

## LEADERSHIP PERSPECTIVES

## Building a Strong Workforce: The Board's Role in Employee Satisfaction and Engagement

Research has proven the connection between employee engagement and quality, safety, the patient experience, and financial performance. To successfully fulfill their community-centered mission and vision, a robust, engaged workforce should be a high priority for all hospital and health system governing boards.

**T**he importance of workplace engagement and satisfaction has always been a critical element of success in hospitals and health systems. While essential to everyday care, the passion, and commitment that emerges from engaged employees is further highlighted during times of crisis. After over a year of hospitals and health systems across the country developing crisis management strategies to respond to the COVID-19 pandemic, the American Hospital Association summarized key lessons learned for boards. One of the primary take-aways was that boards learned that they need to be attentive to how employees are coping during times of crisis.<sup>1</sup> Whether in the midst of a crisis or not, boards must understand the challenges staff are facing and

prioritize workforce needs—from front-line staff to c-suite leaders.

### What is Employee Engagement?

Employee engagement is a feeling of commitment and enthusiasm for one's work that leads to a willingness to go above and beyond the minimum required effort. Research has shown that engagement happens when employees feel:<sup>2</sup>

1. **Active commitment**, or a plan to stay and recommend the organization to others.
2. **Personal significance**, where employees feel valued and are enthusiastic about their work.

3. **Confidence in the future**, or a belief in the future of the organization.

While most organizations recognize the value of employee engagement, it is important to recognize that not all engagement is created equal. To be impactful on the mission, employee engagement must be aligned with the organization's strategic goals.

### The Benefits of Engaged Employees

Employee engagement and workplace satisfaction are critical to the success of any organization, but the connection between satisfaction and success is stronger in the health care industry.

**Quality and Safety.** A study from the Advisory Board found that every one percent increase in hospital employee

*(Continued on page 3)*



## Our Perspective

Creating a positive work environment that fosters growth, promotes employee safety and goal attainment are crucial when building a strong healthcare team. The South Dakota Association of Healthcare Organizations recognizes that providing healthcare leadership with the proper tools and resources is vital in helping them create a safe, happy and successful work environment. Through continued learning opportunities, in-person and virtual professional growth programs, and trustworthy information, SDAHO remains committed to helping healthcare leaders make the informed decisions for the betterment and growth of their team. Understanding the latest changes in healthcare policy and law continues to be at the forefront of the SDAHO advocacy team. This team works closely with healthcare leaders to ensure they understand these ever-changing areas.

On July 1, 2021, several changes to state law were ushered in that impact healthcare in South Dakota. The most recent implementation of these new healthcare laws put in place the framework to provide more workforce opportunities and improved workforce environments.

The healthcare reforms laws effective July 1, 2021:

- [HB 1077](#) recognizes out-of-state licenses for certain healthcare professions, which will help to address workforce shortages in healthcare.
- [SB 96](#) increases telehealth flexibilities, which proved so critical over the last year. This will particularly help with delivery of healthcare services to South Dakota's rural communities.
- [HB 1263](#), which increases price transparency in health insurance, becomes law, starting the implementation timeline.
- [HB 1131](#) authorizes direct primary care agreements and will lead to reduced overall healthcare costs.

### LIFTING UP HEALTHCARE PROFESSIONALS:

Most organizations recognize the value of their employees and understand their team is essential to everyday care. After a year of health systems across South Dakota working in crisis mode, SDAHO wanted to lift-up healthcare professionals across the state not only for their efforts this past year but for their decision to choose a healthcare profession. Through the SDAHO Healthcare Hero Campaign, healthcare professionals are nominated, recognized and celebrated. SDAHO has created over 35 Healthcare Hero spotlight stories that showcase their career including heartwarming personal stories. The Healthcare Hero Campaign is one more tool healthcare leaders can use to lift-up healthcare professionals, which improves morale in the workplace and helps create unity and comradery within the healthcare system. To learn more about the SDAHO Healthcare Hero Campaign, visit our website. [www.sdaho.org](http://www.sdaho.org)

### Spotlight Sponsors



SDAHO Enterprise was developed to pursue valued services and increase non-dues revenue. Overall goals and objectives of providing revenue to supplement SDAHO strategies and providing support and benefit to members.

## Upcoming Education

SDAHO is pleased to welcome Kimberly Russel from Russel Advisors to speak at SDAHO's Annual Convention on September 23, 2021, at the Denny Sanford Premier Center in Sioux Falls, SD. Ms. Russel has served as a healthcare executive for 39 years. For the past 25 years, Kim devoted her energy and talents to serving as a healthcare CEO, first at Greeley Medical Center in Ames, Iowa and from 2008 to 2020, at Bryan Health in Lincoln, Nebraska. She recently retired from Bryan Health and formed Russel Advisors, which allows her to dedicate her time to advising healthcare boards and CEOs. Kim will share on CEO succession planning and how the board and the CEO share joint responsibility in succession planning.

This session will address:

- reasons behind the reluctance of most boards and CEOs to tackle this topic;
- techniques to begin the dialog, including when and how; and
- a step-by-step approach to conducting succession planning for the CEO and the board.

In addition to Kimberly Russel's session, other topics at the Convention will include medical marijuana, emergency preparedness, retaining and rewarding top talent, rural emergency hospitals, recruitment and retention of staff, and innovations in behavioral health. SDAHO will also moderate a panel discussion of healthcare professionals across SD who will provide a deeper dive into the impact the pandemic had on frontline staff, administration, long-term care facilities, rural health, and the public relations team.

SDAHO's 95th Annual Convention will take place September 22-24 in Sioux Falls, SD. Registration is available on the SDAHO website at [www.sdaho.org](http://www.sdaho.org). We look forward to seeing you and we thank you for your support and the leadership you provide your community hospital and post-acute care facilities.

### Do you have ideas for future issues of *The Trustee Quarterly*?

Our goal is to provide you with the information and knowledge you need to lead your hospitals forward in today's rapidly changing environment. Tell us what you think, and what you'd like to see in future issues of *The Trustee Quarterly*.

#### Write or call:

Tammy Hatting  
Chief Operating Officer  
3708 W Brooks Place  
Sioux Falls, SD 57106  
605-361-2281  
[tammy.hatting@sdaho.org](mailto:tammy.hatting@sdaho.org)

(Continued from page 1)

engagement correlated with a 0.33-point increase in the facility's Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) overall hospital rating. The study also reported that a one percent increase in hospital employee engagement was tied to a 0.41-point increase in patient safety grades.<sup>3</sup>

Another key finding from the Advisory Board study was that hospitals should not compare themselves with other industries when analyzing employee engagement. That's because health care employees are already more than twice as engaged as employees in other industries. Given the strong connection between employee engagement and outcomes, organizations should focus on health care-specific benchmarks and measurements when tracking employee engagement and satisfaction.

### ***Interconnectedness of Factors Influencing Organizational Success.***

Research has proven that safety, quality, the patient experience, and caregiver engagement are all connected. In addition, all four of these factors impact a hospital or health system's financial performance. Because all of these factors are interconnected, high performance in any one area can positively impact another area.

For example, one study reported that organizations in the top quartile for physician and employee engagement

have lower rates for most hospital-acquired infections than those in the bottom quartiles, as well as shorter lengths of stay, fewer readmissions, better hospital-acquired condition scores, and lower Patient Safety and Adverse Events Composite (PSI 90) scores. The same analysis also found a positive connection between financial performance and workforce engagement.<sup>4</sup>

**Safety, quality, the patient experience, and caregiver engagement are all connected. In addition, all four of these factors impact a hospital or health system's financial performance.**

### **Conducting Employee Satisfaction and Engagement Surveys**

An employee satisfaction and engagement survey measures commitment and enthusiasm for the work being done, as well as key drivers of engagement. The act of surveying employees sends a strong message that the board and senior leadership values employee opinions. At the same time, success is dependent upon the organization's commitment to take action based on the results.

Typical areas of measurement for employee satisfaction and enthusiasm for work include:<sup>2</sup>

- **Engagement:** Are employees excited about their work, willing to recommend the organization to others as a place to work, and do they plan to stay?
- **Supportive supervisor:** Do supervisors lead with fairness, provide feedback and recognition,

### **Board Measurement of Employee Satisfaction**

According to the American Hospital Association's 2019 National Health Care Governance Survey Report:<sup>5</sup>

- 79 percent of boards report using precise and quantifiable metrics and objectives to evaluate employee satisfaction.
- Reporting of regularly measuring employee satisfaction was higher for system boards than for freestanding hospital boards.

explain changes, and listen and respond to employee ideas?

- **Trust and collaboration:** Do team members trust one another and work toward a common goal? Is collaboration and communication across functions/departments effective?
- **Visionary leadership:** Does senior leadership communicate with openness and share a compelling vision for the future?
- **Conditions to do best work:** Do employees have the tools, resources, and clear priorities to do their best work?
- **Growth and autonomy:** Do employees have input and feel encouraged to share new ideas? Do they see opportunities to develop their skills and advance their careers?
- **Burnout and resilience:** Does the hospital support my well-being? Is the amount of stress I experience reasonable?

## Employee Engagement: Questions for Board Discussion

- Does the board set the tone for the strategic importance of human capital by dedicating the appropriate level of time and attention to employee satisfaction and engagement?
- Does the board understand the connection between employee engagement and patient safety and satisfaction, and allocate resources and priorities appropriately as a result?
- Does the board have the necessary expertise, education, perspectives, and experience to provide effective oversight and direction in the area of human resources?
- Does the board and senior leadership understand workforce trends occurring in health care, and have strategies and plans to address those trends? Is the leadership team driving the necessary shifts in culture, training, and development to be prepared for the future?
- Is human capital and talent strategy included in discussions about strategy and risk?
- Does the board know the future skills that are needed to successfully achieve the hospital or health system's strategic objectives? Is there a plan for how to acquire and develop those skill sets?
- Have appropriate and meaningful human capital and talent-related metrics been identified? If so, how often does the board review those metrics? Does the board compare the organization's employee engagement and satisfaction metrics with other health care-specific benchmarks?

Source: Adapted from Stephen Klemash, Jennifer Lee, and Jamie Smith. *Human Capital: Key Findings from a Survey of Public Company Directors*. EY Center for Board Members. May 24, 2020. Harvard Law School Forum on Corporate Governance.

- **Quality of care:** Would I recommend the hospital as a good place to receive care? Do the actions of senior management show that patient safety is a top priority?

### The Board's Role in Employee Satisfaction and Engagement

Human resources play a critical role in any organization's ability to fulfill its mission and vision, but in few industries is it more prominent than health care. Board oversight is essential because workforce strategies, recruitment, and retention are critical to strategic success. But according to a recent study, there are varying viewpoints among boards about whether the organization's human capital falls within the board's oversight responsibility or should

belong exclusively at the human resources and management level.<sup>6</sup>

*Forward-looking boards see the shifts taking place in the health care workforce as an opportunity to build employer-employee relationships, strengthen the organization's culture, and leverage human resources strategies as a competitive differentiator.* According to the study,

80% of board members spend more time discussing talent strategy than they did just five years ago.

But there's still much room for improvement. For example, approximately 30% of board members surveyed reported that they are either unsure or unable to articulate their company's cultural strengths and weaknesses.

Now, more than ever, boards must build employee satisfaction, engagement, and organizational culture into their strategic discussions. The

hospital or health system's mission, vision, and strategies should be aligned with the organization's culture, understood by all employees, and supported by employee behaviors.

*This content was developed by governWell™, governwell.net.*

### Sources and More Information

1. Board Lessons Learned During the COVID-19 Pandemic. American Hospital Association Trustee Services. April 2021.
2. governWell Healthcare Consulting, [www.governWell.net](http://www.governWell.net) and Qualtrics, [www.qualtrics.com](http://www.qualtrics.com).
3. Employee Engagement Myths, Busted. Advisory Board. September 21, 2017. <https://www.advisory.com/en/daily-briefing/2017/09/21/employee-engagement>.
4. Mahoney, Diana. *Engaging the Workforce to Drive Safety, Quality and Experience Excellence*. Press Ganey. April 2017.
5. AHA 2019 National Health Care Governance Survey Report. American Hospital Association. 2019. <https://trustees.aha.org/aha-2019-national-health-care-governance-survey-report>.
6. Stephen Klemash, Jennifer Lee, and Jamie Smith. *Human Capital: Key Findings from a Survey of Public Company Directors*. EY Center for Board Members. May 24, 2020. Harvard Law School Forum on Corporate Governance.



## BOARDROOM BASICS

# Engaging Patients and Families is a Critical Component of Quality and Patient Safety

Ensuring a positive patient experience impacts quality of care, long-term health outcomes, patient loyalty, and employee satisfaction. It also has financial implications in a value-based purchasing environment.

**U**nderstanding what drives patient experience and satisfaction and how the patient experience impacts outcomes is critical in today's health care environment. This starts with the board. Hospital and health system boards set the tone for an organizational culture that prioritizes patient engagement, provides patient-centered training for all staff, and monitors progress in achieving the desired care environment.

## What is Patient Engagement?

Patients typically come to the hospital when they are in pain and vulnerable. Most patients are strangers in the hospital environment, don't understand the system or culture, and don't know the individual staff members. Patient engagement helps patients feel comfortable and results in improved quality and safety. Key components of patient and family engagement include:<sup>1</sup>

- Encouraging patients and family members to participate as advisors.

- Promoting better communication among patients, family members, and health care professionals from the point of admission.
- Implementing safe continuity of care by keeping patients and their family members informed through nurse bedside change-of-shift reports.
- Engaging patients and families in discharge planning throughout the hospital stay.

Patient engagement involves patients and family members as members of the health care team. It includes asking about and listening to patient and family needs and using plain language to provide complete information about the diagnosis, condition, and next steps. It also includes listening to patient and family questions and being open to alternatives in the care plan.

This type of patient engagement is different than retail “customer service” and simply making people happy. In some cases, there is overlap between engaging patients and families as partners in health care decisions and making patients happy. For example, some people view hospital valet parking as an unnecessary customer service luxury and cost. For others, it's a patient-centered service that makes it easier for individuals with medical conditions and their families to traverse

**How can the hospital, physicians, and staff adjust to meet the patient and his or her needs, rather than expecting the patient to adjust to the provider's processes and priorities?**

what can be a long and difficult distance from parking to the facility entrance.

Patient-centered care and patient engagement is about partnership—involving a patient and his or her family as an integral part of the patient's care team. Patient-centered care offers the support, counseling, and shared-decision making that makes a difference in the

way patients receive and experience care.

*(Continued on page 6)*



As board and executive team members strive to enhance patient satisfaction, a critical question to ask is “how can the hospital, physicians and staff adjust to meet the patient and his or her needs, rather than expecting the patient to adjust to the provider’s processes and priorities?”

## Practical Examples of Patient Engagement

The ways and means of engaging patients and their families are as varied as the patients themselves, and rightly so. No one method or approach will work for every patient. That patient uniqueness really is the crux of achieving success – the uniqueness is discovered by asking, listening, and genuinely caring about what is most important to each patient and their health.

This approach involves truly engaging patients and their families in a partnership of care, which requires more than just a single means to achieve or a “telling patients what to do” approach. Some of the ways hospitals are seeking to not only engage patients and families in their own care, but to give hospitals a better understanding of how they can improve patient care, include:

- Creating a dedicated senior leadership position, such as a Chief of Patient Experience.
- Utilizing a Patient and Family Advisory council or committee, or expanding the responsibilities of the quality and patient safety committee to encompass patient

## The Patient Experience: Why It’s Important to Get It Right

According to the Agency for Healthcare Research and Quality, positive patient experiences result in:<sup>2</sup>

- **Better disease prevention and management.** For example, diabetic patients reporting positive interactions with their providers demonstrate greater self-management skills and quality of life.
- **Stronger adherence to medical advice and treatment plans.** This is particularly true among patients with chronic conditions where patient commitment is necessary to achieve positive results.
- **Better health outcomes.** For example, heart attack patients with positive experiences had better health outcomes one year after discharge.
- **Lower medical malpractice risk.** Drops in patient-reported scores increase the likelihood of a provider being named in a malpractice suit.
- **Improved employee satisfaction.** The changes required to work processes and systems that improve the patient experience enable clinicians to provide more effective care, resulting in improved employee satisfaction and reduced turnover.
- **Patient loyalty.** Relationship quality is a major predictor of patient loyalty, and patients are likely to keep or change providers based upon experience.

and family advisory responsibilities.

- Finding new ways to listen to patients. For example, listening to first-hand stories and experiences, both negative and positive, at board and committee meetings is a powerful message that brings faces, reality, and purpose to the work of hospital or health systems’ leadership.
- Providing patient-centered training for both clinical and non-clinical staff, setting the tone for the critical role that every individual plays in the patient experience.
- Ensuring a workplace culture that welcomes employee suggestions and opportunities to implement

ideas to improve patient-centeredness.

- Encouraging shared patient decision-making and providing training on how to do so. Shared decision-making among the hospital, physician(s), and patients and their families is becoming a high-value component of patient-centered care.

**Patient-centered training for both clinical and non-clinical staff sets the tone for the critical role that every individual plays in the patient experience.**

## Patient Engagement: Questions for Board Discussion

- How well-informed do you believe your organization’s leaders and medical staff are about patient-centered care and patient and family engagement?
- What would employees at your hospital or health system say if asked about the culture of patient and family engagement?
- In what ways does your organization engage patients and their families?
  - Do your nurses shift-change reports at patients’ bedsides?
  - Do you encourage patient advocates to participate or offer volunteers to record meetings for better patient recall? Do you offer decision aids or health coaches to patients?
  - Are patients or families included in telling their stories at board meetings?
  - Are accommodations made or at least assisted for families who need to stay overnight?
  - Are families encouraged to join care rounds?
- Does your hospital or health system have a Chief Experience Officer or other senior executive responsible for the patient experience?
- Does your board or hospital have an established patient and family engagement “venue,” such as a patient and family engagement committee or council?
  - What is the composition of your committee or council? Does it include a physician, nurse, or other clinician; the CEO, CNO, or other executive team member; and one or more board members? Do you have a former patient or family member as part of the committee? If so, how were they selected?
- Do you provide or require clinician and non-clinician training on patient engagement and shared decision-making?
- Has your board adopted a policy for disclosing and apologizing for adverse events/medical errors?
- If you were a sitting on a patient and family engagement committee at your hospital, what one improvement to patient engagement would you want to see the committee advocate for?
- What barriers keep your hospital from implementing patient engagement and shared decision-making?
- In what ways do you believe patients in your hospital today would tell you that physicians, nurses, and others genuinely included them in decisions about their care?

## Challenges with Patient Satisfaction Scoring

Despite the potential for improving patient outcomes, lowering utilization, and improving value-based reimbursement, there are still challenges that are keeping hospitals and health systems from doing more to

engage patients and families in their health care.

Patient satisfaction isn’t without its critics, including those who question whether HCAHPS and even hospitals and physicians themselves may inadvertently mislead patients into confusing satisfaction and “making

patients happy” with treating their condition correctly and making them healthy. Critics cite examples of room service meals, the latest in media technology, VIP lounges and “loyalty” programs, along with training that includes scripting and play-acting for nurses’ interactions with patients.



Online ratings such as google reviews and yelp provide individual perceptions, and data collection such as CMS' physician comparison database (through Hospital Compare) now include ratings about patients' perceptions.

One concern is whether physicians and hospitals might fail to look out for the patients' best interests if it means risking decreasing the patient's sense of satisfaction. In an era where physician and hospital reimbursement is dependent, at least in part, upon patient satisfaction, some critics argue that providers may be influenced by these forces, even if a patient's expectations are unrealistic or perhaps even detrimental to their health.<sup>3</sup>

### Patient and Family Engagement as a Part of Quality and Patient Safety

Patients and families have an important role in the healing process following an adverse event, as well as in the development of systems that work better for patients. Data has shown that strong patient and family engagement

is present in high performing hospitals and their health outcomes are better.

Key areas patient and family engagement can help include:

- **Improved healing**—patients from the smallest newborn to oldest adult are more likely to heal if their loved one is present and attentive.
- **Families can provide emotional support for patients** who are sick and afraid. They can also ask needed questions that the patient may not be well enough to articulate.
- **Family members help with early identification of changes** in the patient's condition as well as serious decline, often before the clinical staff pick up that information through vital signs or

lab results. By listening to patients and families, care providers can take early action.

- **Family members can ask questions from a patient perspective** when they sit on key committees, which changes the tone of the conversation.
- **Patient and family input through a patient advisory committee helps provide insight** when designing patient care areas, creating brochures for patients, establishing policies, etc.

**Patients and families have an important role in the development of systems that work better for patients.**

- **Feedback from previous patients and their families can help orient new families** of very sick patients, such as those in an intensive care unit.

As patients who have been harmed and their families begin to heal, they may want to become active in the hospital or health system to help ensure other patients are not harmed. Hospitals should provide an avenue for them to offer meaningful and useful input, as well as incorporate the opinions and insight of other community members passionate about local health care.

### Sources and More Information

1. Guide to Patient and Family Engagement in Hospital Quality and Safety. Content last reviewed February 2017. Agency for Healthcare Research and Quality, Rockville, MD. Accessed May 2021. <https://www.ahrq.gov/patient-safety/patients-families/engagingfamilies/index.html>.
2. Section 2: Why Improve Patient Experience? Content last reviewed February 2020. Agency for Healthcare Research and Quality, Rockville, MD. Accessed May 2021. <https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/2-why-improve/index.html>.
3. Robbins, Alexandra. The Problem with Satisfied Patients. *The Atlantic*. April 17, 2015. [www.theatlantic.com](http://www.theatlantic.com).
4. American Hospital Association, Hospitals in Pursuit of Excellence. A Leadership Resource for Patient and Family Engagement Strategies. July 2013. [www.hpoe.org/resources/aharet-guides/1407](http://www.hpoe.org/resources/aharet-guides/1407).