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PREDICTORS OF ENGAGEMENT IN NURSING PROFESSIONAL PRACTICE: TRANSFORMING ORGANIZATIONAL CULTURE IN THE POST-COVID HEALTHCARE ENVIRONMENT

by

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A Dissertation
Submitted to the Graduate School,
the College of Nursing and Health Professions
and the School of Leadership and Advanced Nursing Practice
at The University of Southern Mississippi
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Philosophy

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ABSTRACT

Cultivating the shared belief that individuals matter within an organization enhances the empowerment of staff and supports enthusiastic engagement in organizational efforts aimed toward a common mission, vision, and goals (McShane & Von Glinow, 2019). The nursing profession has been plagued by an unprecedented decrease in engagement and diminished job satisfaction, particularly following the prolonged tenure of the COVID-19 pandemic, leading to subsequent attrition amidst a staffing crisis. This quantitative predictive correlational study seeks to determine whether proactive and persevering characteristics, professional identity, and passion of nurses are predictors of engagement in a post-COVID healthcare environment. The research was based on transformational leadership theory and utilized the existing Nurses Positive Energy of Retention instrument developed by Wu et al. (2019). The study incorporated a convenience sample of nurses (N = 132) and was conducted through Qualtrics utilizing a Likert scale questionnaire. The outcome variable was defined as nurses' positive energy of retention (NPER), which determines the engagement of nursing staff within their professional work environment. A non-parametric analysis of the variables utilizing Spearman's rho found the relationship of each of the primary variables (proactive and persevering characteristics, professional identity, and passion of nurses) to engagement to be highly statistically significant (<.001). The proposed implementation of transformative leadership supports these relationships and fosters a culture of engagement and empowerment, impacting nursing at its core and positively guiding the profession into the future.

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To Laura Hartman, our colleague and friend, who lost her life as she cared for patients on the front lines of the COVID-19 pandemic. You never got to complete this journey in your physical life, but your presence has never left us. You earned the first divine doctorate among us and played a critical part in the inspiration and reason for us to push forward. You will never be forgotten.

To everyone else out there who has helped pave the way to allow for this opportunity, I am extremely honored and humbled by this experience and the personal and professional growth it has afforded me.

Anything is possible.

DEDICATION

This work is dedicated to Lillian Claire Garnand, the most beautiful, amazing, talented, kind, smart, and brave human being I have ever known. Since the day I first knew you, I was changed. Thank you for choosing me to be your Mama, out of all the stars in the sky. You have no idea how much I needed you. I hope that I have been able to set an example that shows you that you truly can accomplish anything you set out to do. *I love you now and forever*. 313.

To my family, especially my parents John and Susan Mahnke, for giving me the best of themselves and setting me up for success. Thank you for loving me and for supporting me through both the extraordinary and the difficult times.

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"Perhaps this is the moment for which you have been created."

— Esther 4:14

"And, when you want something, all the universe conspires in helping you to achieve it."

— Paulo Coelho, *The Alchemist*

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LIST OF ABBREVIATIONS

ANCC	American Nurses Credentialing Center
BSN	Bachelor of Science in Nursing
COVID-19	SARS-CoV-2; Coronavirus
IRB	Institutional Review Board
NPER	Nurses Positive Energy of Retention
RN	Registered Nurse
SPSS®	Statistical Package for the Social Sciences
USM	The University of Southern Mississippi

CHAPTER I - INTRODUCTION

Cultivating the shared belief that individuals matter within an organization and that their contributions are subsequently valued, enhances the perceived and actual empowerment of staff promotes a safer and more effective workplace culture, embraces innovative collaboration amongst employees, and supports the enthusiastic involvement of staff toward a common mission, vision, and goals (McShane & Von Glinow, 2019). Workplace culture can either be an environment that seeks to meet individuals where they are and empower them to achieve greatness, or it can suppress any existing motivation and inspiration by a lack of support, opportunity, and connectedness.

This concept was recently challenged in an extreme way within the healthcare environment with the onset and prolonged tenure of the COVID-19 pandemic. Healthcare organizations now find themselves plagued by the exacerbation of disengaged employees, decreased job satisfaction, and unrelenting retention issues that seem to have reached an unprecedented and critical extreme. The prediction is that these challenges can be mitigated by investing in the organization's human capital, specifically the nursing workforce, and transforming organizational culture in ways that make employees feel empowered to achieve excellence and connect with their professional practice as their foundational functionality.

Problem Statement

Workplace culture has the ability to make or break an organization. Within healthcare organizations, the nursing profession has been plagued by unprecedented decreased engagement and diminished job satisfaction leading to subsequent attrition. Without a bold solution that combats this perpetual cycle amidst a global pandemic, the nursing profession will continue to struggle with nurse engagement and retention, and healthcare organizations will remain challenged with overall organizational success moving forward.

Nature of the Study

For the purpose of this study, the nursing workforce was examined by looking at predictors of engagement through six main themes: personal characteristics, intrinsic coping, achievement, sense of mission, the meaning of nursing, and passion. The study examined the ways in which the self-reported instrument variables and sub-variables potentially predict the level of engagement and subsequent retention of nurses in a post-COVID healthcare environment. Additionally, the study examined the theoretical underpinnings of transformational leadership and its understood effect on organizational culture during an unprecedented time in healthcare management.

Research Questions

The specific research questions for this study include:

1. Does the presence of proactive and persevering characteristics (personal characteristics and intrinsic coping) in nurses increase engagement in a post-COVID healthcare environment?

2. Is nursing professional identity (achievement, sense of mission, and meaning of nursing) a predictor of engagement in a post-COVID healthcare environment?
3. What is the relationship between a nurse's passion for their work and their level of engagement in a post-COVID healthcare environment?

Hypotheses

This study tested the following hypotheses that aligned with the proposed research questions:

RQ1: Does the presence of proactive and persevering characteristics (personal characteristics and intrinsic coping) in nurses increase engagement in a post-COVID healthcare environment?

Null Hypothesis ($H1_0$): Proactive and persevering characteristics do not increase nursing engagement in a post-COVID healthcare environment.

Alternative Hypothesis ($H1_a$): Proactive and persevering characteristics increase nursing engagement in a post-COVID healthcare environment.

RQ2: Is nursing professional identity (achievement, sense of mission, and meaning of nursing) a predictor of engagement in a post-COVID healthcare environment?

Null Hypothesis ($H2_0$): Nursing professional identity is not a predictor of engagement in a post-COVID healthcare environment.

Alternative Hypothesis ($H2_a$): Nursing professional identity is a predictor of engagement in a post-COVID healthcare environment.

RQ3: What is the relationship between a nurse's passion for their work and their level of engagement in a post-COVID healthcare environment?

Null Hypothesis ($H3_0$): There is no relationship between a nurse's passion for their work and their level of engagement in a post-COVID healthcare environment.

Alternative Hypothesis ($H3_a$): There is a statistically significant relationship between a nurse's passion for their work and their level of engagement in a post-COVID healthcare environment.

Purpose of the Study

The purpose of this quantitative predictive correlational study was to determine whether proactive and persevering characteristics, professional identity, and passion of nurses are predictors of engagement in a post-COVID healthcare environment. Understanding the variables that affect nursing engagement during this unprecedented time will guide belonging and retention efforts for healthcare institutions moving forward. Furthermore, the opportunity to implement transformative leadership within the post-COVID healthcare environment to create a culture of empowerment and organizational change has the potential to transform nursing in ways that will impact its core and positively guide the profession into the future.

Theoretical Framework

Transformational Leadership Theory

Transformational leadership is a leadership theory and approach that focuses on the influence and inspiration given by a leader to their direct reports in an effort to effect motivation, increased engagement, and organizational change. Transformational

leadership creates buy-in and loyalty as a result of its personal and intentional nature. This theory helps to create a shared vision of success that encourages increased participation and enthusiasm (Northouse, 2019).

Leadership is the influence and subsequent motivation of individuals by either peers or other individuals in either the presence or absence of positions of power in an effort to move toward excellence. The ultimate goal is to enhance the performance and subsequent satisfaction of followers by focusing on the motivational influence of such followers and the nature of their work (Northouse, 2019). Leadership offers the ability to create a vision for the future and act in a way that inspires others to learn and grow in their own abilities and leadership to hopefully move on to become the next generation of great leaders.

One can lead by example, but also set forth a strong foundation of expectations for all parties associated with a given organization, inspiring members to strive for excellence, uphold a strong work ethic, and share in a community of followers who are all working together to achieve a common goal and uphold a common mission. Nurses have the ability to inspire the workforce of both the current state of health care and the future of nursing by setting a strong, positive example.

Yukl and Gardner (2020) state that meaningful work can only come from operating in a culture that helps individuals learn and grow in a safe and nurturing space. Leaders in this capacity have the opportunity to set an example for those in their organization to learn and grow in a manner that supports safety, diversity, and justice. Transformational leadership is characterized by creating a vision and leading change among people and within organizations (Northouse, 2019). Nursing leaders who embody

this type of leadership can foster an environment of appreciation, support, and empowerment as they inspire their followers to embark on their own inspiring journey of our caring profession. The outcome could be the ultimate environment for learning and development that could set the stage for future leaders and institutions of learning.

According to Ray et al. (2002), nursing workforce development has the potential for improvement through a progression of transformative nursing that includes the elements of respect, communication, participatory decision-making, self-regulation, and organizational transformation. These aspects of transformational leadership call upon nurses to embrace their calling to the profession. However, nurses require a leader that embraces positive change and seeks to continually be open to potential new approaches and solutions that will serve the greater good of the profession.

Several renowned leadership exemplars have paved the way for innovative approaches to engaging and empowering individuals and members of organizations. Brené Brown, a well-respected researcher, author, and lecturer on the empowerment of individuals and transformative change, brings the human aspect back into the conversation of leadership and organizational development. She promotes that recognition of the best solutions emerges from diverse, expansive thought and approach and further encourages that ultimate individual and organizational success cannot be achieved without the collaboration and investment of all parties involved (Brown, 2018).

One of Brown's revolutionary counterparts is dynamic leadership researcher, author, and speaker Cy Wakeman, who promotes a similar message in the empowerment of members of teams to be the best version of themselves as a product of a highly reliable, just, and empowered organizational culture. Wakeman (2013) asserts that

transformational leaders are those who are able to call individuals and teams up to greatness and develop their capacity to view themselves as capable stakeholders within their greater organizational context. These would be individuals who are intentionally aware of and proactively take supportive action in navigating challenges and finding solutions. Both Wakeman (2013) and Brown (2018) offer radical, yet foundational perspectives on the transformational leadership approach. For the purposes of this study, focus was given to Brown's work on encouraging the heart, the humanistic component of empowering leadership. This focus will lay the foundation for a comprehensive understanding of the results of this study and will seek to make recommendations for organizational change in relation to the transformational leadership model put forth by the American Nurses Credentialing Center (ANCC) for their Magnet Recognition Program®, an indicator of excellence in the profession and practice of nursing (Clavelle & Prado-Inzerillo, 2018).

Brown (2018) urges leaders to listen as a way to build new bridges. She upholds the idea that successful leaders make significant positive change possible because they are able to do what many cannot – they listen wholeheartedly and objectively to human beings who are unique and offer different perspectives so that new, objective, and innovative solutions can emerge (Caprino, 2018). Brown (2018) promotes an approach that encourages members of organizations to recognize and encompass their own sources of power, that is self-empowerment, to build a work-life platform of strength, solidarity, mutual collaboration, recognition, and respect as an integral part of human-to-human interactions. Additionally, finding common ground between individuals and within groups grows the power to make a difference in organizational cultures.

She asserts that when individuals operate from a place of power within, they find comfort in challenging assumptions, pushing against the status quo, and ultimately finding ways to achieve the highest common good both for themselves and as members of the greater overall team (Brown, 2018). This researcher believes that the transformational leadership model offers benefit to the profession of nursing in facing the challenges addressed in this study. This research utilizes perspectives from Brown throughout the recommendation process in formulating a vision for the future of nursing within the post-COVID healthcare environment.

Operational Definitions

The following terms have been defined to clarify their meaning and context as utilized in this study:

Bedside Nursing: A facet of nursing that encompasses front-line staff members who provide hands-on patient care in a clinical setting.

BSN prepared: Professional nurses who have undergone educational and clinical preparation culminating in a Bachelor of Science degree.

Change Management: The management of change within a given organization (Northouse, 2019).

Culture: The innermost beliefs, social and operational norms, expectations, and traditions of a particular group or organization.

Empowerment: The instance of individual determination and sense of autonomy present in individuals who belong to a given organization.

Engagement: A concept that describes the level of enthusiasm, satisfaction, and dedication of an employee to their respective job duties and organization (Northouse, 2019).

Goals: Strategic objectives that guide an individual or organization's behavior, efforts, and outcomes. (Northouse, 2019).

Healthcare: The term utilized to include the global and holistic perspective of patient care delivery both as an experience and a service.

Human Capital: The economic value related to one's education, experience, and skills that are attributed to a human being as a member of an organization (Northouse, 2019).

Mission: The overarching goal of an organization, usually presented in the form of a statement, that is inclusive of how the organization plans to meet or achieve it. (Northouse, 2019).

Motivation: The innate or inspired nature of individuals to embrace a willingness or desire to achieve or accomplish toward a particular task or goal (Northouse, 2019).

Nursing: The general term for members of the healthcare profession who have undergone the education and clinical rigor to acquire and practice under a nursing license in order to provide a variety of patient care initiatives.

Organizational Behavior: The study of human behavior within an organization and the associated principles that help to navigate employer-employee and employee-employee relationships (Northouse, 2019).

Perception: The unique, individual understanding of the meaning of one's autonomy and ability to effect change and positive outcomes for both oneself and one's organization.

Post-COVID Healthcare Environment: The environment of health care, that encompasses the physical, mental, and emotional perceptions and realities of healthcare workers and patients alike, following the unprecedented, global COVID-19 pandemic.

Professional Development: The subset of employee development that focuses on the enhancement of an individual's knowledge, skills, and career advancement that is viewed as a positive contributor to employee engagement and job satisfaction (Northouse, 2019).

Providers: All members of the patient care team who enact their professional abilities in order to serve the patient physically, mentally, emotionally, and spiritually.

Retention: The ability of an organization to keep an employee as a part of its workforce through various efforts aimed at increasing employee satisfaction and reducing employee turnover (Northouse, 2019).

Shared Governance: A structure and process for joint decision-making in organizations. (Northouse, 2019).

Stakeholder: An individual or organization who has interest or buy-in to another individual or organization that is ultimately affected either positively or negatively by the relationship and its business outcomes. (Northouse, 2019).

Transformational Leadership: A leadership approach that incorporates the intrinsic motivation and development of followers to elicit empowerment and inspiration (Northouse, 2019).

Values: The fundamental beliefs of an individual or organization (Northouse, 2019).

Vision: A clear image of or plan for the potential or desired future of an individual or organization (Northouse, 2019).

Assumptions

The assumptions of this study point to facts generally accepted as true but not thoroughly verifiable. The quantitative methodology utilized in this research begets the assumption that the data is objective and subsequently able to predict, explain, and understand organizational culture and nursing empowerment. Assumptions also have the potential to inherently arise in the use of the theories underpinning the scope of the research.

One of the largest and potentially most influential assumptions of this work is that of the presumed honest and transparent responses of the involved study participants. Moreover, the assumption is present that such data can be extracted from survey responses, coded, and analyzed to express either a supposed or absent relationship between organizational culture and the empowerment of responding individuals. Additionally, the peer-reviewed research studies, measurement instruments, and other literature that contributed to the underlying knowledge base and foundation of this dissertation are presumed to be accurate and true as contributions to this body of work.

Delimitations

The delimitations of this study reflect the decisions made by the researcher and the boundaries set forth to guide the study, its data, and subsequent findings. The first predicted delimitation of the study was that all of the participants were self-reported registered nurses and may not fully represent the sentiment of the general population of healthcare workers within a given organization. Another potential delimitation is that the garnered responses of participants were likely given by individuals who will seemingly remain active in the nursing profession, despite their feelings and responses surrounding the nature of the study and may not represent any feedback from those registered nurses who have chosen to leave either the represented organization or the profession of nursing for any number of related or unrelated issues or reasons. Lastly, a larger and more diverse group of respondents based on location, experience, or profession could potentially provide better insight into the nature and findings of this study. These predicted delimitations were largely based on the incorporated inclusion and exclusion criteria set forth by the nature of the study in conjunction with the addition of the theory and literature that comprise the foundational knowledge of the nursing profession and the issues surrounding it.

Limitations

Potential weaknesses are inherent in this study. The initial limitation of this study is the cohort of participants included in the research. While it is unreasonable to expect that all nurses universally would participate honestly and openly in the feedback received as part of this facet of research, it can be inferred that some biases and assumptions could be found within the data acquired based on the experiences and opportunities afforded to

individuals within the particular sample group. Additionally, the methodology utilized in conducting and analyzing this research represents only one perspective and approach, although this limitation does not necessarily affect the conclusion of this study. Finally, the research was conducted during a global pandemic, which has inherently placed an unprecedented strain on human existence, the nursing profession, and health care as a whole. These limitations are mostly expected due to the nature of this study and were minimized by the utilization of appropriate research methods. In the future, additional work could be done in this field that encompasses a larger cohort and wider perspective, in particular, with a much-welcomed retrospective view of the current pandemic.

Scope and Significance of the Study

This study focused on nursing perspectives within a given organization and the ways in which nurses are empowered to do and be more within their profession. The investment in an organization's human capital, namely the nursing workforce, gives rise to the possibility to promulgate empowerment and subsequently enhance the engagement and overall retention of nurses. During an unprecedented global pandemic, examining potential predictors of nursing engagement has become critically important, given the new state of organizational culture in the post-COVID healthcare environment.

Summary

By examining the attitudes and perceptions of nurses to determine whether proactive and persevering characteristics, professional identity, and passion of nurses are predictors of engagement in a post-COVID healthcare environment, an understanding emerges surrounding the variables that affect nursing engagement during this unparalleled time. Opportunities will undoubtedly present themselves at the culmination

of this research to further understand the post-COVID healthcare environment and subsequently view the needs of the nursing profession through the lens of transformational leadership. These opportunities have the potential to transform nursing in ways that will impact its core and positively guide the profession into the future. Chapter II further articulates the summary of notable research and literature that substantiate this study.

CHAPTER II – THE REVIEW OF LITERATURE

Introduction

This chapter explores existing literature with the intent to examine the research conducted on engagement and empowerment in the workplace, specifically applicable to nursing staff. Content of the review of literature includes peer-reviewed articles, previous dissertation research, publications, and academic textbooks underpinning the theoretical framework of the topics. Following a systematic approach to this research, both inclusion and exclusion criteria were identified. Each theme is broken down into appropriate subcategories and then unified through correlational outcomes.

Search Criteria

The search for existing research was conducted utilizing Academic Search Premier. The search primarily incorporated the keywords and phrases nursing leadership and management, empowerment, transformational leadership, professional development, nursing in a global pandemic, engagement, retention, organizational behavior, and organizational culture. An initial search of these topics resulted in well over 70,000 potential articles. Upon refining this search and targeting nursing-specific populations and precedence related to this particular research, the number dropped significantly, indicating a further need for additional generation of knowledge and information sharing. In determining which articles to include, the incorporation of references was limited to peer-reviewed articles that captured a broad, but comprehensive understanding of the

core concepts that could then be relatively applied to the research variables in this study. Ultimately, those articles with connection to the underlying theoretical framework of this research helped carry the study forward in the search for meaning and purpose as related to the problem statement.

Organizational Behavior and Culture

Successful organizations emerge from the practical application of organizational behavior and workplace culture on different levels. An organization's culture has the potential to influence the way its stakeholders operate within the boundaries of their mission, vision, values, and goals. By utilizing appropriate theories and frameworks, organizations can better forecast the outcomes of the work of the individuals that make up their organizations by empowering employees to act in accordance with an inclusive growth mindset and deliver excellence through their work.

Health policy design and execution can be utilized as a method to promote collaboration and teamwork among healthcare providers and patients (Milstead & Short, 2019). Professional role identity has been critical in recent years, shaping nurses' responses to advanced practice nursing and the subsequent leadership in collaborative patient care, especially within the profession of nursing (Elliot et al., 2015). Much work has already been done to include nurses at the forefront of this collaborative care. Understandably, additional work can be done in advocating for the specific empowerment of the nursing profession, especially in post-COVID health care.

As nursing continues to move toward an innovative approach to patient care, the profession can do its part to motivate nurses as leaders. Such innovation and motivation start in the classroom, where nursing faculty have the ability to empower students with

the confidence, knowledge, and cutting-edge approaches to proactive patient care. By cultivating nursing excellence at the academic level, nurses can feel more prepared to take on the role of leader in interprofessional collaborative efforts and set the tone for excellence in the delivery of holistic health care. Nurses can be more effective agents of change by educating themselves on important issues that affect both nursing professional development and the patient care experience.

People and issues continue to go unseen despite the best intentions of organizational leaders. A true opportunity exists for healthcare leaders to be open to and actively seeking possibilities for institutional growth and change. Looking to the future, nursing leaders can positively influence their organizations to create a place where nurses can continue to feel like they are a meaningful part of the big picture. The leaders of tomorrow will ultimately be responsible for ensuring the viability of organizational culture and workforce empowerment for future generations of nurses.

Empowerment Perception Formation and Its Effects on Organizations

The perception of empowerment from the viewpoint of an employee is one of a transfer of power and subsequent adopted ownership over a given project or position (Mitchinson, 1999). The literature indicates that by embracing this gift of responsibility and ownership, employees have been found to transform into more productive vessels of human capital. This figurative growth through empowerment serves to set the stage for the positive residual effects of this transfer of belief, worth, and capability from employer to employee (Choi et al., 2016).

According to Schmaltz (2013), empowerment in the workplace has been associated with increased organizational commitment coupled with the intent to stay in one's current job. Mitchinson (1999) explored the opportunities presented to employees as a benefit of one's increased commitment to their profession as a direct result of empowerment. Furthermore, the literature indicates that with increased job satisfaction and performance comes heightened innovation, which is considered a pinnacle of success both for an individual and an industry within the healthcare setting (Hebenstreit, 2012).

The theory of structural empowerment, developed by Rosabeth Kanter in 1993, has been utilized to study organizational theory, behavior, and the subsequent empowerment felt by individual stakeholders of such organizations (Larkin et al., 2008). This theory indicates that a relationship exists between the empowerment of nurses through institutional support along with service time and professional commitment in regard to employee engagement and retention. The theory holds that the attitudes and perceptions of nurses, engagement, and organizational structure can all influence or explain the empowerment and engagement of nurses.

Structural empowerment's impact on nursing outcomes has been examined further to include its influence on job satisfaction and intent to stay, in addition to other engagement and retention-sensitive indicators (Callicutt, 2015). Mitchinson (1999) examined the extent to which leadership skills and influenceability are developed as a result of the attitudes and beliefs of the profession of nursing. As the studies come together, correlations have been made that support the notion of empowerment in the workplace and its relationship to the promotion of professional growth and development, ultimately resulting in increased retention of nurses.

Professional Development

Professional development is a subset of employee development that focuses on the enhancement of an individual's knowledge, skills, and career advancement which is viewed as a positive contributor to employee engagement and job satisfaction (Northouse, 2019). In order to retain and develop the members of their workforce, organizations need to identify, adopt, and implement strategic initiatives that promote workforce engagement and career development. (Dopson et al., 2017). This investment in the professional well-being of the employee develops trust between employee and employer, which becomes necessary for engagement and job satisfaction (Schumacher, 2015).

Professional development clearly relates to the problem as expressed in the research questions posed within this study, in particular as it connects to the issue of engagement and retention. An investment in the professional development of an organization's employees is an investment in the engagement and retention of one's workforce in a competitive healthcare market. The support of this important facet of human and professional development is crucial to the maintenance of an individual and organization's knowledge base, skills, and motivation, along with a clear vision for the future.

Additionally, it is crucial that employees have adequate training and preparation to do the job well, along with motivation that comes from a supportive organizational culture and the adoption of a common mission, vision, and goal. This training includes the utilization of mentors within the profession to serve as guides and motivators toward excellence. Mentoring crosses the boundaries of the career life span, from one's initial

education and training throughout the remainder of their career phases. Mentoring should be viewed as a priority within organizational leadership and utilized by those responsible for staff development within their organizations. The mentor-mentee relationship can be viewed in a reciprocally beneficial manner. This critical connection is one that can be a source of learning and personal growth for individuals at all levels of education and professional achievement and across the span of their careers (Dopson et al., 2017).

The research associated with professional development has the potential to be largely subjective. The perception of the extent to which the employee feels educated, supported, mentored, and promoted is a key indicator of success in this scenario. An employer cannot merely offer these things blindly without taking the perception piece into consideration. Ultimately, the feelings of support and empowerment stem from the perceived value of such support by the identified recipients.

Shared Governance and Change Management

Human and intellectual capital are now viewed as an organization's greatest assets versus the historical view of profitable and successful businesses due to processes and goods (Northouse, 2019). Additionally, many intimate cultural and organizational theories and components come into play in understanding how successful organizations work and thrive today (McShane & Von Glinow, 2019). The concept of shared leadership promotes the joint ownership of service and influence by multiple members of an organization to produce positive workplace culture, patient care, and organizational outcomes (McShane & Von Glinow, 2019).

Healthcare executives and nursing leaders could benefit from an investment in a workforce that will produce the maximum outcomes for their organization. The belief in

shared leadership cultivates this very scenario. When the human capital of an organization feels appreciated and heard, and their intellectual capital valued, the organization thrives and serves as a self-perpetuating catalyst to continue giving maximum effort to produce maximum results.

Successful modern-day organizations thrive on the framework of shared governance, in which personnel feel supported, encouraged, and heard as insightful stakeholders in the organization's mission and purpose. Within the human service organization of big health care and specifically within the profession of nursing, shared governance is derived from the concept of interprofessional collaboration in which healthcare providers come together with a team approach to work toward unified goals and ultimately better outcomes than an otherwise narrowly focused approach would warrant (Milstead & Short, 2019). The utilization of this process ensures a well-rounded methodology for the application of viewpoints and the subsequent holistic care of patients in the healthcare setting. Providers and patients alike have intrinsic desires for meaning and purpose, a longing to be respected as individual contributors, and a need to be included in the processes that involve them (Baumeister, 2016). Additionally, nurses and other healthcare providers benefit from being involved in the discussion and presentation of healthcare initiatives, ensuring their voices and ideas are heard through collaborative shared governance.

The use of both shared governance and interprofessional collaboration in bedside nursing and beyond can give rise to improved patient engagement and better overall patient health outcomes (Anthony, 2004). The strengths of the application of these elements to the healthcare realm deem them vital to the patient care model. These

strengths include the development of the enhanced ability of healthcare providers to feel empowered, supported, and informed as practitioners and to subsequently practice excellent patient care through reciprocal motivation, understanding, education, respect, and support (Ortiz, 2020). Additionally, the dynamic utilization of a shared governance model helps to facilitate and enhance the safety, quality, and comprehensive outcomes of healthcare-oriented initiatives (Ortiz, 2020).

Nursing During the COVID-19 Pandemic

The origin of nursing intellectual capital theory is rooted in the knowledge, skills, and competence of nurses as human beings, rather than simply the structure of information they are able to output as a result of their education and training (Covell & Sidani, 2013). This brings to light the critical need to reintroduce the human component into healthcare management. The researchers infer that this theory is generalizable to the greater profession of nursing as it draws relationships to both patient and organizational outcomes on a large scale (McEwen & Wills, 2019). The need for nurses to be considered valuable human capital within their given healthcare organizations became critically important as the COVID era arose. It continues to challenge organizational culture and effectiveness at its core, permeating through every facet of personal and professional well-being.

From continuing education and ongoing training perspectives that largely guide the nursing profession, educators and leaders were forced to deploy critical information through remote and virtual platforms. As institutions and services throughout society shut down, nurses were faced with increased personal challenges surrounding lack of childcare options, workplace furloughing, and illness among both themselves and their

family members. Additionally, the implementation of safety measures including social distancing, social isolation, and quarantining posed new strain on human beings during an already distressing time. In response to these challenges, a critically important focus on wellness and coping surrounding mental health concerns rose to the forefront of health care (Heyer et al., 2021).

Compassion Fatigue and Burnout

In order to develop the art of caring within the nursing profession, one must understand compassion. The notion of compassion describes how individuals feel toward and treat others. Additionally, it encompasses a component of having empathy for others or being sensitive to their situation, in particular, their suffering. This empathy became particularly difficult for nurses and other healthcare workers alike during the COVID-19 pandemic, as providers were being expected to, in essence, sacrifice their own lives and the safety of their family and friends in order to provide the critical delivery of care to the sickest and most vulnerable members of our communities. Initially, a sense of resiliency was fiercely present among these professionals, despite the intense nature of the situation, but as time went on and the realization that a global pandemic would ensue for multiple years, compassion fatigue and personal and professional burnout became a primary issue of concern for many healthcare professionals and the leaders within their organizations (Heyer et al., 2021).

Summary

The review of literature examined the topics of organizational behavior and culture, empowerment perception formation, professional development, shared governance and change management, nursing in the COVID-19 pandemic, and compassion fatigue and burnout. The research offered recurring themes surrounding the ways that these areas can influence the overall concept of human understanding and belonging and, furthermore, employee engagement and retention. While the review of the literature supports the overall sentiments of this particular research study, there are also gaps that have been identified, in particular, in relation to the utilization of transformational leadership to positively impact organizational culture and nursing professional practice in the post-COVID healthcare environment.

CHAPTER III - METHODOLOGY

Introduction

This chapter identifies the research method that was utilized in this study, including the design, participant sample, specific sampling methods, and instruments for the collection of data. Additionally, information is provided on inclusion and exclusion criteria as related to the purpose of this study. This chapter also discusses the proposed method analysis and the ethical considerations that were taken into account throughout the research process.

Research Design

This study is quantitative in nature utilizing a predictive correlational design. The design was chosen to specifically examine whether the instrument-identified variables are predictors of nursing engagement in a post-COVID healthcare environment. In addition, there was special consideration for the nature and influence of health care's organizational culture, its inherent customs and norms, and the revolutionary components that have emerged as a result of the COVID-19 pandemic. The review of the literature revealed a knowledge gap related to predictors of nursing engagement in a post-COVID healthcare environment, which promulgated the necessity of this research. In addition, the need to bridge the gap through the utilization of transformational leadership to positively impact organizational culture and nursing professional practice emerged as a prominent theme and foundational basis for this study.

The research was conducted through surveys. The data produced helped to acquire an understanding of any existing relationships between variables and their applicability to the concept of engagement and the framework of transformational

leadership. This design was aptly suited to the research purpose and questions, as it sought to determine whether the factors of the instrument were able to predict the engagement of nursing professionals within organizations. With this purpose in mind, the design works logically to serve as a suitable vessel to carry both the research and guidance for organizational effectiveness, the subsequent results of this study, and their predicted impact on the nursing profession.

Sample

The identified participant sample consisted of professionally prepared frontline registered nurses in a large, not-for-profit hospital in St. Louis, Missouri. These nurses were clinical in nature, chosen to represent the majority of the traditional, bedside nursing population. As such, the research and results cultivated through this sample serve to be generalizable to what is considered globally as the frontline nursing population.

Inclusion criteria consisted of male and female registered nurses who hold a Bachelor of Science degree in nursing (BSN) and an unencumbered professional registered nursing (RN) license in the State of Missouri. In addition, the criteria included those who have been employed as nursing staff for at least six months. The 6-month cutoff was chosen to ensure the surveyed nurses have been practicing autonomously within the profession and are not involved in an onboarding or orientation process. Exclusion criteria consisted of registered nurses who are still considered to be in professional orientation, typically occurring in the first 3 months of employment, and those who have been employed less than six months for much of the same reason.

A convenience sampling technique was utilized, and power analysis (Table 1) was conducted to estimate the appropriate sample size. This analysis identified the most

appropriate number of sample participants required for the desired level of significance, effect sizes, and targeted power. The adequacy of the sample size was then deemed relative to the research variables.

Instrument

Nurse's Positive Energy of Retention Instrument

The Nurse's Positive Energy of Retention (NPER) instrument (Appendix A) was designed by Wu et al. (2019) and was utilized to measure potential relationships between primary predictor variables and the outcome variable. The focus of Wu's initial research was the recruitment of nurses most likely to get involved and stay within the profession of nursing based on the sum of positive energy scored by the NPER instrument. The concept examined in this study was the positive energy of retention, or level of engagement, in nurses. The 3 primary variables (factors) within this instrument are proactive and persevering characteristics, nursing professional identity, and passion. Sub-variables of these overarching themes include personal characteristics and intrinsic coping (Factor 1: proactive and persevering characteristics); a sense of mission, achievement, and meaning of nursing (Factor 2: nursing professional identity); and passion (Factor 3: passion) (Appendix B). Instrument item generation was subsequently based on these identified variables and sub-variables (Wu et al., 2019). The Nurse's Positive Energy of Retention instrument was then modified through a series of trials and pilot testing to embody the measurable variables based on nurses' fundamental psychological characteristics and the presumed observable phenomena that are

intrinsically constructed by these same individuals (Wu et al., 2019). The application of this measurement tool in the research serves to paint a comprehensive picture of both the current state of the nursing profession and the potential ways that the studied variables serve as predictors for nursing engagement in a post-COVID healthcare environment.

To conduct this study, this research examined professional nursing perspectives utilizing the existing NPER instrument content in the form of a 24-item Likert scale questionnaire. Permission from this scale's rightful owner (Wu et al., 2019) was granted (Appendix C) to use this measure as a guideline for further research. The NPER instrument is considered easy to fill out for clinical nurses in a short amount of time due to its concise nature. Accordingly, NPER-24 can be distributed as an assessment tool to identify attributes of nurses' positive energy of retention to learn of the studied nurses' likelihood to get involved and remain in the profession and to determine if these attributes can be considered predictors of engagement and subsequent retention of nursing in the post-COVID healthcare environment (Wu et al., 2019).

The adapted Nurse's Positive Energy of Retention instrument was electronically distributed to nurses who met the inclusion criteria. All of the eligible nurses consented to participation by completing and submitting the instrument. Analysis was conducted on the responses provided. The data was gathered through a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), which measures the degree to which participants either agree or disagree with a given statement regarding perceived empowerment and support in the workplace and its ability to translate into productivity

and success. Sub-values of this bipolar scale included the following options for study participants: 1 (strongly disagree), 2 (somewhat disagree), 3 (neutral), 4 (somewhat agree), and 5 (strongly agree).

The instrument was scored using these numerical values. Utilizing this instrument, a higher score reflected that a greater amount of the studied concept is occurring. To increase the variability of responses, certain identified items asked the opposite of the intended concept. These items were scored in a reverse fashion to align with the overall scoring initiative of the instrument. These items were scored with the following reversed scale: 5 represented a response of “Strongly Disagree,” 4 represented a response of “Somewhat Disagree,” 3 represented a response of “Neutral,” 2 represented a response of “Somewhat Agree,” and 1 represented a response of “Strongly Agree.”

Validity and Reliability

According to Heale and Twycross (2015), a study that is considered reliable is one in which the research is concise, consistent, and stable over time. Content validity and reliability were established for the NPER instrument in accordance with the guidelines identified by Wu et al. (2019). The correlation of results and intended measurements were examined by an expert panel of nurse leaders, senior clinical nurses, and a university professor with trusted expertise in similar instrument development.

As for the instrument’s psychometric analysis and development properties, the researchers used Cronbach's alpha coefficient to measure the internal consistency, reliability of the scale, and pertinence of subscales. A value greater than 0.70 was considered satisfactory and reliable (Wu et al., 2019). In quantitative research, the reliability of an instrument ultimately determines its quality, applicability, and potential

to produce consistent results (Gray et al., 2017). By utilizing the Nurse's Positive Energy of Retention instrument, the researchers subsequently inferred that the embodiment of these measured personal characteristics and perspectives may potentially enable nurses to positively face challenges in the workplace and continue to enhance their engagement and ultimate retention as enthusiastic contributors to the profession (Wu et al., 2019).

Procedures

In this study, data collection occurred through a questionnaire sent to a convenience sample of BSN-prepared registered nurses in an acute care hospital. Site authorization was granted (Appendix D) by the healthcare organization for the primary investigator to conduct research. A direct invitation was sent to nursing staff through electronic mail (Appendix E) utilizing the expertise of the hospital's communications team. Responses were collected digitally over a focused one-week engagement period. Each eligible and participating nurse completed the survey one time only. Approval was requested from and granted by the participating facility and other appropriate parties including the hospital's executive administration, Office of Research, and the Institutional Review Boards of both USM (protocol number 22-478) and the hospital (protocol number 1182) (Appendix F).

The survey was designed and facilitated through Qualtrics. The surveys contained comprehensive and explicit instructions for participation, including a statement informing participants of minimal to no risk involved in the conduction of this study, and the ability to consent to participation prior to entering the questionnaire (Appendix G). Additionally,

statements explaining the anonymity of responses were provided to all participants. Furthermore, the surveys were sent directly to potential subjects in a digital format, offering both a direct link to the study and a QR code generated on a recruitment flyer (Appendix H) for mobile device use to ensure ease of participation.

In order to uphold the ethical considerations of the study and protect the human rights of all participants, several safeguards were put in place. Initial approval from the Institutional Review Board of both the educational institution and the researched hospital was requested and granted before any survey implementation. Additionally, the strict confidentiality and anonymity of subjects were maintained at all times. Data remained secure through multiple means including password-protected collection and storage devices, encrypted files, and the appropriate destruction of any identifiable data within a suitable amount of time following collection and analysis. Finally, informed consent of all subjects was obtained prior to the conduction of any research.

Preparation of Data for Analysis

Once the survey closed, the raw data received by Qualtrics was reviewed and downloaded to the primary investigator's password-protected personal computer to ensure protection of the privacy of all participants. The data were cleaned, transferred to the main database in SPSS®, coded appropriately, and then analyzed utilizing the same program. Graphs and charts were utilized to portray the demographic and nominal data provided by participants. Descriptive statistics were also utilized to summarize and highlight prominent features of the population sample.

Data Analysis

In an effort to test one aspect of the Nurses' Positive Energy of Retention instrument's reliability, the survey was coded based on participant responses and entered into the Statistical Package for the Social Sciences (SPSS®) version 28.0.1. Given the nature of the Likert scale questionnaire, the score generated was considered ordinal level data, which was utilized in conjunction with the nominal level data based on the demographic information provided by the participants. If participants chose to skip an item or mistakenly leave an item blank, a missing data code was generated to account for these instances, with care taken to assign codes greatly different than those that were utilized in the coding and study of other variables.

The use of supporting descriptive statistics helped to bring the results to life for application back to the potential predictors of engagement within the nursing profession. Analyses were conducted to test for the potential relationship between the predictor variables and the outcome variable. If a relationship was found to exist, these tests would indicate whether they are statistically significant and would provide the direction and extent of any existing relationship.

The purpose of this quantitative predictive correlational study is to determine whether proactive and persevering characteristics, professional identity, and passion of nurses are predictors of engagement in a post-COVID healthcare environment. The goal is to determine whether the predictor variables (Factor 1: Proactive and Persevering Characteristics, Factor 2: Professional Identity, and Factor 3: Passion) have a statistically significant relationship with the outcome variable. The outcome variable in this study has been defined as nurses' positive energy of retention (NPER), which determines the

engagement of nursing staff within their professional work environment. The outcome variable, engagement, is measured in the context of this instrument through the Factor 3, Question 1 indicator response as prescribed by Wu et al. (2019). According to the instrument's original researchers, this factor offers the highest factor loading score and subsequently reflects the engagement of nurses in their work (Wu et al., 2019).

Given the nature of the ordinal data collected from the Likert scale, the data were analyzed using non-parametric testing, which is considered an accurate approach with ordinal level data that does not assume a normal distribution. Non-parametric analysis was done utilizing Spearman's rank correlation coefficient (Spearman's rho) to explore relationships and statistical significance between the primary variables and engagement. Additionally, a chi-square test was performed to compare the observed values in the data with the expected outcomes proposed by the hypotheses.

Summary

The study analyzed the data collected from nursing perspectives in order to measure potential relationships between the predictor variables of proactive and persevering characteristics, professional identity, and passion of nurses and the outcome variable of engagement. Within the conduction of research and data collection, the utilized instrument provided identified measures for content validity and reliability. Through the distribution and use of the Nurse's Positive Energy of Retention instrument, nursing perspectives were able to be collected through the data in a way that aligns this quantitative design with the underlying theoretical framework.

The convenience sample was comprised of professional RNs in the State of Missouri who have been practicing within the profession for at least 6 months. Once data

was collected it was then subsequently prepared for analysis in SPSS®. The analyses of inferential data were helpful in adequately answering the proposed research questions. Ultimately, this design was chosen to specifically examine the prevalence and incidence of empowerment perceptions of nursing staff to determine whether the factors identified by the NPER instrument do predict levels of engagement and subsequent retention of nurses in a post-COVID healthcare environment. The next chapter focuses on the results of the analysis of this data and the culmination of this research presents the determination of whether proactive and persevering characteristics, professional identity, and passion of nurses are predictors of engagement in a post-COVID healthcare environment.

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CHAPTER IV – RESULTS

Introduction

This study utilized a 24-item Likert scale questionnaire developed by Wu et al. (2019) to measure the degree to which nurses' positive energy of retention, or positive attitude and perspective, influenced their subsequent engagement in the nursing profession. Within the context of this research, the scale was modified in terms of question presentation with permission from Wu et al. (2019) in order to affect cultural understanding, flow, and applicability. According to Beauford et al. (2011), research often requires the translation of instruments in order to appropriately cross-cultural and geographic boundaries in a way the participant understands. Additionally, the goal of translation is to achieve conceptual equivalence (Beauford et al., 2011). Wu et al. (2019) utilized great care in translating the NPER-24 instrument from its original Chinese version to the English equivalent for use in Western nursing culture.

The instrument measured nurses' positive energy of retention on a scale of 1 (Strongly Disagree) to 5 (Strongly Agree), aligning an increase in measured energy or positive attitude with an increase in numerical score. The higher the numerical rank, the more positive energy is associated with a given statement. Special consideration was taken to reverse 3 of the proposed questions (Factor 1: Q11, Factor 3: Q3, and Factor 3: Q5) to test the appropriateness of responses from participants and to prevent complacency of answers. These 3 questions were scored in a reverse fashion on a scale of 1 (Strongly Agree) to 5 (Strongly Disagree).

The survey was distributed to all nursing staff at the hospital. Approximately 750 potential survey respondents were identified from the hospital nursing roster. A power

analysis (Table 1) was conducted before survey distribution to ensure a valid result. The targeted power (1 – β) was 0.8, and the significance level was set at 0.05 (α = 0.05). Along with the different effect sizes from small (δ = 0.25), to medium (δ = 0.30), to large (δ = 0.40), the sample sizes were calculated using G-Power ver. 3.1.9. Based on the results, the researcher could collect a total of 128 responses or 32 responses for each group (4 groups). If this number would have been unrealistic, the researcher could have targeted a total of 96 responses, or 24 responses for each group. Consideration was given to the response rate in relation to using email as the method of contact. For example, a web-based survey response rate can typically be expected around 10 to 15%. If this is the case, the goal would be to reach around 8 times more people to obtain the targeted number of the study sample, which was 96, in order to acquire statistically significant data.

Table 1

Power Analysis

Effect Size	Targeted power	Number of sample sizes for each group	Total sample size for four groups
Small (δ = 0.25)	0.8	45	180
Medium (δ = 0.3)	0.8	32	128
Medium-Large (δ = 0.35)	0.8	24	**96 ***
Large (δ = 0.4)	0.8	19	76

Demographics

Qualtrics captured a total of 132 (N = 132) questionnaire responses. The demographic data was largely considered nominal level data and coded accordingly in SPSS®. The Likert scale data, comprised of the perspectives of nurses who met the proposed research criteria, was considered ordinal level data and coded as such in SPSS®. The sample characteristics obtained from participants in this study included age (Figure 1), gender identity (Figure 2), race, ethnicity, years of service (Figure 3) in the profession of nursing, role designation (Figure 4) within the profession of nursing, and level of nursing education (Figure 5). The demographic data overwhelmingly captured responses from white, non-Hispanic, female nurses. These data were not explicitly utilized in calculating analyses and the determination has been made to include a more diverse sample of participants in future research. The summation of other nominal level data was given primary focus when assigning ownership of positive energy of retention and associated perspectives.

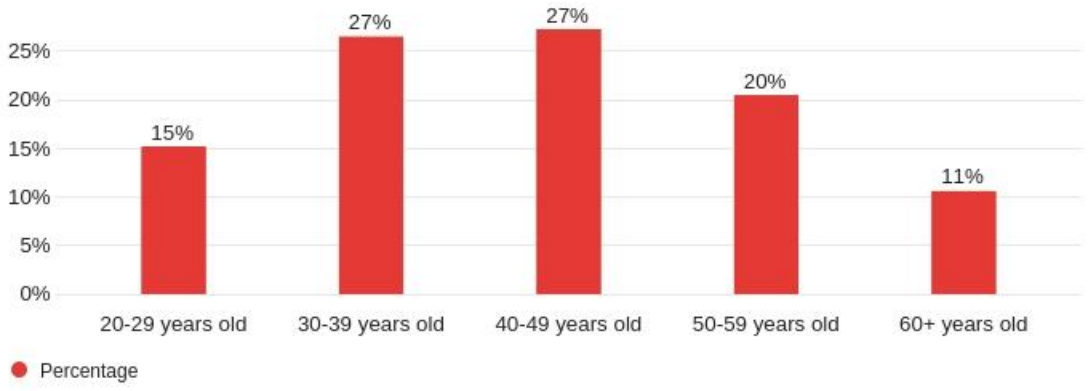

Figure 1. Demographic Data: Age of Participants

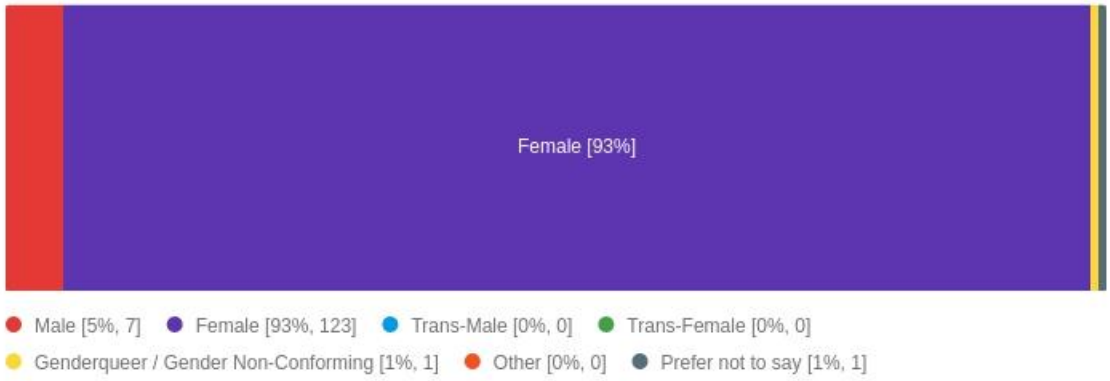

Figure 2. Demographic Data: Gender Identity of Participants

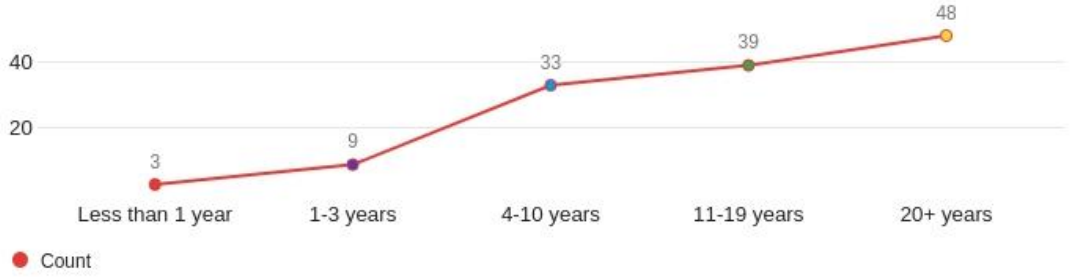

Figure 3. Demographic Data: Participants' Years of Service in Nursing

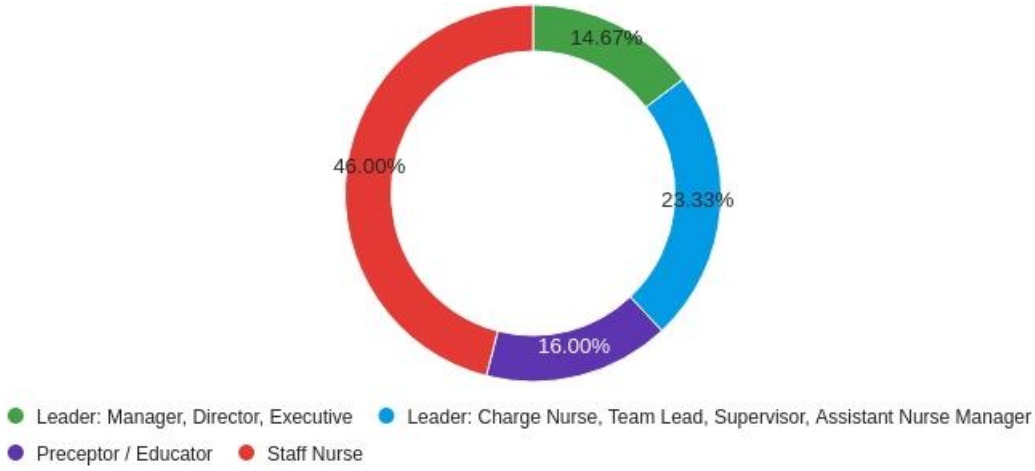

Figure 4. Professional Nursing Role Designation

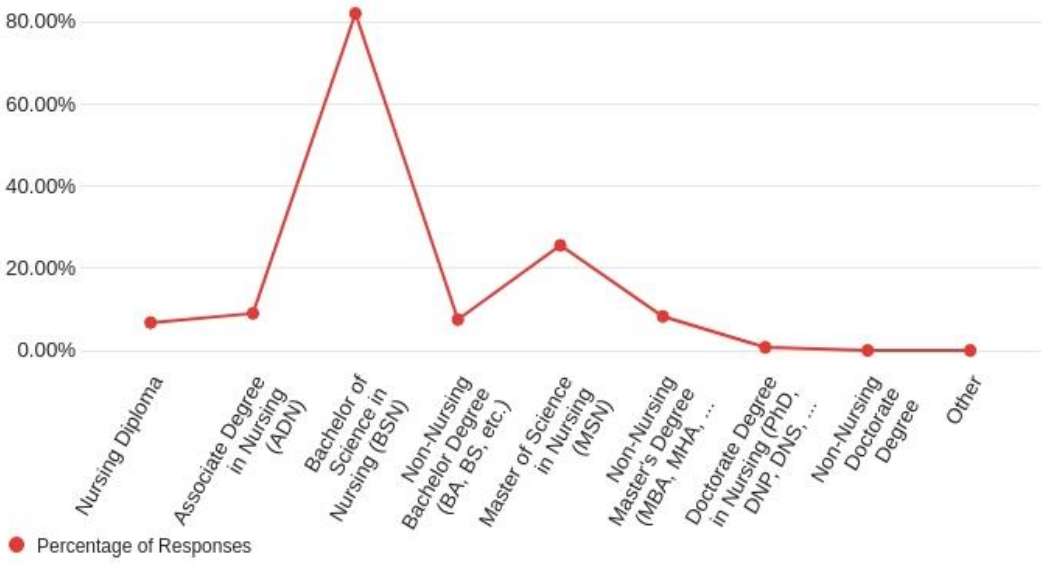

Figure 5. Levels of Nursing Education: BSN and Beyond

Descriptive Findings

In order to gain comprehension of the research participants and the findings of this study, descriptive statistics were analyzed and reported. The findings for age, gender, race, and ethnicity can be observed in Table 2. Of the 132 total questionnaire responses, 123 (93.2%) of respondents identified as female, 7 (5.3%) identified as male, 1 (.75%) identified as genderqueer, and 1 respondent preferred not to self-identify. The age range was broken down as follows: 15.8% were 20-29 years old, 26.3% were 30-39 years old, 27.1% were 40-49 years old, 20.3% were 50-59 years old, and 10.5% were 60 years or older. The target population of the given hospital did represent a seemingly overwhelming majority of white, non-Hispanic female respondents.

Table 2

Descriptive Statistics of the Variables (N = 132)

Variable	N (%)	Mean (SD)
Age Group		
20 – 29 years old	19 (14.4 %)	2.86 (1.21)
30 – 39 years old	35 (26.3 %)	
40 – 49 years old	36 (27.1 %)	
50 – 59 years old	27 (20.3 %)	
60 or more years old	14 (10.5 %)	
Gender		
Male	7 (5.3 %)	2.01 (.56)
Female	123 (93.2 %)	
Genderqueer	1 (.75 %)	
Prefer Not to Say	1 (.75 %)	
Race		
White	121 (91.0 %)	4.96 (.52)
Black/African American	4 (3.0 %)	
Asian	2 (1.5 %)	
Prefer Not to Say	6 (4.5 %)	
Time in Nursing		
Less than 1 year	4 (3.0 %)	3.91 (1.04)
1 – 3 years	9 (6.8 %)	
4 – 10 years	33 (24.8 %)	
11 – 19 years	39 (29.3 %)	
20 or more years	48 (36.1 %)	
Nursing Specialty of Practice		
Emergency Medicine	12 (9.0 %)	6.50 (3.76)
Critical Care	14 (10.5 %)	
Medical-Surgical	16 (12.0 %)	
Women & Infants	14 (10.5 %)	
Oncology	6 (4.5 %)	
Neurological Services	5 (3.8 %)	
Cardiovascular Services	10 (7.5 %)	
Outpatient Clinic	7 (5.3 %)	
Education/Research/Professional Development	14 (10.5 %)	
Other	35 (26.3 %)	
Role Designation		
Staff RN	70 (53.0 %)	2.76 (1.60)
Preceptor/Educator	24 (18.2 %)	
Leader: Charge RN, Team Lead, Supervisor	35 (26.5 %)	
Leader: Manager, Director, Executive	22 (16.7 %)	
Patient Care Coord/Navigator/Case Manager	6 (4.6 %)	
Other	13 (9.9 %)	

Table 2 (continued).

Education Received		
At least BSN	109 (82.0 %)	3.47 (.96)
MSN or greater	34 (25.6 %)	
Proactive & Persevering Characteristics		42.64 (5.78)
Professional Identity		29.88 (4.56)
Passion		18.22 (3.88)
Engagement		
Strongly Disagree	1 (0.8 %)	
Somewhat Disagree	12 (9.3 %)	
Neutral	10 (7.8 %)	
Somewhat Agree	61 (46.2 %)	
Strongly Agree	45 (34.1 %)	

The values for mean, standard deviation, and variance summarize the given data set and represent the sample of participants. The mean for age (2.86), gender (2.01), race (4.96), and ethnicity (2.04) project the average value and are congruent with the above reported finding that the average study participant was a non-Hispanic, white, female between the ages of 20 and 49 years old. The standard deviation for age (1.21), gender (.56), race (.52), and ethnicity (.23) show how far the observations were from the sample average or the deviation from the sample mean. These results showed moderate deviation in terms of age, minimal deviation from the perspectives of gender and race, and deviation was almost negligible from the perspective of ethnicity. In understanding the variance values for age (1.46), gender (.31), race (.27), and ethnicity (.05), there was a similar representation. The dispersion of values was the greatest for age, with the variance being minimal for gender and race and almost negligible for ethnicity.

The descriptive data were also analyzed for time in nursing, specialty in nursing practice, nursing job role designation, and highest level of nursing education. The mean for time in nursing (3.91), specialty (6.50), role designation (2.76), and level of education

(3.47) project the average value and are congruent with the finding that the average study participant has been in the nursing profession closer to an 11-year tenure, with the average of respondents in the neurological and cardiovascular service lines, functioning primarily as a staff nurse with preceptor, first-line leader or midlevel manager privileges, and holding a Bachelor of Science in Nursing degree. The standard deviation for time in nursing (1.04), specialty (3.76), role designation (1.60), and level of education (.96) show how far the observations were from the sample average or the deviation from the sample mean. These results showed moderate deviation in terms of time in nursing, role designation, and level of education and significant deviation from the perspectives of specialty in nursing practice, which was to be expected since the research was conducted across disciplines. In understanding the variance values for time in nursing (1.08), specialty (14.13), role designation (2.55), and level of education (.93), there was a similar representation. The dispersion of values was the greatest for specialty, which again was to be expected since the research was conducted across disciplines.

The research utilized a predictive correlational design for the study and addressed the following research questions and hypotheses:

RQ1: Does the presence of proactive and persevering characteristics (personal characteristics and intrinsic coping) in nurses increase engagement in a post-COVID healthcare environment?

Null Hypothesis ($H1_0$): Proactive and persevering characteristics do not increase nursing engagement in a post-COVID healthcare environment.

Alternative Hypothesis ($H1_a$): Proactive and persevering characteristics increase nursing engagement in a post-COVID healthcare environment.

The results from the analysis of Spearman's rank correlation coefficient, or Spearman's rho, on the proposed relationship between the predictor variable proactive and persevering characteristics and the outcome variable engagement showed a highly significant correlation (<.001), indicating a strong identified relationship between the two. Additionally, a chi-square test (Table 3) was performed with a result of 64.848, which is greater than the critical value of 0.05, reinforcing the statistical significance of the variable relationship. The asymptomatic significance of the chi-square was also reported at <.001, indicating a highly statistically significant relationship between the predictor and outcome variables. For RQ1 (Research Question 1), the correlation coefficient, or the statistical measure of the degree to which the predictor variable has an impact on or relation to the outcome variable, is considered strong, in which case, the researcher will reject the null hypothesis. For this research question, the alternative hypothesis would be accepted. Proactive and persevering characteristics were shown to increase nursing engagement in a post-COVID healthcare environment.

Table 3

Bivariate Analyses Between Predictor Variables and Outcome Variable, Engagement

Variable	Observed vs. Expected Value	Test Statistic	*p*
Proactive & Persevering Characteristics	$\chi^2 = 64.848$	Spearman $\gamma = 0.551$	< 0.001
Professional Identity	$\chi^2 = 89.667$	Spearman $\gamma = 0.525$	< 0.001
Passion	$\chi^2 = 41.333$	Spearman $\gamma = 0.551$	< 0.001

RQ2: Is nursing professional identity (achievement, sense of mission, and meaning of nursing) a predictor of engagement in a post-COVID healthcare environment?

Null Hypothesis ($H2_0$): Nursing professional identity is not a predictor of engagement in a post-COVID healthcare environment.

Alternative Hypothesis ($H2_a$): Nursing professional identity is a predictor of engagement in a post-COVID healthcare environment.

The results from the analysis of Spearman's rho on the proposed relationship between the predictor variable professional identity and the outcome variable engagement showed a highly significant correlation (<.001), indicating a strong identified relationship between the two. Additionally, a chi-square test (Table 3) was performed with a result of 89.667, which is greater than the critical value of 0.05, reinforcing the statistical significance of the variable relationship. The asymptomatic significance of the chi-square was also reported at <.001, indicating a highly statistically significant relationship between the predictor and outcome variables. For RQ2 (Research Question 2), the correlation coefficient, or the statistical measure of the degree to which the predictor variable has an impact on or relation to the outcome variable, is considered strong, in which case, the researcher will reject the null hypothesis. For this research question, the alternative hypothesis would be accepted. Nursing professional identity is a predictor of engagement in a post-COVID healthcare environment.

RQ3: What is the relationship between a nurse's passion for their work and their level of engagement in a post-COVID healthcare environment?

Null Hypothesis ($H3_0$): There is no relationship between a nurse's passion for their work and their level of engagement in a post-COVID healthcare environment.

Alternative Hypothesis ($H3_a$): There is a statistically significant relationship between a nurse's passion for their work and their level of engagement in a post-COVID healthcare environment.

The results from the analysis of Spearman's rho on the proposed relationship between the predictor variable passion and the outcome variable engagement showed a highly significant correlation (<.001), indicating a strongly identified relationship between the two. Additionally, a chi-square test (Table 3) was performed with a result of 41.333, which is greater than the critical value of 0.05, reinforcing the statistical significance of the variable relationship. The asymptomatic significance of the chi-square was also reported at .002, indicating a statistically significant relationship between the predictor and outcome variables. For RQ3 (Research Question 3), the correlation coefficient, or the statistical measure of the degree to which the predictor variable has an impact on or relation to the outcome variable, is considered strong, in which case, the researcher will reject the null hypothesis. For this research question, the alternative hypothesis would be accepted. There is a statistically significant relationship between nurses' passion for their work and their level of engagement in a post-COVID healthcare environment.

Limitations

There were minimal missing data discovered as a result of data collection and analysis within the context of this research. One extreme outlier was found in relation to the outcome variable. The participant response ‘Strongly Disagree’ had only one observation, prohibiting further analyses to assess for validity beyond the confounds of this study. This limitation in and of itself is grounds for the need for further and more comprehensive research to closely examine the additional potential that lies within the data for the outcome variable.

The healthcare environment itself offered limitations in terms of structure and accreditation. The hospital where research was conducted maintains a Magnet designation status in nursing, indicating the demonstrated ability to function in a highly reliable manner through nursing participation and collaboration, which could have potentially influenced the response rate or favored a certain makeup of respondents.

The target population of the given hospital did also represent a seemingly overwhelming majority of white, non-Hispanic female respondents, given the geographic location and predominantly affluent surrounding community. This fact is of no fault to the participants or organization, but an increase in the diversity of the target participant sample in the future could promote a more widely generalizable result and increase the

applicability of analyses and recommendations. Additionally, participants were only able to fit the sum of their experiences and perspectives into quantifiable, pre-determined questionnaire responses, rather than elaborate on the intricate details and nature of the daily interactions they encounter and trials they overcome based on any number of challenges inherently involved in the healthcare environment, particularly within the profession of nursing.

Summary

The research conducted sought to determine whether the predictor variables (Factor 1: Proactive and Persevering Characteristics, Factor 2: Professional Identity, and Factor 3: Passion) have a statistically significant relationship with the outcome variable (Engagement), allowing for the prediction of engagement in a post-COVID healthcare environment. The Likert scale questionnaire data were analyzed within the context of the 3-factor subscales: proactive and persevering characteristics (11 subfactors), professional identity (7 subfactors), and passion (6 subfactors), totaling the 24 total items included in the NPER instrument. The data were coded appropriate to their ordinal nature and analyzed using non-parametric testing including both Spearman's rank correlation coefficient and the chi-Square test. The findings largely supported rejecting the null hypothesis for each of the research questions. Furthermore, the alternative hypothesis was

accepted for each. The conclusion revealed that proactive and persevering characteristics were shown to increase nursing engagement in a post-COVID healthcare environment, that nursing professional identity is a predictor of engagement in a post-COVID healthcare environment, and that there is a statistically significant relationship between a nurse's passion for their work and their level of engagement in a post-COVID healthcare environment.

CHAPTER V – DISCUSSIONS, CONCLUSIONS, AND RECOMMENDATIONS

Interpretation of Findings

The study examined the nursing workforce by looking at predictors of engagement through 6 main themes: personal characteristics, intrinsic coping, achievement, sense of mission, the meaning of nursing, and passion. It looked at the ways in which the self-reported instrument variables and sub-variables of the NPER-24 instrument potentially predict the level of engagement and subsequent retention of nurses in a post-COVID healthcare environment. In studying the theoretical underpinnings of transformational leadership and its understood effect on organizational culture, it is the hope of this researcher that a model of transformational leadership can help guide nursing engagement through recommendations for action and further research during and beyond this unprecedented time in health care management.

According to Wu et al. (2019), higher scores produced by the utilized research instrument represented greater positive energy of retention and ultimately engagement of nursing professionals within the healthcare environment. The sum of each subscale within each of the 3 factors (the predictor variables) was measured against engagement (the outcome variable) to determine statistical significance. Upon analysis, the alternative hypothesis was accepted for each proposed research question.

The findings revealed that proactive and persevering characteristics were shown to increase nursing engagement in a post-COVID healthcare environment, that nursing professional identity is a predictor of engagement in a post-COVID healthcare environment, and that there is a statistically significant relationship between a nurse's passion for their work and their level of engagement in a post-COVID healthcare

environment. Furthermore, in determining the strong relationships of each of the predictor variables (proactive and persevering characteristics, professional identity, and passion) with the outcome variable (engagement), the researcher outlines the following interpretations, a perspective of nursing engagement moving forward, implications for organizational change, and recommendations for action and future nursing research.

The review of literature examined the topics of organizational behavior and culture, empowerment perception formation, professional development, shared governance and change management, nursing in the COVID-19 pandemic, and compassion fatigue and burnout. The research offers recurring themes surrounding the ways that these areas can influence the overall concept of human understanding and belonging and, furthermore, employee engagement and retention, that can hopefully be identified through additional research and development.

Engagement of Nursing in the Post-COVID Healthcare Environment

While the elusive retention crisis remains a large part of the operational challenges of health care management, it is of note that the studied population of nursing does, in fact, maintain an air of resilience in their perspective and approach. One of the most intriguing parts of the nursing profession is the ability of nurses to adapt and overcome, learn, grow, develop, and seek to innovate in order to move forward for the sake of best practices and outcomes. While this study did not specifically analyze these findings, ignoring the sheer capacity found within the professional practice of nursing even amidst a continuing pandemic was difficult. The post-COVID healthcare environment deserves due diligence in research and special attention in terms of

providing care for the caregiver. Additionally, giving distinct consideration to the mental health of healthcare providers, particularly frontline nurses, is critical to be able to move forward in a safe and supportive way.

Revitalizing the Nursing Profession Through Transformational Leadership

The transformational leadership model (Figure 6) put forth by the American Nurses Credentialing Center (ANCC) for their Magnet Recognition Program® outlines the 5 exemplary leadership practices to cultivate a culture of transformational leadership. These practices include modeling the way, encouraging the heart, inspiring a shared vision, enabling others to act, and challenging the process (Clavelle & Prado-Inzerillo, 2018). These primary themes and practices are largely representative of the foundational elements of the nursing profession's best practice of shared governance.

Figure 6. Transformational Leadership Model

Clavelle & Prado-Inzerillo (2018).

Modeling the Way

In order to expect better, we must first be better ourselves. Nursing leaders must lead the way with an example that sets the stage for excellence, collaboration, transparency, and empowerment (Clavelle & Prado-Inzerillo, 2018). During a time of seemingly great crises related to finances, staffing, supply shortages, compassion fatigue, and burnout post-COVID, leaders must be pioneers and change agents, unable to settle for what "had been" and acutely focused on a creative, bold, and innovative future.

Encouraging the Heart

This practice within the transformational leadership model takes the process lightyears beyond the confines of operational excellence within healthcare systems and environments. In conjunction with Brené Brown's work on encouraging the heart that set the precedence for the theoretical framework of this research, this practice begets a pertinent tie-in to the overarching model that embraces the humanistic component of transformational leadership particularly within the profession of nursing. In understanding nursing as the art of caring, one can come to understand the future of nursing as an understanding of human need, connection, resilience, and empowerment.

Inspiring a Shared Vision

Success in the future is dependent upon a call to greatness that can only be achieved by providing an example of inspirational and transformational leadership that sets the stage for enthusiastic excellence. Furthermore, leader support of the overall nursing profession influences the perception of the practice environment and directly impacts outcomes (Gensimore et al., 2020). Leaders can captivate their nursing audience by inspiring a shared vision for their work as caregivers, educators, leaders, mentors,

advocates, and allies both now and in the future. An organization's mission, vision, and values systems are only as strong as the individuals and teams who believe in them and carry them out through the relationships they form and the work they do each and every day. We must do more as a nursing profession to embrace the future of our practice and bring those who are just coming on board along with us on the journey of a lifelong quest for nursing excellence.

Enabling Others to Act

This practice of the transformational leadership model assists the adopter in bringing these exemplars full circle with the action component. By creating and upholding just cultures within organizations and nursing structures, nurses can practice in a way that supports the profession and allows for the best possible outcomes for patients. Additionally, they can engage in collaborative dialogue and shared governance that sets a new standard for health care.

Challenging the Process

In order to expect change, we must first be the change. In transformative cultures, processes guide the actions of stakeholders in a dynamic way, encouraging accountability and ownership, the ability to speak up when things go wrong, and an avenue to advocate for change. With great risk, comes great reward and the prospect to learn and grow through trial and error, giving rise to new opportunities for positive change (Clavelle & Prado-Inzerillo, 2018).

Recommendations for Organizational Change and Future Research

The hope for future research and continued need for organizational change within healthcare institutions and systems centers around human understanding and a culture of belonging that essentially fosters the very elements of the transformational leadership model. High reliability systems offer structure and direction but require transformational leaders to successfully engage individuals and teams to act on behalf of the greater good. Additionally, nurses need to consistently feel seen, valued, heard, and appreciated on a very basic and fundamental level.

The research conducted within the quantitative boundaries of this study offers an understanding of the fundamental predictors of engagement. Understanding the comprehensive picture of nursing engagement and empowerment requires further understanding of the subjective perspectives of professional nurses in the post-COVID healthcare environment. Moreover, further research could take an insightful look into leaders who are successfully upholding a model of transformational leadership and finding subsequent improvement in engagement and retention outcomes.

Advanced studies of a qualitative nature could benefit the nursing profession, particularly by utilizing interviews or focus groups that could incorporate a more humanistic perspective. This approach could afford nurses a unique opportunity to share their stories, experiences, and viewpoints. Additionally, further research is needed on the impact of provider burnout and its counterpart, resilience, especially from the perspective of the post-COVID healthcare environment (Gensimore et al., 2020).

Conclusion

The purpose of this study was to determine whether proactive and persevering characteristics, professional identity, and passion of nurses are predictors of engagement in a post-COVID healthcare environment. Findings indicate that these factors do serve as predictors of engagement, despite a continued need for understanding the variables that affect nursing engagement. Furthermore, the opportunity to implement transformative leadership within the post-COVID healthcare environment to create a culture of empowerment and organizational change continues to present itself and has the sustained potential to transform nursing both now and in the future. Ultimately, this population of healthcare workers has sacrificed blood, sweat, and tears for the sake of humanity and deserves transformational leader support that promotes excellence and fosters the ideal and seemingly inconceivable nirvana of what nursing could be at the pinnacle of its professional practice.

APPENDIX A – Modified NPER Instrument

NPER - Factor 1: Proactive and Persevering Characteristics

Carefully select the most appropriate response regarding your personal views on nursing practice and your reasons for staying in and engaging in the profession of nursing.

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)
Dealing with the frustration and stress associated with being a nurse has made me grow stronger in my profession.	○	○	○	○	○
When faced with multiple pressures and expectations at work, I am able to adapt, prioritize, overcome challenges, and ultimately succeed.	○	○	○	○	○
I proactively seek resources and support to overcome clinical work dilemmas.	○	○	○	○	○
I have opportunities to learn and view many of my work tasks as challenging.	○	○	○	○	○
When I encounter difficulties and setbacks at work, I am willing to work through them and find solutions.	○	○	○	○	○
When negative situations arise in my workplace, I try to think from a different angle and find the positives.	○	○	○	○	○
I enjoy the challenges that nursing presents.	○	○	○	○	○
Nursing is hard work, but it helps me grow.	○	○	○	○	○
I feel confident to take on the challenges of changing patient conditions.	○	○	○	○	○
My unwavering commitment to the nursing profession enables me to face setbacks in the workplace.	○	○	○	○	○
I find it overwhelming to keep up with the constant evolution of nursing practice.	○	○	○	○	○

Wu et al. (2019).

NPER - Factor 2: Professional Identity

Carefully select the most appropriate response regarding your personal views on nursing practice and your reasons for staying in and engaging in the profession of nursing.

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)
My ability to help patients with comfort, care, recovery, or big transitions makes me feel that my care is valuable.	○	○	○	○	○
Helping patients learn self-care skills gives me a sense of accomplishment.	○	○	○	○	○
The improvement of the patient's condition is a great satisfier for me in my nursing work.	○	○	○	○	○
I am happy to act as the patient's advocate, striving for the most beneficial treatment and outcomes for them.	○	○	○	○	○
The trust given to me by patients or their families makes me more willing to devote myself to the nursing profession.	○	○	○	○	○
Positive feedback from patients or their families is the driving force for me to stick to my nursing career.	○	○	○	○	○
Patients or family members come to me first with questions about their care, so I feel that I am needed and valued.	○	○	○	○	○

Wu et al. (2019).

NPER - Factor 3: Passion

Carefully select the most appropriate response regarding your personal views on nursing practice and your reasons for staying in and engaging in the profession of nursing.

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)
I am passionate about and enjoy working in nursing.	○	○	○	○	○
I see nursing as my lifelong career.	○	○	○	○	○
I often get so focused on being a nurse that I don't have the time to truly care for myself.	○	○	○	○	○
Finding fun in the clinical environment makes me enjoy staying in the nursing workplace.	○	○	○	○	○
I work in the nursing profession for reasons that are out of my control.	○	○	○	○	○
I love nursing and will definitely continue working in the nursing profession.	○	○	○	○	○

Wu et al. (2019).

APPENDIX B – NPER Instrument Factor Themes & Meanings

Factor (Numbers of item)	Themes derived from prior qualitative study	Definition
Factor 1: Proactive and persevering characteristics (13)	Personal characteristics Intrinsic coping	Certain unyielding personalities that keep nurses from withdrawing from difficulties and promote active use of internal resources to face frustrations and overcome difficulties.
Factor 2: Nursing professional identity (8)	Achievement Sense of mission Meaning of nursing	Nurses regard nursing as meaningful and valuable work.
Factor 3: Passion (7)	Passion	Nurses love nursing and wholeheartedly engage in nursing work.

Wu et al. (2019).

APPENDIX C – Permission Letter for Utilization & Modification of Existing Instrument

From: Jennifer Garnand <[redacted]usm.edu>
Date: March 22, 2022 at 6:41:55 PM CDT
To: [redacted]du.tw
Subject: Nurse's Positive Energy of Retention (NPER) Instrument Use in Further Research

Good evening,

I am writing to you for permission to utilize your Nurse's Positive Energy of Retention (NPER) instrument in the research for my doctoral dissertation entitled Predictors of Engagement in Nursing Professional Practice: Transforming Organizational Culture in the Post-COVID Healthcare Environment.

Thank you so much for your time and consideration.

I look forward to hearing from you!

Sincerely,

Jennifer

Jennifer Garnand, MBA, BSN, RN, NE-BC, CMTE
Doctoral Candidate
The University of Southern Mississippi
SID#: W[redacted]
[redacted]l@usm.edu
[redacted]

On Apr 4, 2022, at 5:59 PM, Chiu-Chu Lin <kmulcc@gmail.com> wrote:

Dear Jennifer

I authorize you to use the NPER (see attachment). The formal NPER translated and modified in English is still being processed. I will send it to you after it is confirmed around April 15.

Sincerely
Chiu-Chu

--
林秋菊 (Chiu-Chu Lin), PhD, RN
高雄醫學大學 護理學系 教授
(80708) 高雄市三民區十全一路100號 護理學系330室
Professor, School of Nursing, Kaohsiung Medical University, Taiwan
100 Shin-Chuan, 1st Road Kaohsiung, Taiwan 80708
Tel: [redacted]
E-m[redacted]

From: Jennifer Garnand <[redacted]@usm.edu>
Date: April 4, 2022 at 7:39:31 PM CDT
To: [redacted]
Re: Nurse's Positive Energy of Retention (NPER) Instrument Use in Further Research

Thank you so much for responding and for your permission!

I really appreciate you!

Jennifer

Jennifer Garnand, MBA, BSN, RN, NE-BC, CMTE
Doctoral Candidate
The University of Southern Mississippi
[redacted]usm.edu

APPENDIX D – Site Authorization

Missouri Baptist
MEDICAL CENTER

3015 N. Ballas Road
St. Louis, Missouri 63131

314-996-5000
www.missouribaptist.org

April 7, 2022

Dear University of Southern Mississippi IRB:

On behalf of Missouri Baptist Medical Center, I hereby agree to allow Jennifer Garnand to conduct her study entitled "*Predictors of Engagement in Nursing Professional Practice: Transforming Organizational Culture in the Post-COVID Healthcare Environment*" at our institution.

Our organization complies with the requirements of the Family Education Rights and Privacy Act (FERPA) and will ensure that this and other pertinent requirements are followed in the conduct of this research.

Signed,

Kathy M. Leach

Kathy Leach, PhD, RN

Manager of Research and Outcomes
Institute of Clinical Nursing Practice

APPENDIX E – E-mail Communication for Survey Distribution & Recruitment

To: MoBap Nursing Staff

From: Jennifer Garnand, Executive Director of Patient Care Services and Associate Chief Nursing Officer

Re: Your Perspective is Needed for MoBap Nursing Research

Colleagues,

Your professional nursing perspective is needed!

I am currently finishing up my time as a graduate student at The University of Southern Mississippi in The School of Leadership and Advanced Nursing Practice. I am conducting research as a part of my doctoral dissertation entitled ***Predictors of Engagement in Nursing Professional Practice: Transforming Organizational Culture in the Post-COVID Healthcare Environment***.

The perspective of the MoBap nurse is the focus of this study.

With your help, we can continue to focus our efforts on addressing the matters that are closest to nursing and continue to evolve our profession, especially within our own organization.

The study consists of an anonymous questionnaire that is designed to be quick and easy for our hardworking nurses. I hope you'll take a few minutes to respond.

Inclusion Criteria:
• Registered nurses who hold a Bachelor of Science degree in nursing
• Hold an unencumbered RN license in the state of Missouri
• Employed as a nurse for at least 6 months

The study will conclude on Friday, June 3rd at 10am.

You can use the QR code from your phone or follow the link below:

https://usmuw.co1.qualtrics.com/jfe/form/SV_3IaR2CMG4MV7Wg6

Thank you so much for your time and assistance!

Jenn

APPENDIX F – IRB Approval Letters

Office *of* Research Integrity

THE UNIVERSITY OF SOUTHERN MISSISSIPPI

118 COLLEGE DRIVE #5116 • HATTIESBURG, MS | 601.266.6756 | WWW.USM.EDU/ORI

NOTICE OF INSTITUTIONAL REVIEW BOARD ACTION

The project below has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services regulations (45 CFR Part 46), and University Policy to ensure:

- The risks to subjects are minimized and reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered involving risks to subjects must be reported immediately. Problems should be reported to ORI via the Incident submission on InfoEd IRB.
- The period of approval is twelve months. An application for renewal must be submitted for projects exceeding twelve months.

PROTOCOL NUMBER:	22-478
PROJECT TITLE:	Predictors of Engagement in Nursing Professional Practice: Transforming Organizational Culture in the Post-COVID Healthcare Environment
SCHOOL/PROGRAM	Systems Leadership & Health Outcome
RESEARCHERS:	PI: Jennifer Garnand Investigators: Garnand, Jennifer~Story, Jennifer~
IRB COMMITTEE ACTION:	Approved
CATEGORY:	Expedited Category
PERIOD OF APPROVAL:	23-May-2022 to 22-May-2023

Donald Sacco, Ph.D.
Institutional Review Board Chairperson

Missouri Baptist MEDICAL CENTER | BJC HealthCare

May 25, 2022

Jennifer Garnand, RN

[redacted]

RE: # 1182

Protocol Title: Predictors of Engagement in Nursing Professional Practice: Transforming Organizational Culture in the Post-COVID Healthcare Environment

Dear Ms. Garnand:

This is to advise you that the above-referenced study has been presented to the Missouri Baptist Medical Center Institutional Review Board. The following action was taken:

IRB Meeting Date:	05/25/2022
IRB Action:	Approved
Explanation/Comments:	Because this is a minimal risk study, expedited review and approval is allowed.

Changes in approved research during the period for which the MBMC IRB approval has already been given may not be initiated without IRB review and approval except where necessary to eliminate apparent immediate hazards to human subjects. (Please refer to MBMC IRB SOP #4).

Kindest Regards,

Tiffany Hamilton

Tiffany Hamilton, MBA, RHIA, CHRC, ACRP-CP
IRB Administrator

3015 N. Ballas Road • St. Louis, Missouri, 63131 • 314-996-5000 • missouribaptist.org

APPENDIX G – Informed Consent

Research Topic: *Predictors of Engagement in Nursing Professional Practice in the Post-COVID Healthcare Environment*

Principal Investigator: Jennifer Garnand, MBA, BSN, RN, NE-BC, CMTE

Time Needed to Participate: Approximately 7 minutes

Purpose: The purpose of this study is to determine whether proactive and persevering characteristics, professional identity, and passion of nurses are predictors of engagement in the post-COVID healthcare environment.

Description of Study: This quantitative predictive correlational study will help to acquire an understanding of any existing relationships between variables and their applicability to the concept of engagement. The research will be conducted through voluntary surveys (administered through Qualtrics) that will seek to determine whether the factors of the Nurses Positive Energy of Retention (NPER) instrument can predict the engagement of nursing professionals within organizations. Participants will carefully select the most appropriate response for each statement. There are no right or wrong answers. Permission from the instrument's rightful owner (Wu et al., 2019) has been granted to use this measure as a guideline for continued research.

Inclusion Criteria:

• Registered nurses who hold a Bachelor of Science degree in nursing

• Hold an unencumbered RN license in the state of Missouri

• Employed as a nurse for at least 6 months

Benefits: The potential individual benefit of participating in this study includes a greater understanding of one's personal perspectives, professional identity, and passion as a member of the profession of nursing.

Risks: No obvious risks of participating in this study have been identified, however, the COVID-19 pandemic has undoubtedly placed a physical, mental, and emotional strain on the nursing profession. Nurses are highly encouraged to utilize all resources available in our organization and community to support their personal and professional well-being.

Confidentiality: The strict confidentiality and anonymity of participants will be maintained at all times.

Participant Assurance: The protection of human rights is the highest priority. This research study and consent form have been reviewed and approved by the Institutional Review Boards of both The University of Southern Mississippi (Protocol #22-478) and Missouri Baptist Medical Center (Protocol #1182). This approval ensures federal regulation of any research utilizing human subjects.

Data will remain secured through multiple means including password-protected storage devices, encrypted files, and the appropriate destruction of any identifiable data following an appropriate amount of time following collection and analysis.

Any questions or concerns regarding your rights as a research participant should be directed to the Chair of the Institutional Review Board, The University of Southern Mississippi. 118 College Drive #5125, Hattiesburg, MS 39406-0001, 601-266-5997. Questions specifically regarding this research study should be directed to the Principal Investigator at jennifer.garnand@usm.edu.

Consent to Participate in Research: I understand that participation in this research is completely voluntary and that I may withdraw at any time without penalty, prejudice, or loss of benefits. All personal information will be kept strictly confidential.

By participating in this survey, you imply consent to have your anonymous data used in this research.

If you do not wish to participate in this study, please close your browser now.

APPENDIX H – Recruitment Flyer

Predictors of Engagement in Nursing Professional Practice

Proactive & Persevering Characteristics, Professional Identity, & Passion of Nurses in the Post-COVID Healthcare Environment

Your participation is greatly appreciated!

The purpose of this study is to determine whether proactive and persevering characteristics, professional identity, and passion of nurses are predictors of engagement in the post-COVID healthcare environment.

Please follow the QR code above or contact the Principal Investigator,
Jennifer Garnand, MBA, BSN, RN, NE-BC, CMTE, if you are interested in participating:
jennifer.garnand@usm.edu

Approval has been granted by the Institutional Review Boards of both The University of Southern Mississippi (Protocol #22-478) and Missouri Baptist Medical Center (Protocol #1182).

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