The Case for Recognizing Nurses as Health Care's #1 Stakeholder

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Stakeholder theory, which emerged in the mid-1980s, was an important recognition in management philosophy that the needs of more than just the owners, or shareholders, matter in decision-making and strategy. This theory had especially significant application and implications in health care, where so many constituencies can affect – and are affected by – a provider organization's success.

*This **LeaderBriefing** from Stamp & Chase explores the application of stakeholder theory to health care provider organizations in light of the move to population health and the need for even higher levels of patient and employee engagement. While the importance and involvement of multiple constituencies is still relevant, there is compelling research and rationale for moving nurses to the top of a health care provider organization's stakeholder priority list to improve care effectiveness and efficiency.*

The Origins of Stakeholder Theory

Traditional management theory argues that the needs and interests of the owners of a company, usually referred to as its shareholders, reign supreme in driving strategic and operational decisions. This view recognizes the fiduciary responsibility managers have to shareholders to increase the value of their investment in the firm.

But in the mid-1980s, an alternative philosophy emerged that emphasized the need to understand the motivations of additional groups to ultimately deliver the highest value to shareholders. In his breakthrough book *Strategic Management: A Stakeholder Approach*, R. Edward Freeman defines a stakeholder as "any group or individual that can affect or is affected by the achievement of the organization's objectives."[i] While Freeman is often credited with being the "father of stakeholder theory," he acknowledges that the term actually first appeared in 1963 in a memorandum at the Stanford Research Institute, which defined the stakeholder as "those groups without whose support the organization would cease to exist."

While applicable in virtually any large organization, stakeholder theory is particularly relevant for health care systems and hospitals. Here, stakeholders are many and diverse, and one of leaders' primary challenges can be balancing the competing opinions, needs and interests of different constituencies.

Why Recognize Nurses as the Primary Stakeholder?

Most health care leaders would rightfully argue that it takes an entire team of professionals to provide the very best care to patients. This assertion is especially true in emerging population health models where the coordination of care across the continuum is vital.

But acknowledging that it takes a team of professionals working together does not negate the fact that nurses

play a *unique* role on that team. Especially in acute inpatient and community health settings, the nurse is usually the patient and family's most consistent caregiver, providing expertise and comfort in a way that helps bridge the more episodic interventions of physicians and other members of the team. The central role nurses play in delivering safe, high quality, compassionate care is perhaps better recognized by the general public than by the health care industry. More than any other health care professional, nurses are recognized by Americans as most trusted in Gallup's annual poll ranking honesty and ethics in various fields. With 80 percent of survey respondent ranking nurses as "very high" or "high" in these characteristics, they significantly exceed the 65 percent ratings of doctors and pharmacists. Interestingly, nurses have been ranked as the most trusted profession in this survey in every year since the field was added in 1999 – with one exception; firefighters took the top spot in 2001 when they were added following the 9/11 terrorist attacks.[ii]

Often, it is personal experience that can be most compelling -- and convincing -- when evaluating the importance of individuals and their roles in organizations. Dr. Arnold S. Relman, who served as editor of *The New England Journal of Medicine* from 1977 to 1991 and ended his career as Professor Emeritus of Medicine and Social Medicine at the Harvard Medical School, wrote in *The New York Review of Books* about his experience as a patient following a serious fall down steps in his home where he sustained multiple injuries, including a broken neck:

> *"What personal care hospitalized patients now get is mostly from nurses. In the MGH (Massachusetts General Hospital) ICU the nursing care was superb; at Spaulding it was inconsistent. I had never before understood how much good nursing care contributes to patients' safety and comfort, especially when they are very sick or disabled. This is a lesson all physicians and hospital administrators should learn. When nursing is not optimal, patient care is never good."[iii]*

In addition to anecdotal evidence, leading industry research highlights the important role nurses play in communication and the overall

experience of care. In a 2014 Performance Insights white paper, Press Ganey Associates identified "communication with nurses," which is one of eight domains on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, as a leading "rising tide" measure.[iv] The white paper defines a rising tide measure is one whose change and trajectory in performance is correlated with multiple measures, emphasizing that this effect is important to understand when devising performance improvement strategies. As the score of a rising tide measure increases, the scores of the associated measures are likely to rise as well, including overall satisfaction.

But while research is clear on the extraordinary impact nurses have on patients' experiences, care coordination, quality and safety, these factors alone may not offer the most compelling reason for treating nurses as one of the most important shareholder groups in the industry.

Competing Shortages: Is One Fix Contributing to a Bigger Problem for Nursing?

For more than 20 years, the looming caregiver shortages in primary care medicine and nursing have been well documented. In its study on workforce supply and demand projections released in November, 2016, the National Center for Healthcare Workforce Analysis of the U.S. Department of Health and Human Services

Baseline and Projected National Supply and Demand Primary Care Nurse Practitioners, 2013 and 2025

	General & Family Medicine	General Internal Medicine	Geriatrics	General Pediatrics	All Primary Care
SUPPLY					
Estimated supply, 2013	32,130	10,490	5,650	9,060	57,330
Estimated supply growth, 2013-25	28,970	10,280	6,820	7,140	53,210
New entrants	*40,040*	*13,890*	*8,770*	*10,260*	*72,960*
Attrition	*(10,950)*	*(3,570)*	*(1,930)*	*(3,090)*	*(19,540)*
Change in average work hours	*(120)*	*(40)*	*(20)*	*(30)*	*(210)*
Projected Supply, 2025	**61,100**	**20,770**	**12,470**	**16,200**	**110,540**
DEMAND					
Estimated demand, 2013	32,130	10,490	5,650	9,060	57,330
Estimated demand growth, 2013-25	5,210	2,460	2,530	510	10,710
Changing demographics impact	*4,370*	*2,180*	*2,530*	*510*	*9,590*
Insurance coverage impact	*840*	*280*	*0*	*0*	*1,120*
Projected Demand, 2025	**37,340**	**12,950**	**8,180**	**9,570**	**68,040**
PROJECTED (Deficit)/Surplus, 2025	**23,760**	**7,820**	**4,290**	**6,630**	**42,500**

Source: "National and Regional Projections of Supply and Demand for Primary Care Practitioners, 2013-2015
National Center for Health Workforce Analysis, U.S. Department of Health & Human Services

stated: *"Under current workforce utilization and care delivery patterns, the 2025 demand for primary care physicians is projected to exceed supply at the national level."* (See Chart.) Following this ominous yet not unexpected finding, the study goes on to point out: *"With delivery system changes and full utilization of NP and PA services, the projected shortage of 23,640 FTEs can be effectively mitigated."*

In fact, the study goes on to reveal that if current trends continue, the primary care capacity problem will be more than mitigated by advanced practice registered nurses, pointing out: *"The projected increase in primary care NP supply (93 percent) exceeds the increase in demand (19 percent) by 42,500 FTE primary care NPs in 2025."* [v]

That's right: the number of primary care nurse practitioners is expected to nearly double by 2025 while demand is expected to increase only 19 percent. The most troubling problem with this trend is not how it affects the supply-demand balance in primary care, but in *where* this increase in supply is coming from – bedside nursing ranks. And because of experience and program requirements, often acute care's most experienced critical care nurses successfully pursue advanced practice degrees.

The majority of nursing shortage reduction strategies over the past decade have focused on expanding nursing degree programs and the number of students enrolling in those programs. These strategies are of course important, but they only address the recruitment side of the nursing workforce equation, not the retention challenges.

For years, nursing leaders have expressed concern regarding the advancing average age of nurses and the looming retirement of a significant portion of the current workforce. Pursuit of advanced practitioner degrees, along with other non-bedside alternatives in the provider, insurance and pharma industries, has accelerated the loss at the bedside of experienced nurses.

The remainder of this **LeaderBriefing** is devoted to strategies health care provider organizations can pursue to more effectively engage nurses while they are still at the bedside. These strategies can help individual nurses practice to the fullest degree of their license and leverage their unique role in providing care in the most individualized, safe, compassionate way possible.

Strategies for Improving Nurse Engagement

While the research is clear regarding nurses as primary stakeholders in performance improvement and experience work, implementation strategies may not be as straightforward. To be effective, leaders must think differently about the organization's relationship with the nursing team collectively and about how individual nurses will contribute to ongoing improvement efforts. At the heart of this transformative model for nurse engagement is better communication.

More? Or *Better*?

Ask any employee in a large organization what she believes would make the workplace better and "more communication" will almost always show up on the list of suggested improvements. In this digital age when all of us are bombarded with countless messages every day and information overload seems so rampant, how could employees possibly be asking for more communication?

But when we probe employees' interest further, they tell us that it is not only the quantity of communication that matters. Better, more insightful, two-way communication is what they need most to do their jobs well and to understand how their roles contribute to organizational priorities. This is especially true for nursing professionals.

The Ultimate Goal of Organizational Communication

What is your organization's goal in communicating with nurses about patient experience work or other performance improvement priorities? If it is only to increase awareness about initiatives to improve quality, safety or service, then concentrating solely on **what** information nurses and other staff need to know may be sufficient.

But if your ultimate goal is to secure true stakeholder engagement and achieve organization-wide and individual caregiver commitment to attaining a higher levels of quality and patient experience, then paying attention to the other four Ws – plus "how" – is essential.

- **Who** in our organization can deliver these messages most effectively and engage in dialogue with nurses about changing priorities and practices in a value-based world?

- **Where** are these messages best communicated? Or more importantly, what venues and vehicles should we use to encourage constructive dialogue with nurses?
- **When** should we communicate? Specifically, how often do we need to talk with caregivers about improvement priorities, reinforce key messages, and update them on our progress?
- **How** must we engage nurses to gain their buy-in to improving the patient experience and other aspects of quality? And finally,
- **Why** should employees care? As key stakeholders, how can nurses play a more central role in improving performance and the patient experience in collaboration with other caregivers?

A Two-Way Street

Traditionally, an organizational communication plan examines strategies and tactics for effectively disseminating key messages to specific audiences. But in stakeholder theory, the message-propagating tactics are only one-half of the comprehensive plan – and arguably the least important half. Developing a strong, continuing dialogue with nurses that explores both improvements in care processes and their work environment are essential.

Simply, what we encourage nurses *to share with us* about making all aspects of quality better for patients and families is at least as important as what we tell them.

This approach accomplishes several important goals. First, engaging caregivers in dialogue around experience and other aspects of clinical quality improves their sense of professional empowerment, making them more likely to independently solve immediate problems and to be supportively involved in developing long-term changes in practice.

Second, engaging in discussion around experience improvement strategies strengthens buy-in to new approaches and behaviors that will be critical to achieving higher quality goals.

Finally, open communication encourages caregivers to think outside the box of traditional approaches and suggest strategies that are often better and more enthusiastically implemented than those imposed by management.

Aligned with the Tenets of Magnet Nursing

In terms of nursing professional development and practice, it is important to note that this enlightened approach to leadership communication is well aligned with the components of the Magnet Model as developed by the American Nurses Credentialing Center[vi]. Especially relevant as guideposts for leaders' journey to improve nursing engagement are the following five components:
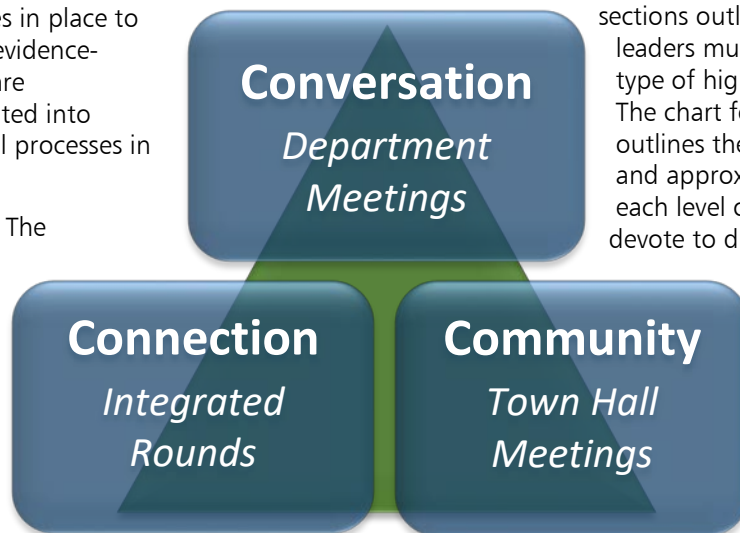
- **Transformational Leadership** Knowledgeable, contemporary nurse leaders follow a well-articulated, strategic, and visionary philosophy in the day-to-day operations of nursing and demonstrate a strong sense of advocacy and support for the staff and for the patient. There is congruence between the mission, vision, values, philosophy, and strategic plan of nursing and scholarly practice at the patient's side. Nurse leaders seek input from nurses at every level through decision making bodies in the organization as well as other mechanisms. Nurses serving in leadership positions are visible, accessible, and committed to communicating effectively with staff.
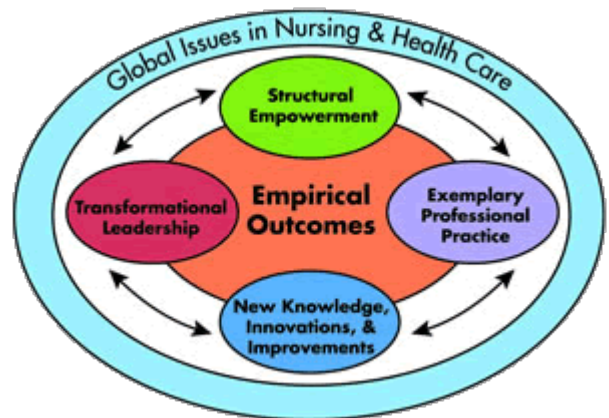
American Nurses Credentialing Center Magnet Model

- **Structural Empowerment** Nurse leader develop structures, processes and policies that increase stakeholders involvement and engagement. They believe that by empowering nurses at all levels of the organization the best decisions about care can be made. Feedback is encouraged and valued from nurses closest to the patient. There is a development and mentoring program for staff preceptors for every level of students, including undergraduates, new graduates, and experienced nurses.

- **Exemplary Professional Practice** The organization has structures and processes for measuring and improving the quality of care. There is involvement of nurses at every level of the organization in quality improvement. There is ongoing monitoring, evaluation, and improvement of nurse-sensitive outcomes appropriate to the clinical setting(s) and benchmarked with external entities. There is a patient and family education program that meets the diverse needs of patients in all of the care settings of the organization.

- **New Knowledge and Innovation** The organization supports a spirit of inquiry among their nursing staff and leaders.   This spirit of inquiry is imperative to establishing new ways of providing high quality patient care and services. There are structures and practices in place to support research and evidence-based practice. Both are conscientiously integrated into clinical and operational processes in all clinical areas.

- **Empirical Outcomes** The empirical measurement of interventions, practices and outcomes. Outcomes can be related to nursing practice and clinical care, but also to stakeholders like consumers, patients, and nursing.   Based on the respect for stakeholders and the organization there is a premise that all members of the healthcare team make essential and meaningful contributions in the achievement of clinical outcomes.

Everyone Contributes to Successful Communication

Too often when organizations recognize that they need to improve communication with staff, the only call they make is to public relations or human resources. While professionals in these areas certainly play crucial roles, effective communication must be viewed as a priority and the personal responsibility of every leader throughout the organization.

Great communication is a **team sport** that requires participation and commitment from everyone in the organization – including front-line staff. This section offers perspective on ways leaders at all levels should begin to think about their personal responsibility in building an exceptional communication culture that supports high patient and employee engagement.

Leadership communication must occur consistently and in different settings to be most effective and influential in engaging stakeholders. A leadership engagement model that balances the need to have meaningful **conversations** with staff, maintain frequent **connections** with them, and build **community** across the organization can effectively and efficiency develop a culture of inclusion, support and innovation with nursing professionals. The following sections outline the roles senior leaders must play in encouraging this type of high performance culture. The chart following this section outlines the specific responsibilities and approximate number of hours each level of leadership should devote to direct communication and engagement with nurses and other caregivers.

Conversation
Department Meetings

Connection
Integrated Rounds

Community
Town Hall Meetings

President/CEO

Few would argue that hospital CEOs are pulled in countless directions every day to deal with complex issues from multiple stakeholders. But it is difficult to overstate the powerfully positive influence an effective hospital leader can have on nurturing a culture that delivers no less than a superb quality, exceptional patient experiences, and strong stakeholder engagement.

Whether she likes it or not, everyone watches the CEO. What does he really care about most? What actions and beliefs does she model in day-to-day encounters with staff? Does he really understand and appreciate what nurses and other front-line staff in the trenches do every day to provide great care?

But the behaviors and attitudes the CEO models are just a starting point for engaging staff throughout the organization in supporting an improved patient and employee experience. There are specific, targeted roles

related to the comprehensive communication plan that the CEO must plan for and embrace for nurse engagement to be optimal.

Given the constant demands on the CEO's time, her contributions to support a comprehensive stakeholder engagement and communication strategy must be well choreographed and intentionally scheduled. At a minimum, devoting an average of two hours per week to supporting improved communication across the

has direct responsibility for specific departments and functions within the hospital. But she also is a senior leader who is part of an executive team with collective responsibility for the success of the organization. A vice president's part in a comprehensive communication strategy must reflect both of these important jobs.

First, employees expect the vice president who has responsibility for their division to be visible and to have some degree of understanding of their day-to-day work.

	Integrated Rounds	Department Staff Meetings	Town Halls	Total Hours Annually
President/CEO	Weekly for one hour; rotating shifts (50 hours)	One department per month for 30 minutes; all shifts (18 hours)	Quarterly; one hour each; 10 sessions per quarter covering all shifts (40 hours)	**108 hours** (5.2% of total hours)
Senior Leaders	Weekly for one hour; rotating shifts and units (50 hours)	Two departments per month for 30 minutes; all shifts (36 hours)	Quarterly; one hour each; 10 sessions per quarter covering all shifts (40 hours)	**126 hours** (6.1% of total hours)
Dept. Managers	Daily for one hour, 5 days/week (250 hours)	Monthly meetings for one hour, all shifts (36 hours)	Attend 1-2 sessions during each round of quarterly meetings (8 hours)	**294 hours** (14.1% of total hours)

organization is recommended as a starting point. This time should be spent in activities that engage staff at different times, in different settings and as part of diverse groups. For example, large "Town Halls" that attract a cross-departmental audience are beneficial, but some of the most meaningful conversations happen with staff in departmental meetings.

Senior Leadership Team

In interviews with caregivers in provider organizations, it is often the leaders immediately below the CEO who seem "invisible" to the front-line staff. Because of the nature of their roles, vice presidents take responsibility for much of the high-level, behind-the-scenes work that is critical to the organization achieving its goals. In a comprehensive stakeholder engagement plan, these roles are vital to both extend the perceived presence of the CEO and to support middle managers in their work to support front-line caregivers.

The role of a vice president and the way it is perceived by staff is two-fold. Clearly, the VP is a manager who

This foundational level of understanding and appreciation of the work is essential for vice presidents to have constructive conversations with staff. This is especially true for the chief nursing officer.

In addition to their own VP, employees appreciate seeing other vice presidents within the hospital, because they expect that the executive team functions *like a team* to achieve organizational success.

Vice presidents' roles in a comprehensive stakeholder communication plan should be similar to those of the CEO. Vice presidents should attend all Town Halls and be ready to respond to questions regarding their areas of direct responsibility. At least one VP on a rotating basis should accompany the CEO on Integrated Rounds.

In addition to these responsibilities, vice presidents should schedule rounds in their areas of responsibility on a weekly basis and attend quarterly departmental meetings with the directors/managers who report to them. This level of involvement results in a schedule that requires on average 2.5 hours/week devoted to

communication with employees about the patient experience and related organizational issues.

Directors and Managers

While senior leadership's sponsorship and advocacy for the improved employee and patient engagement is important, it is the day-to-day goal-setting, coaching and problem-solving by middle managers that is essential to engage nurses and other caregivers in meaningful ways. This is especially true for nursing unit managers, whose teams are on the frontlines of clinical and patient experience work.

First and foremost, the concepts and messages surrounding the work environment, patient experience and other improvement efforts that are discussed by middle managers must align with the vision advanced by senior leadership. Within this context, communication by managers must be closer to the ground and acknowledge the very real challenges nurses encounter every day in delivering care. Their consistent communication with the team occurs successfully in two general ways: through regular departmental and/or team meetings and real-time in everyday conversations and problem-solving within the work area.

In the spirit of two-way communication, there must be opportunities for staff to share reactions to progress and setbacks in care delivery, quality and patient experience. Spending time to problem solve around challenges nurses identify is a powerful way to encourage ownership of issues. Staff adoption of new practices improves when they've been involved in designing them rather than having all solutions imposed by management. This is especially essential in the development and implementation of core strategies such as hourly nurse rounding.

Beyond structured meetings, managers play a critical role every day in monitoring behaviors and practices among staff that contribute to or detract from clinical quality and a positive patient experience. Just as managers coach caregivers to enhance technical skills, they must also be intentional in helping employees develop the interpersonal skills and emotional intelligence needed to be successful team members.

All aspects of a stakeholder engagement plan are important, but it is the day-to-day reinforcement and encouragement of effective front-line managers that makes the most significant difference for staff.

Human Resources & Public Relations

Even though it is line managers throughout the organization who must take personal responsibility for communicating with employees, the coordinated support provided by human resources and public relations professionals is critical to sustainable success.

Working cooperatively, public relations and human resources staffs help keep a pulse on the ideas, concerns and attitudes of front-line caregivers. In addition to insights gained through employee engagement surveys, PR and HR professionals should monitor opinions of front-line staff through ongoing informal conversations, feedback during Open Forum meetings and occasional focus groups. Armed with the knowledge of what front-line staff are thinking, HR and PR professionals can help craft organization-wide messages and strategies that are best targeted to the expressed needs and concerns of nurses and other employees.

Summary

Intentional, well-choreographed communication strategies are essential to effectively engaging nurses and other caregivers as key stakeholders in patient experience strategies and other improvement efforts. While great communication is important in launching new strategies, it is arguably even more crucial in sustaining gains and ensuring continuous improvement. With this consistency, nurses and other team members begin to truly feel like important stakeholders whose ideas and contributions are central to delivering on the mission, vision and values of the organization and to providing the very best care to every single individual served by the institution.

About the Authors

Burl Stamp, FACHE, is the President/Founder of Stamp & Chase, Inc. With broad-based experience working alongside health care professionals from the boardroom to the bedside, Burl has helped major health systems, academic medical centers and community hospitals improve bottom line, patient experience, staff engagement and patient safety results.

Prior to launching Stamp & Chase 14 years ago, Burl served several leading health care organizations in executive roles. As president and CEO of Phoenix Children's Hospital, he spearheaded development and construction of the first

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As the principal consultant to Ascension Health's Experience Team for over four years, Burl worked with a dedicated group of leaders within the country's largest not-for-profit health system to develop structured, sustainable approaches to consistently improving the patient experience.

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An expert in a variety of healthcare topics, Dr. Foster has been a featured presenter at American Nurses Credentialing Center (ANCC) conferences and seminars. She has traveled the globe conducting lectures and seminars on quality healthcare delivery, hospital administration and leadership. During her tenure as Chief Nursing Officer of the St. Joseph Health System of Sonoma County, Dr. Foster was lauded for her ability to inspire and motivate others toward a common vision and for improving patient experience and throughput.

Dr. Foster helps her clients put theory into practice. Understanding the benefits of technological advances in healthcare administration, Dr. Foster is a catalyst and early-adopter, implementing an electronic medical record system that provided computerized physician order entry, ease in

nursing documentation and medication administration. She also created a nurse residency program for new graduate nurses, before it was a widely accepted practice, which reduced turnover by 40 percent.

Dr. Foster's work can be found in the Journal of Nursing Management, Nursing Management and Oncology Nursing Society Publishing and other leading publications. Dr. Foster has a Bachelor of Science in Nursing degree from the University of Toledo, Master of Science from Georgetown University, and a Master in Public Health from the Northwest Ohio Consortium and a Doctorate of Education in Leadership Studies from Bowling Green State University.

About Stamp & Chase

Stamp & Chase partners with leading healthcare providers across the country to improve the care experience by improving communication competencies and practices among frontline caregivers and leaders. At the heart of the firm's work are two comprehensive sets of tools and strategies to support care teams:

CARE*munication*®

A comprehensive curriculum for frontline staff focused on building competencies and practices that improve communication with both patients and colleagues

A robust portfolio of mobile leader tools and approaches that sustain performance improvement through more effective manager coaching, goal-setting, mentoring and accountability

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