing workplace excellence” (ANCC, 2017, p. 1). There are currently 192 Pathway to Excellence® designated health care organizations worldwide (ANCC, 2020). In order to achieve Pathway to Excellence® status, health care organizations must successfully complete a four-phase process: (a) online application, (b) pathway standards document submission, (c) a pathway survey, and (d) the designation decision (ANCC, 2017).

Organizational culture is defined as shared beliefs and values established by leaders and communicated to employees through various methods, ultimately shaping their perceptions, behaviors, and understanding (Society for Human Resource Management, 2020). In healthcare, organizational culture can affect many things including the quality of care delivery, patient safety, patient satisfaction, nursing satisfaction, and nursing retention (ANCC, 2017). A healthy organizational culture will positively affect these outcomes.

The Institute for Healthcare Improvement’s (IHI) Quadruple Aim framework is one model that many healthcare institutions have adopted to improve patient care and quality outcomes. The four components of the Quadruple Aim patient experience of care, reducing total cost of care, population health, and improving workforce well-being (EBSCO Health, 2020). Successfully adopting a framework such as the Quadruple Aim would be one way to make improvements to an organizational culture.

 In 2019, the turnover rate for bedside registered nurses (RNs) in the U.S. was 15.9% (Colosi, 2020). The average cost of turnover for a bedside RN is $44,400 and ranges from $33,300 to $56,000 which results in the average hospital losing $3.6 to $6.1 million per year (Colosi, 2020). The high cost of nursing turnover can be detrimental to the financial status of a healthcare organization. According to A. Smits, human resources generalist, the voluntary nursing turnover rate for SHBRH and SHRCH is 12% for the past 12 months (personal communication, September 24, 2020). One way to remedy nursing turnover is by improving nurse satisfaction. pathway standards help improve nurse satisfaction by promoting shared decision-making, accountable leadership, professional development, and work-life balance (ANCC, 2017).

Interdisciplinary collaboration in healthcare has been shown to improve patient outcomes such as decreased morbidity and mortality rates, reduced adverse drug reactions, and optimizing medication dosages (Bosch & Mansell, 2015). It is beneficial for organizations to promote interdisciplinary collaboration amongst their teams. Pathway Standards focus on forming collegial relationships, collaboration and mutual respect (ANCC, 2017).

 In 2010, the passage of the Affordable Care Act began a program of value-based purchasing in which payments to healthcare organizations would be impacted by patient satisfaction scores (Torres, 2017). Higher patient satisfaction scores lead to higher value-based purchasing scores which then lead to greater reimbursement for healthcare organizations. Pathway Standards support patient and family-centered care which lead to better patient experiences and satisfaction (ANCC, 2017).

 Evidence-based nursing practice is simply utilizing the best available nursing research as the basis of nursing practice. It is essential for nursing practice to be guided by evidence-based research to improve healthcare quality, safety, and patient outcomes (Chien, 2019). A positive nursing practice environment is key for nursing engagement and quality of care. Pathway Standards support the application of evidence-based practice and quality initiatives (ANCC, 2017).

 Health care organizations with poor nursing cultures have been shown to have high nursing turnover rates, reduced patient experience scores, poorer patient outcomes, and decreased quality and safety (ANCC, 2020). Implementation of a program such as Pathway to Excellence® at SHBRH and SHRCH would provide an opportunity to improve upon their organizational culture and therefore improve quality, safety, and experience scores along with nursing satisfaction. Evaluating the current culture and identifying opportunities for improvement would be the first step in this process.

**Clinical Questions**

 How does the current underlying nursing culture at SHBRH and SHRCH compare to the six Pathway to Excellence Standards? What does SHBRH and SHRCH offer that appeals to nurses and will this help to retain the current workforce? With the increased demands of health care, what does the organization do to support nurses?

**Literature Review**

**Search Strategy**

 A thorough search of the literature was conducted in PubMed using search terms Pathway to Excellence, healthy work environment, organizational outcomes, organization, and outcomes yielding 91 full text articles. Cumulative Index to Nursing and Allied Health Literature (CINAHL) yielded 53 full text articles. Inclusion criteria includes written in English, published in the U.S., involving a hospital or acute care setting, and a date of less than 15 years. Since the Pathway to Excellence program was not developed until the mid-2000s, articles were limited to the last 15 years although most were within the last five years. The review of current literature revealed four main themes related to the clinical questions: (a) Pathway framework and standards, (b) culture, (c) leadership, and (d) healthy work environment and nursing excellence.

**Pathway Framework and Standards**

 The Pathway to Excellence® program is a framework used by health systems to achieve sustained nursing excellence by adhering to six Pathway Standards: shared decision making, leadership, safety, quality, well-being, and professional development. Many articles have been published supporting positive practice environments by using the Pathway Framework and following the Pathway Standards (Harris, Pena, Pabico, & Dans, 2018; McCright, Blair, Applegate, Griggs, Backus, & Pabico, 2019; McCright, Pabico, & Roux, 2018; Sepe & Hargreaves, 2020). By adhering to the standards many organizations have used this framework to improve quality and safety outcomes, address workplace violence, improve manager retention, and to respond positively to the COVID-19 pandemic. These standards can be applied to nursing organizations worldwide and are not limited to those in the United States.

**Culture**

 Organizational culture is the shared values and beliefs of an organization. The culture is not formed or changed overnight though. It takes a lot of effort by everyone to change and sustain organizational culture. A few articles have been published that support a positive culture change after becoming a designated Pathway to Excellence® organization (Doucette, 2018; Doucette, 2018; McFarland & Doucette, 2018; Moore, 2017; Pabico, Perkins, Graebe, & Cosme, 2019). Doucette (2018) shared in both of his articles how Magnet® and Pathway to Excellence® frameworks support a positive safety culture. In turn, having a good safety culture can improve nursing satisfaction and positive patient outcomes. McFarland & Doucette’s (2018) study supports highly reliable cultures within healthcare organizations where staff look for unsafe conditions and remediate those conditions before they pose a risk to patient care. In the article by Moore (2017), she quotes the vice president of nursing services at a recently designated Pathway to Excellence® health system as saying, “We thought our staff was engaged, but the Pathway journey brought engagement levels through the roof” (p. 43). Finally, Pabico, Perkins, Graebe, & Cosme (2019) focus on the culture of lifelong learning. The authors affirm that an organization that focuses on continuing professional development is the foundation of successful health care organizations by ensuring the delivery of safe, quality care.

**Leadership**

 Bedside nurses are not the only nurses to make an impact in nursing. Nurses who are in leadership roles can have an impact on bedside nurses, patients, and organizations. Three articles were found that emphasized the value that nurse leaders play and why organizations should invest in their leaders (Dans & Lundmark, 2019; Doucette, 2017; Lundmark & Hargreaves, 2019). Doucette (2017) highlights the transformation of the nurse manager role throughout the years into a complex position who is now required to be an expert in quality, patient experience, staff engagement, physician relations, work culture, regulatory issues, compliance, and performance improvement. The author also encourages nurse executives to change the way they recruit, onboard, cultivate, and grow nurse managers in a way that provides more work-life balance and less stress. Lundmark & Hargreaves (2019) continue with the call to invest in nurse managers because they can profoundly affect frontline staff effectiveness. The authors cite other studies that link strong nurse manager relationships with RNs report lower emotional exhaustion, higher job satisfaction, decreased intent to leave their job, less intent to leave the profession, and better care quality. Lastly, Dans & Lundmark (2019) focus on the positive effects on practice environments that nurse managers can have. The authors state that nurse managers directly and indirectly influence nurse and patient outcomes and their leadership is associated with multiple work environment mediators across units. These mediators include autonomy, professional development, nurse to nurse interaction, nurse to physician relations, quality improvement, safe patient handling, and appropriate staffing levels.

**Healthy Work Environment and Nursing Excellence**

 The largest body of literature was found related to healthy work environments and nursing excellence. Some of the articles focused on healthy work environments yielding positive outcomes (Beal et al., 2008; Doucette & Pabico, 2018; Graystone, 2019; Hume & Hall, 2020; Lewis et al., 2019; Matthews & MacDonald-Rencz, 2007; Pabico, 2015; Ritter, 2011; Trossman, 2014; White et al., 2020; Wilson et al., 2015). Job satisfaction and the retention of nurses were important findings related to creating health work environments. Ritter (2010) concluded that “literature provided evidence of the link between healthy work environments and nurse retention. Matthews & MacDonald-Rencz (2007) found that a healthy work environment is essential to recruit and retain nurses. Doucette (2018) states that the six Pathway to Excellence® standards support a positive practice environment that lead to high levels of nurse job satisfaction and retention. Other benefits of a healthy work environment include nurse well-being and patient safety (White, Britton, Newberry, & Pabico, 2020). Wilson et al. (2015) found that healthy practice environments such as those at Pathway to Excellence® organizations reported higher evidence-based practice ability, desire, and frequency of behaviors in their nurses. Graystone (2019) found that a healthy work environment decreased stress and burnout. Other themes that emerged from healthy practice environments include scholarly nursing practice, nursing empowerment and resilience, mentorship, recognition, well-being, and sustainability.

**Organizational Assessment**

 Spectrum Health Big Rapids and Reed City Hospitals are a part of a 14-hospital system in West Michigan. While the three large hospitals in Grand Rapids have earned Magnet designation back in 2009 and have recertified for the third time, the other 11 smaller community hospitals do not have Magnet® or Pathway to Excellence® designation. According to C. Ring, SHBRH and SHRCH Chief Nursing Officer (CNO), (personal communication, August 10, 2020) the Spectrum Health CNOs have begun discussions around Magnet® and/or Pathway to Excellence® designations for the 11 community hospitals. A commitment to either of the American Nurses Credentialing Center’s prestigious designations aligns with the mission, vision, values, and strategic priorities of the organization. The shared mission of the health system is to “improve health, inspire hope and save lives” and the vision is “personalized health made simple, affordable and exceptional” (Spectrum Health, 2019, para. 1). Spectrum Health’s core values are “compassion, collaboration, curiosity, and courage” (Spectrum Health, 2019, para. 1). The strategic priorities include reimaging the personalized experience, cultivate breakthrough talent and culture, think and act digitally, build and partner innovatively, and drive value (Spectrum Health, 2019, para. 1).

Key stakeholders for this project include executive leadership, nursing leadership, staff nurses, patients, the human resource (HR) department, and the quality, safety, and experience (QSE) department. Executive leadership will play an important part in financing this evaluation and showing support. All nurses who participate in the survey, including leaders and staff nurses, will need to give honest feedback in the survey so gaps can be identified and improved upon. The QSE department will assist in monitoring for changes in patient experience as well as patient outcomes. The HR department will be responsible for monitoring nursing turnover rates.

A Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis was performed examining the evaluation of the organizational readiness for Pathway to Excellence® at SHBRH and SHRCH. Strengths of this evaluation include having CNO support to evaluate organizational readiness. The CNO has financially supported this evaluation by purchasing the Pathway to Excellence® resource toolkit and application manual, and online survey. Another strength is, by completing the evaluation, gaps will be identified and remedied before the actual application process begins.

The first weakness identified is that the nurses at these hospitals already have a lot of online education to complete, emails to read, and surveys to take in addition to patient care. Adding one more thing for nurses to complete in their already busy day is a lot to ask. For nurse managers, it will be another requirement for them to encourage their nurses to complete. Also, in this time of fast paced change, fixing the identified gaps will add more to everyone’s workload.

Opportunities identified include closing the identified gaps. Any time nursing practice can be improved upon, it should. Improving nursing practice could potentially increase nursing satisfaction in the long run as well as decrease nursing turnover rates. There is also potential to increase patient satisfaction along with improving patient outcomes. There are only three other hospitals in Michigan with the Pathway to Excellence® designation and the closest is over 60 miles away in the city of Ionia. Earning Pathway to Excellence® designation would be a huge competitive advantage for SHBRH and SHRCH for recruiting nurses and improving quality outcomes. There are 13 Magnet® hospitals in Michigan but the closest to SHBRH and SHRCH are over 60 miles to the south in Grand Rapids or to the north in Traverse City.

One major identified threat includes the current COVID-19 pandemic. In the past six months, many health systems have experienced financial strain and limited resources. As flu season closes in, the pandemic may increase patient volume and acuity again. If this happens, the risk increases of being unable to move forward with applying to the Pathway to Excellence® application as well as implementing fixes to the gaps that are identified by this evaluation. The pandemic has the potential to delay moving forward with the Pathway to Excellence® designation.

**Purpose Statement**

Nurses from all levels of professional practice at SHBRH and SHRCH contribute to improved quality and safety, problem solving, and cost savings across the organization. Pathway Standards influence a myriad of factors that affect nursing retention, nursing satisfaction, interdisciplinary teamwork, quality indicators, safety events and errors, and patient satisfaction (ANCC, 2017). Nurses who are engaged flourish in organizations with positive cultures. SHBRH and SHRCH have never undergone an organizational assessment of nursing culture using the Pathway to Excellence® framework. The purpose of this project is for all registered nurses at SHBRH and SHRCH, including nursing leaders, to undergo the Pathway to Excellence® nursing culture assessment and gap analysis. Results of the assessment will determine the next steps needed for the Pathway to Excellence® journey. The goals of this project are to inform all nurses at SHBRH and SHRCH what Pathway to Excellence® is, understand the current state of our organizational culture based on a Pathway to Excellence® survey, and develop plans to fill the identified gaps from the survey. Objectives for this project include: (a) all nursing staff will understand the long-term goal of achieving Pathway to Excellence®, (b) gaps in our culture are identified after completion of the Pathway to Excellence® survey, (c) plans are created to fill the culture gaps, and (d) readiness assessment of SHBRH and SHRCH organizations for their Pathway to Excellence® application process.

**Conceptual Framework**

 Prior to embarking on the Pathway to Excellence® journey, an important first step in the process is to perform an organizational self-assessment and gap analysis to determine the existing structures and perceived culture. Once this is complete interventions can be put into place to fill the gaps and create a positive practice environment. To ensure an appropriate implementation of Pathway to Excellence proper planning and evaluation is crucial before the application process even begins. The logic model is a tool to assist with planning, describing, managing, communicating, and evaluating for the readiness of an organization to implement a program such as Pathway to Excellence® (CDC, 2018). The logic model has two sides, the process side and the outcome side (CDC, 2018). The process side of the model includes the program’s inputs, activities, and outputs and the outcome side includes the short term, intermediate, and/or long term intended effects of the program (CDC, 2018). See Appendix A for a detailed description of the logic model.

 The process inputs include financial, personnel, and in-kind resources (CDC, 2018). For this project the inputs would include the funding for the Pathway toolkit, application manual, and online assessment survey along with all the nursing staff time taken to participate in the survey and technical assistance used to evaluate the survey results. The process activities include any events undertaken by the program or partners to produce the desired outcomes (CDC, 2018). The process activities would include the introduction to Pathway to Excellence, the organizational assessment survey, and the gap analysis. The process outputs are the direct, tangible results of the activities (CDC, 2018). For this project the outputs would include understanding our organizational culture and knowing what Pathway Standards the organizations are lacking.

The outcomes side of the model focuses on short-term, intermediate, and long-term outcomes. For this project, short-term and intermediate outcomes were identified. Short-term outcomes include our nursing staff having a basic understanding of what Pathway to Excellence® is. Intermediate outcomes consist of determining gaps in our organizational culture and creating mitigating plans to remedy the gaps.

**Methodology**

**Project Design**

 This project is a program evaluation of organizational readiness for SHBRH and SHRCH to apply for the ANCC’s Pathway to Excellence® program. The purpose of the project is to evaluate the readiness of the organization in the six Pathway to Excellence® Standards: shared decision making, leadership, safety, quality, well-being, and professional development. Participants will utilize a Pathway to Excellence® Self-Assessment of Organizational Culture survey which was prepared by the American Nurses Credentialing Center. The logic model will be used as a conceptual framework to assist with planning, describing, managing, communicating, and evaluating for the readiness to implement a program such as Pathway to Excellence®. See Appendix B for a timeline to determine the projected project completion.

**Setting and Sample**

 The project will focus on nurses at every level who are employed full-time, part-time, and contingent at Spectrum Health Big Rapids and Reed City Hospitals. The participants include all registered nurses (RNs), licensed vocational nurses (LVNs), and licensed practical nurses (LPNs) working in acute care, leaders and staff nurses. Exclusions include any licensed nurses who work in Spectrum Health Reed City’s Rehabilitation and Nursing Center, for the Spectrum Health Medical Group, for Emergency Care Physicians, and in Spectrum Health Big Rapids and Reed City physician practices. There are approximately 170 licensed nurses who qualify as participants.

**Human Subjects Consideration**

 Informed consent will be obtained prior to completing the Pathway to Excellence® Self-Assessment of Organizational Culture survey. Participation in this program evaluation is voluntary, survey results are anonymous, and minimal risk is associated with participation. According to the U.S. Department of Health & Human Services, “minimal risk means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life” (U.S. Department of Health & Human Services, 2020, para. 7). To ensure the protection of human subjects, an application will be submitted to the Institutional Review Board (IRB) first through Spectrum Health’s IRB and followed by the University of Detroit Mercy’s IRB.

**Intervention**

Some interventions previously put into place to support the six Pathway to Excellence® Standards were implementation of a clinical practice model to support interdisciplinary shared decision making and project Unite which is a systemwide structure for shared decision making; hiring a clinical nurse specialist to implement evidence-based practice and support nursing; implementation of Daisy and Bee Awards, creation of an exercise and relaxation room for staff, creation of healthy lifestyles, creation of Encompass for staff support, creation of a Diversity, Equity, and Inclusion department to support well-being; 24/7 security for safety at both hospitals, support for specialty nursing certifications, continuing education unit (CEU) offerings, and tuition reimbursement to support professional development; and many new quality initiatives over the past few years.

**Data Collection**

 The Pathway to Excellence® Self-Assessment of Organizational Culture survey will be launched to participants on Microsoft Forms via Spectrum Health email. Participants will have 4 weeks to complete the survey after the launch of the survey. Participants will be entered into a weekly incentive drawing for a $25 gift card. Weekly participation reminders will be sent out via Spectrum Health email. If 80% of the participants have not responded by the deadline, an extension may be applied. The survey results will be electronically sent to an Excel spreadsheet and results will remain anonymous.

**Data Analysis**

The survey consists of 52 questions using a Likert scale, seven open ended comment boxes, and eight additional demographic questions. Once the survey was started by participants it had to be completed in one session. See Appendix C for a copy of the survey. The survey is divided into sections, each section has questions analyzing the six Pathway of Excellence® standards. Descriptive statistics will be used to analyze the data for each standard. There is one open ended comment box for each standard and one for general Pathway to Excellence® comments. The comment boxes will be analyzed using identification, examination, and interpretation of themes. A summary of the data will be presented using a combination of tabulated description, graphical description, and statistical explanation. The outcomes measured will be the nurses’ understanding of what Pathway to Excellence® is and determining gaps in our organizational culture based on the Pathway to Excellence® standards. Plans will be developed to close any gaps identified.

**Results**

The survey was launched to 168 RNs over the course of 5 weeks. Seventy RNs completed the survey for a response rate of 42%. Data from Microsoft forms was transferred to an Excel spreadsheet and then downloaded to the Statistical Package for the Social Sciences (SPSS) program, version 26, for data analysis. A four-point Likert scale was used to force the participant to form an opinion on each question either choosing a positive response of “strongly agree” or “agree” or choosing a negative response of “disagree” or “strongly disagree.” Questions with a 90% positive response or better were considered items that the organization did very well. Questions with an 80% - 89% positive response were considered items that the organization did good. Questions with a 50% - 79% positive response were considered items that the organization has room for improvement. Questions with a <50% positive response were considered items that the organization should focus on for immediate improvement.

**Demographics**

 Participants were asked if they were in a formal leadership position which was defined as a supervisor, manager, director, or executive. Informal leaders such as educators, informaticists, regulatory specialists, infection prevention nurses, and charge nurses were grouped in the non-leader category. Formal leaders made up 12.9% and non-leaders made up 87.1% (informal leaders 15.7%) of the participants. The age ranged from 24 to 64 years with an average age of 43 years. The participants were 90% female and 10% male. Of those who responded to the ethnicity question, 100% were Caucasian. Participants have been in the nursing profession from one to 45 years and the average was 15 years. Participants have worked at Spectrum Health from one to 43 years and the average was 11 years. Education level of the participants was 21% associate degree, 66.1% bachelor’s degree, 9.7% master’s degree, and 3.2% doctoral degree. Those currently enrolled in school included 6.5% for a bachelor’s degree, 14.5% for a graduate degree, and 79% were not enrolled at this time. Lastly, 27% had one or more nursing certifications and 73% had none. Those certifications included medical/surgical, emergency department, obstetrics, electronic fetal monitoring, lactation, and oncology.

**Pathway Standard 1: Shared Decision-Making**

Question 1: Is there evidence that the shared governance structure is integrated throughout the organization and direct care nurses utilize this shared governance structure?

Question 2: Does the organization utilize evidence-based practice to implement change in nursing practice?

Question 3: Does the organization foster and support a culture of interprofessional decision-making?

Question 4: Do nurses use the shared governance structure to promote community health and is it based on an organizational community needs assessment?

Question 5: Is input from direct care nurses used in the hiring process for new staff?

Question 6: Is there an interprofessional process in place to address ethical concerns within the organization?

**Pathway Standard 2: Leadership**

Question 1: Do nurse managers accommodate and actively support direct care nurses to participate in shared governance committees?

Question 2: Is the CNO accessible to nursing staff?

Question 3: Are the nurse managers accessible to nursing staff?

Question 4: Is feedback from peers or direct report staff incorporated into the performance evaluation of nurses in leadership roles?

Question 5: Are there methods in place to be utilized by organizational leaders to support direct care nurses during times of planned and unplanned change?

Question 6: Do nurse managers engage direct care nurses in cost management?

Question 7: Does the organization have role-specific orientation for nurse managers?

Question 8: Does the organization provide leadership development activities to enhance leadership competency?

Question 9: Does the organization have retention strategies in place for senior nurse leadership?

Question 10: Does the organization have retention strategies in place for nurse managers?

Question 11: Does the organization have strategies to maintain a positive practice environment in the event of planned or unplanned executive leadership transition?

**Pathway Standard 3: Safety**

Question 1: Does the organization support direct care nurses to communicate concerns about the long-term nurse staffing plan?

Question 2: Do direct care nurses have input in daily staffing decisions?

Question 3: Does the organization have process(es) in place to involve direct care nurses in reporting, reviewing, and identifying trends of patient-related safety events?

Question 4: Does the organization have process(es) in place to involve direct care nurses in reporting, reviewing, and identifying trends of nurse-related safety events?

Question 5: Does the organization promote a workplace culture free of incivility, bullying, and other violence within the healthcare team?

Question 6: Does the organization safeguard nurses from abuse by patients and/or families?

Question 7: Is an interprofessional decision-making process in place when transitioning patients from one level of care to another across the health care continuum?

**Pathway Standard 4: Quality**

Question 1: Do nurses implement evidence-based practice in patient care areas?

Question 2: Is there a process in place to communicate updates regarding changes in quality initiatives and performance in quality measures?

Question 3: Does the organizations quality improvement process reflect interprofessional collaboration?

Question 4: Do direct care nurses lead quality initiatives to improve externally-benchmarked outcomes?

Question 5: Does the organization provide sessions to educate employees about respectful communication?

Question 6: Does the organization promote a culture of person-and family-centered care?

Question 7: Does the organization employ strategies to align staff with the mission, vision, values, or goals beyond orientation?

Question 8: Are direct care nurses in the organization educated about the concept and application of evidence-based practice?

**Pathway Standard 5: Well-Being**

Question 1: Are direct care nurses involved in planning, implementation, and evaluation of well-being initiatives?

Question 2: Does the organization utilize results of employee health assessments in the development of health initiatives?

Question 3: Is the organization providing nurses opportunities to create work schedules that support nurse well-being?

Question 4: Does senior leadership integrate employee resilience and well-being in strategic planning?

Question 5: Does the organization ask for suggestions from direct care nurses for future well-being initiatives?

Question 6: Does the organization support and recognize nurses’ involvement in community volunteer activities?

Question 7: Does nursing leadership foster a lived culture of recognition?

Question 8: Does the organization offer opportunities to support the well-being of staff who experience adverse work-related situations?

Question 9: Does the organization have strategy(ies) to address physical fatigue experienced by the healthcare team?

Question 10: Does the organization have strategy(ies) to address compassion fatigue experienced by the healthcare team?

**Pathway Standard 6: Professional Development**

Question 1: Do orienting nurses identify their self-assessed competencies on a needs assessment tool to facilitate the individualization of their orientation?

Question 2: Is training provided and competence established before nurses are assigned to an area other than their primary area?

Question 3: Does the organization use succession planning to develop nurses for leadership roles?

Question 4: Does the organization have examples for both direct care and non-direct care nurses who have experienced professional growth through mentoring?

Question 5: Does the organization support direct care nurses to participate in professional development activities (excluding orientation)?

Question 6: Is there a process in place for newly graduated nurses to transition into practice?

Question 7: Does the organization foster growth of direct care nurses as emerging nurse leaders within or outside the organization?

**Discussion**

 **Questions answered with a 90-100% positive response**

Five of the 49 Pathway Standards survey questions were answered with a >90% positive response. These were items that the organization was considered to do very well. Two of these questions addressed evidence-based practice. Nurses felt the organization utilized evidence-based practice to implement change in nursing practice and that nurses implemented the evidence-based practice in patient care areas. The International Council of Nurses defines evidence-based practice as “a problem-solving approach to clinical decision making that incorporates a search for the best and latest evidence, clinical expertise and assessment, and patient preference values within a context of caring” (2012, p. 6). Evidence-based practice in nursing practice is important as it helps to narrow the gap between theory and practice. Nurses who practice evidence-based practice aim to improve patient safety, reduce cost, and improve outcomes (Mackey & Bassendowski, 2017). The organization has a system team of over two dozen clinical nurse specialists to implement evidence-based practice, nursing leaders who support evidence-based practice, and nurses who use it in practice.

The nurses believed the organization promotes a workplace culture free of incivility, bullying, and other violence within the healthcare team. The American Nurses Association (2015) published their position stating the nursing profession will no longer tolerate violence of any kind from any source, all RNs and employers must collaborate to create a culture of respect, free of incivility, bullying and workplace violence, and evidence-based strategies must be implemented to prevent and mitigate it from happening. The organization has a workplace violence prevention and a workplace violence response policy which detail steps in reporting, lockdown, de-escalation training, interviewing, and crisis response. Leaders at SHBRH and SHRCH take this very seriously and provide employees with emotional support and training on lockdown, de-escalation, and reporting.

The nurses felt there was an interprofessional decision-making process in place when transitioning patients from one level of care to another across the healthcare continuum. The Joint Commission (2014) published the seven elements for a safe transition to occur and multidisciplinary collaboration was one of the seven. Interprofessional collaboration is a fundamental piece of providing coordinated, patient-centered care. The interprofessional teams at this organization work diligently to provide a seamless transition of care for patients.

The nurses also believe their nurse managers were accessible to staff. The American Organization of Nurse Executives believes that in order for nurse managers to build trusting relationships with their teams, it is important that they are highly visible and accessible (Lynch, 2018). Managers should not just send emails and memos but rather talk to their team and engage in conversation. They can even be supportive by assisting staff on the unit as well as communicating with patients and families. The five nurse managers at SHBRH and SHRCH are doing that based on the results of the survey.

 **Questions answered with an 80-89% positive response**

Nine of the 49 Pathway Standards survey questions were answered with an 80%-89% positive response. These were items that the organization was considered as good. Questions centered on interprofessional collaboration included the organization supporting a culture of interprofessional decision-making, having an interprofessional process in place to address ethical concerns, and having a quality improvement process that supports interprofessional collaboration. Interprofessional collaboration is an essential component in the delivery of comprehensive, safe, and therapeutic patient care (Jenkins, 2021). No matter if it was used in ethics, quality improvement, or supporting a culture of interprofessional collaboration, the nurses who responded to the survey felt the organization did a good job with interprofessional collaboration.

Two questions related to education and orientation that the organization did well in were having orienting nurses individualize their orientation by self-assessment and having a process in place for newly graduated nurses to transition into practice. A newly revamped orientation process at the organization has been in place for a few years where instead of a checklist of tasks that need to be completed, an individualized orientation is developed, monitored, and outcomes discussed to ensure success. The organization also hires newly graduated nurses into practice and because their orientation is individualized, they allow for more time and resources to transition into practice.

Other strengths of the organization include educating nurses on the concept and application of evidence-based practice, promoting a culture of person-and family-centered care, managers supporting shared-governance, and having a process to communicate quality initiatives and performance in quality measures. Of these 14 questions that the organization had an 80%-100% positive response to, the quality section had five of eight questions that score this high. The well-being section did not have any high scoring questions.

 **Questions answered with a <50% positive response**

Seven of the 49 Pathway Standards survey questions were answered with a <50% positive response, meaning over half of the nurse participants did not feel favorable about these questions. These seven topics will be the focus of recommended improvements for the organization. Three of these are from the well-being standard. Nurses felt that the organization does not ask for suggestions for future well-being initiatives and the organization does not have strategies to address both physical and compassion fatigue. Nurses’ well-being is affected by the demands of their workplace, and in turn, their well-being affects their work, which then affects quality patient care. Nurses may encounter physical or verbal assault, physical demands, managing complex patients, emotional conversations, and social and ethical issues during their shift (The National Academy of Sciences, 2021). The COVID-19 pandemic has added even more challenges to their well-being such as mental and emotional fatigue. Although there are well-being initiatives in place, nurses felt they had little input in them and that they did not address physical and compassion fatigue.

The participants also believe that direct care nurses are not used in the hiring process for new staff, the CNO is not accessible to nursing staff, the organization does not have retention strategies in place for senior nurse leadership, and the organization does not use succession planning to develop nurses for nursing leadership roles. Some nurse leaders at the organization do invite direct care nurses to be a part of an interview panel but it is not a consistent practice due to availability of staff. By engaging direct care nurses in the interview process, it engages both the candidate and the staff the opportunity to learn more about each other, the position, the unit, and whether the candidate seems to be a good fit for the team.

As far as the CNO not being accessible to nursing staff, at the time of the survey the previous CNO left the organization and the new CNO was not hired yet. The new CNO should develop the type of culture of trust and respect, and a foundation of collaboration. They can begin to do this by being accessible to their nursing staff, to learn who they are and what they contribute to the organization (Johnson, Wessel, & Johnson, 2013).

Nurse leaders sometimes face challenges with nursing recruitment and retention. Nurses at this organization felt there were not retention strategies in place for senior nurse leadership. Duru and Hammoud (2021) found that effective communication, respect, competitive financial compensation, benefits, and proper recognition are some of the main strategies a leader can use to retain bedside nurses. Post-pandemic retention strategies are somewhat different and include an emphasis on nurse safety, addressing PTSD and burnout, encouraging continued training and certification, focusing on early career nurses, and enhancing pathways to leadership (Lester, 2021).

Nurses felt the organization does not use succession planning to develop nurses for nursing leadership roles. The organization typically begins by identifying nursing talent and training them for a charge nurse role or supervisor role. When nurse manager or director roles become available, those are usually filled by nurses in those charge nurse or supervisor roles or from an outside candidate with leadership experience. Titzer-Evans (2016) recommends developing a succession planning committee in which positions with high vacancy and turnover rates are identified, role competencies are established, and internal talent is identified.

**Questions answered with a 50-79% positive response**

The remaining 28 questions were scored by participants in the 50%-79% positive response category. Although the participants felt more positive than negative about these, there is room for improvement. In the shared decision-making standard, there was room for improvement with two questions: (a) is there evidence that the shared governance structure is integrated throughout the organization and direct care nurses utilize the shared governance structure and (b) do nurses use the shared governance structure to promote community health and it is based on a community needs assessment? In the leadership standard there were seven questions with room for improvement: (a) is feedback from peers or direct report staff incorporated into the performance evaluation of nurses in leadership roles, (b) are there methods in place to be utilized by organizational leaders to support direct care nurses during times of planned and unplanned change, (c) do nurse managers engage direct care nurses in cost management, (d) does the organization have role-specific orientation for nurse managers, (e) does the organization provide leadership development activities to enhance leadership competency, (f) does the organization have retention strategies in place for nurse managers, and (g) does the organization have strategies to maintain a positive practice environment in the event of planned or unplanned executive leadership transition? In the safety standard there were five questions with room for improvement: (a) does the organization support direct care nurses to communicate concerns about the long-term nurse staffing plan, (b) do direct care nurses have input in daily staffing decisions, (c) does the organization have process(es) in place to involve direct care nurses in reporting, reviewing, and identifying trends of patient-related safety events, (d) does the organization have process(es) in place to involve direct care nurses in reporting, reviewing, and identifying trends of nurse-related safety events, and (e) does the organization safeguard nurses from abuse by patients and/or families? In the quality standard there were three questions with room for improvement: (a) do direct care nurses lead quality initiatives to improve externally benchmarked outcomes, (b) does the organization provide sessions to educate employees about respectful communication, and (c) does the organization employ strategies to align staff with the mission, vision, values, or goals beyond orientation? In the well-being standard there were seven questions with room for improvement: (a) are direct care nurses involved in planning, implementation, and evaluation of well-being initiatives, (b) does the organization utilize results of employee health assessments in the development of health initiatives, (c) is the organization providing nurses opportunities to create work schedules that support nurse well-being, (d) does senior leadership integrate employee resilience and well-being in strategic planning, (e) does the organization support and recognize nurses’ involvement in community volunteer activities, (f) does nursing leadership foster a lived culture of recognition, and (g) does the organization offer opportunities to support the well-being of staff who experience adverse work-related situations? Lastly, in the professional development standard there were four questions with room for improvement: (a) is training provided and competence established before nurses are assigned to an area other than their primary area, (b) does the organization have examples from both direct care and non-direct care nurses who have experienced professional growth through mentoring, (c) does the organization support direct care nurses to participate in professional development activities (excluding orientation), and (d) does the organization foster growth of direct care nurses as emerging nurse leaders within or outside the organization? Once the seven predominantly negative responses have been addressed, the organization can move into tackling some of the lower scoring questions from these 28.

**Improvement Plan**

The improvement plan will focus on the six Pathway Standards survey questions that were ranked with a <50% positive response. Since the participants feel that direct care nurses are not used in the hiring process for new staff, they need to become involved. Guidelines for all nurse leaders will be developed to provide structure for the interviewing process. A hiring committee for each unit will be formed. Staff members can volunteer to be on the committee and will be selected to participate on interviews on a rotating basis, while being compensated for their time. Staff will be educated on interview etiquette and questions that can and cannot be asked. Staff will be given clear instructions for the goal of their participation, whether it is to give background on the role, answer questions about the unit, or assess the candidate’s practice ability. Feedback will be gathered by the leader using the organization’s interviewing template and considered when making the hiring decision.

 Lack of CNO accessibility was another low scoring positive response. Recommendations to the new CNO are to be visible to staff, have clear and concise communication, and recognize excellence within the organization. This can be done by regularly rounding in nursing units, including off shifts. Learn names and have dialogue with nursing staff, getting to know them on both a personal and professional level. Develop a nursing newsletter with a front-page article written from the CNO and encourage leaders as well as staff members to write articles for it too. A nursing newsletter could promote commonality, teamwork and collaboration. Attend unit meetings at least yearly and attend the central partnership council monthly. Recognize accomplishments through the DAISY and BEE awards as well as sending handwritten cards. Lastly, be honest and transparent with communication which will ensure a level of trust with nurses. Without trust, the CNO and nurse relationship would be strained, and a lack of support would be evident.

Participants also felt that the organization did not have retention strategies in place for senior nurse leadership. Currently the organization is re-evaluating nursing salaries and comparing to other healthcare systems in west Michigan. Decisions to adjust salaries are made as a system, not at the local level. Other initiatives to improve nursing retention at the local level include: (a) conduct an annual Nurse Engagement Survey to gather data from nursing staff, (b) start the unit partnership councils back up since they have been paused during the COVID-19 pandemic, (c) start the DAISY/BEE awards back up for recognition, (d) actively recruit nursing staff to fill vacancies, (e) develop wellness initiatives to combat physical, mental and emotional exhaustion, and compassion fatigue, and (f) effectively communicate initiatives to nursing staff so they are aware.

The three survey questions that scored a <50% positive response in the well-being standard were nurses felt that they were not included in future well-being initiatives and there were no strategies in place to battle both physical and compassion fatigue. First, the topic of well-being initiatives should be discussed at unit partnership councils. Ideas that are generated at councils can be implemented, or if resources are needed, taken to leadership for approval. For physical and compassion fatigue, flyers for huddle boards will be developed. The flyers will list signs and symptoms of physical and compassion fatigue and tips for combating them. The nurse leading each huddle can ask each staff member to rank themselves on a scale of 0 to 10, zero being no fatigue and 10 being the highest amount of fatigue. Recognizing their fatigue level and sharing it with their peers can allow for support from one another. Staff members should also find a work buddy for the day to provide a routine check in as to how they are coping during the shift, ensure one another take their breaks, and even cover if they need to use the wellness room for 15 minutes.

The final survey question that participants scored a <50% positive response on was not using succession planning to develop nurses for nursing leadership roles. As leaders participate in performance snapshots with their staff, discussion of performance and future work goals should take place. Staff that have been identified as high performers and/or have goals of leadership will be discussed at the nursing leadership committee so all leaders are aware of staff aspirations and performance. Opportunities for job shadowing should also be offered.

**Implications for Practice**

 The Pathway Standards survey revealed seven questions that were scored below the acceptable threshold of 50%, being more negative than positive. These seven questions fell within four of the Pathway Standards: shared decision-making, leadership, well-being, and professional development. The findings from this survey have potential implications for nursing practice within SHBRH and SHRCHs. The potential implications are as follows:

1. Direct care nurses should be involved in the hiring process for new staff.
2. The CNO should be accessible to all nursing staff.
3. The organization should have retention strategies in place for senior leadership.
4. Direct care nurses should have input into well-being initiatives.
5. Strategies should be in place for both physical, mental and emotional exhaustion, and compassion fatigue.
6. The organization should use succession planning to develop nurses for nursing leadership roles.

**Conclusion**

Four of the six Pathway Standards emerged with having a total of seven questions that were scored with a <50% positive response. The other 42 Pathway Standards questions were scored with a >50% positive response. Those seven questions will be the focus of the first round of improvements to be made to the organization. Eventually the 28 questions that scored a 50-79% positive response will also be evaluated and recommendations for improvement will be made. A second survey will be sent to nurses to re-evaluate the progress made from the interventions prior to applying for Pathway to Excellence® designation.

 A few limitations to this program evaluation were identified. The covid-19 pandemic has burdened the organization with financial constraints, limited resources, and a loss of nursing staff. Those nurses who have continued to work have been mandated to work extra hours and face more challenging nurse to patient ratios with higher acuity patients. This may have contributed to a lower participation rate in the survey as well as low scoring in the well-being standard. Not having a CNO at the time of the survey may also have contributed to low scores in the leadership standard. Lastly, the demographics of those who participated in the survey were primarily Caucasian, female nurses and may not be generalizable to the entire nursing staff at SHBRH and SHRCH.

The goal of Pathway to Excellence® designation is to demonstrate the organizations commitment to creating a positive practice environment where nurses can thrive because they experience job satisfaction, professional growth and development, respect, and appreciation (ANCC, 2017). Improving the organization’s culture to create a desirable place for nurses to work is the reason the organization is seeking Pathway to Excellence designation. The return on investment for becoming a designated organization means improving nurse satisfaction, recruiting and retaining great nurses, cultivating teamwork, championing nursing practice, and supporting business growth.

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Appendix A

**Logic Model**

|  |  |
| --- | --- |
| Process | Outcomes |
| Inputs | Activities | Outputs | Short-term | Intermediate | Long-term |
| Pathway toolkit | Introduction to Pathway to Excellence® | Understanding the organizational culture | Nursing staff have a basic understand of what Pathway to Excellence® is | Determining gaps in our organizational culture | Apply for Pathway to Excellence® |
| Application manual | Organizational survey | Knowing which Pathway Standards have gaps |  | Creating mitigating plans to remedy the gaps |  |
| Online assessment survey | Gap analysis |  |  |  |  |
| Nursing time to participate in survey |  |  |  |  |  |
| Technical assistance to evaluate the survey results |  |  |  |  |  |

Appendix B

**Project Timeline**

|  |  |  |
| --- | --- | --- |
| **Project Phase** | **Milestones** | **Estimated Month of Completion** |
| Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug |
| Initiation | Complete review of project proposal with Chair | X |  |  |  |  |  |  |  |  |
| Planning | Secure setting and complete local context | X |  |  |  |  |  |  |  |  |
|  | Project Plan Completed | X |  |  |  |  |  |  |  |  |
|  | IRB Submission | X |  |  |  |  |  |  |  |  |
|  | IRB Approval |  | X |  |  |  |  |  |  |  |
|  | Communication Plan Completed |  | X |  |  |  |  |  |  |  |
| Implementation | Launch of Survey(30 days minimum) |  |  | X | X |  |  |  |  |  |
|  | Data Analysis |  |  |  |  | X |  |  |  |  |
|  | Develop Recommendations to Close Identified Gaps |  |  |  |  |  | X |  |  |  |
|  | Completion of DNP Project |  |  |  |  |  |  | X |  |  |

Appendix C

**Pathway to Excellence® Self-Assessment of Organizational Culture (Acute)**

**Your Information**

1. Are you a nurse in a formal leadership position?

○ Yes ○ No

**Pathway Standard 1: Shared Decision-Making**

1. Is there evidence that the shared governance structure is integrated throughout the organization and direct care nurses utilize this shared governance structure?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Does the organization utilize evidence-based practice to implement change in nursing practice?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Does the organization foster and support a culture of interprofessional decision-making?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Do nurses use the shared governance structure to promote community health and is it based on an organizational community needs assessment?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Is input from direct care nurses used in the hiring process for new staff?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Is there an interprofessional process in place to address ethical concerns within the organization?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Comments for questions 2-7 (Shared decision making)

**Pathway Standard 2: Leadership**

1. Do nurse managers accommodate and actively support direct care nurses to participate in shared governance committees?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Is the CNO accessible to nursing staff?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Are the nurse managers accessible to nursing staff?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Is feedback from peers or direct report staff incorporated into the performance evaluation of nurses in leadership roles?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Are there methods in place to be utilized by organizational leaders to support direct care nurses during times of planned and unplanned change?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Do nurse managers engage direct care nurses in cost management?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Does the organization have role-specific orientation for nurse managers?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Does the organization provide leadership development activities to enhance leadership competency?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Does the organization have retention strategies in place for senior nurse leadership?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Does the organization have retention strategies in place for nurse managers?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Does the organization have strategies to maintain a positive practice environment in the event of planned or unplanned executive leadership transition?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Comments for questions 9-19 (Leadership)

**Pathway Standard 3: Safety**

1. Does the organization support direct care nurses to communicate concerns about the long-term nurse staffing plan?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Do direct care nurses have input in daily staffing decisions?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Does the organization have process(es) in place to involve direct care nurses in reporting, reviewing, and identifying trends of patient-related safety events?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Does the organization have process(es) in place to involve direct care nurses in reporting, reviewing, and identifying trends of nurse-related safety events?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Does the organization promote a workplace culture free of incivility, bullying, and other violence withing the healthcare team?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Does the organization safeguard nurses from abuse by patients and/or families?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Is an interprofessional decision-making process in place when transitioning patients from one level of care to another across the health care continuum?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Comments for questions 21-27 (Safety)

**Pathway Standard 4: Quality**

1. Do nurses implement evidence-based practice in patient care areas?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Is there a process in place to communicate updates regarding changes in quality initiatives and performance in quality measures?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Does the organizations quality improvement process reflect interprofessional collaboration?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Do direct care nurses lead quality initiatives to improve externally-benchmarked outcomes?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Does the organization provide sessions to educate employees about respectful communication?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Does the organization promote a culture of person-and family-centered care?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Does the organization employ strategies to align staff with the mission, vision, values, or goals beyond orientation?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Are direct care nurses in the organization educated about the concept and application of evidence-based practice?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Comments for questions 29-36 (Quality)

**Pathway Standard 5: Well-Being**

1. Are direct care nurses involved in planning, implementation, and evaluation of well-being initiatives?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Does the organization utilize results of employee health assessments in the development of health initiatives?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Is the organization providing nurses opportunities to create work schedules that support nurse well-being?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Does senior leadership integrate employee resilience and well-being in strategic planning?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Does the organization ask for suggestions from direct care nurses for future well-being initiatives?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Does the organization support and recognize nurses’ involvement in community volunteer activities?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Does nursing leadership foster a lived culture of recognition?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Does the organization offer opportunities to support the well-being of staff who experience adverse work-related situations?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Does the organization have strategy(ies) to address physical fatigue experienced by the healthcare team?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Does the organization have strategy(ies) to address compassion fatigue experienced by the healthcare team?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Comments for questions 38-47 (Well-Being)

**Pathway Standard 6: Professional Development**

1. Do orienting nurses identify their self-assessed competencies on a needs assessment tool to facilitate the individualization of their orientation?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Is training provided and competence established before nurses are assigned to an area other than their primary area?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Does the organization use succession planning to develop nurses for nursing leadership roles?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Does the organization have examples from both direct care and non-direct care nurses who have experienced professional growth through mentoring?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Does the organization support direct care nurses to participate in professional development activities (excluding orientation)?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Is there a process in place for newly graduated nurses to transition into practice?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Does the organization foster growth of direct care nurses as emerging nurse leaders within or outside the organization?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Comments for questions 49-55 (Professional Development)

**General Pathway Questions**

1. Are staff members aware and actively engaged in the Pathway to Excellence journey?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Does the CNO have a bachelor’s degree in Nursing or higher?

○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

1. Comments for questions 57-58 (General Pathway Questions)

**Demographic Questions**

1. What is your age?
2. What is your gender?
3. What is your ethnicity?
4. How many years have you worked at Spectrum Health?
5. How many years have you been a nurse?
6. Please list any degrees that you have earned.
7. If you are currently enrolled in school, please identify what program of study.
8. Please list any nursing certifications that you have achieved