

Work engagement of older registered nurses: the impact of a caring-based intervention

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Aim The aim of this evaluation research was to measure the impact of a caring-based intervention on the level of work engagement in older nurses.

Background Every effort is needed to retain older nurses at the bedside by assisting them to revitalise the internal motivation and self-reward that brought them to nursing.

Method A mixed method evaluation research approach using both qualitative and quantitative measurements was used to determine the impact of a caring-based programme on improving the work engagement scores of older Registered Nurses (RNs).

Result The results of this study suggest that leadership strategies aimed at improving work engagement using caring theories have a significant positive impact.

Conclusion The findings contribute to our understanding of how work engagement can be enhanced through building work environments where there is a sense of belonging and teamwork, where staff are allowed time to decompress as well as build positive work relationships.

Implications for nursing management Nurse Leaders (NLs) bear a responsibility to partner with older Registered Nurses (RNs) to build engagement in their work life while enhancing the quality of care. Successful leaders will find ways to meet these unique challenges by creating a healthy work environment.

Keywords: caring, older nurses, retention, work engagement

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Introduction

The growth and ageing of the population, along with the continued demand for the highest quality of care will create a surging need for the services of Registered Nurses (RNs) over the coming two decades (Blakeley & Ribeiro 2008). It is predicted that the world overall will face a severe shortage of nurses in the next 20–30 years, as the number of qualified RNs declines while demands increase (Report on the

International Council of Nurses 2012). Previous studies show that the proportion of nurses considering or intending to leave their profession varies significantly among countries: from 4 to 54% (Report on the International Council of Nurses 2012). Health Workforce Australia (2012) predicts a workforce gap by 2025 of between 80 000 and 147 000 RNs. According to the United States Bureau of Labor Statistics' Employment Projections 2010–2020 released in February 2012, the need for 495 500 replacements in the nursing

workforce will bring the total number of job open for RNs in the United States as a result of growth and replacements to 1.2 million by 2020.

In addition, many RNs are approaching retirement age and the nursing profession will soon face difficulties retaining the existing acute care workforce (Buerhaus *et al.* 2009). Experienced nurses approaching retirement possess extensive clinical skills as well as practical experiences which are critical to ensure high levels of patient safety. They are also a valuable source of knowledge and wisdom for new RNs. The current acute care work environment is characterised by heavy patient assignments, inflexible schedules, excessive overtime, few opportunities for professional advancement and ineffective leadership (Laschinger 2010, O'Brien-Pallas *et al.* 2010). All these factors result in increased stress as well as decreased retention of older RN (Lim *et al.* 2010). The future of quality care in professional nursing depends on findings way to engage experienced older nurses in their work.

Background

Traditionally, retention strategies in acute care facilities are focused on retaining recently graduated and/or newly hired nurses. While working to improve the work environment among all nurses is needed, it is essential to pay attention to the needs of older nurses. Data from the most recent United States National Sample Survey of American Registered Nurses (NSSRN) completed in 2008 indicates the estimated average age of the RN providing acute care is 46 years, more than 7 years older than the estimated average age of 39 years from the 2004 survey (Buerhaus *et al.* 2009). Previous studies have been conducted and interventions reported in the literature on how to meet the physical challenges of older RNs (Hatcher *et al.* 2006). There is a void in the literature on how to maintain workplace engagement of this group who has so much to contribute through their knowledge and experience. It is important to help this subset of older RNs find happiness in their work and workplace as well as revitalising the internal motivation and self reward that brought them to nursing. Most surveys of job satisfaction and engagement focus on the organisational features and not on the individual employee's level of engagement. A better understanding of ways to improve the level of engagement through specific interventions is needed to help older nurses find joy, dedication and absorption in their work.

Literature review

Within the last two decades, the concept of Positive Psychology has emerged and extended into occupational psychology with a focus on building positive qualities and emotions instead of a preoccupation with repairing the negatives aspects of one's life (Seligman & Csikszentmihalyi 2000). It has been argued that it is time to extend this research to the positive aspects of work to understand the full meaning and effect of work engagement (Turner *et al.* 2002). Work engagement is a personal and professional commitment to both the job and the organisation (Schaufeli *et al.* 2002). It is a measure of one's feelings such as happiness or excitement related to one's chosen profession. There are three related components to engagement: vigour, dedication and absorption (Schaufeli *et al.* 2002). Vigour refers to high levels of mental resilience and energy along with the willingness to invest effort and persistence while working (Bakker *et al.* 2008). Dedication is a strong involvement in one's work while experiencing feelings of enthusiasm, significance, inspiration, pride and challenge (Bakker *et al.* 2008). Absorption refers to the undivided concentration, immersion and happy engrossment in one's work where time goes by quickly (Bakker *et al.* 2008). Engaged employees are physically energised, emotionally connected, mentally focused and spiritually alighted with a purpose beyond their own self-interest (Loehr & Schwartz 2003). A work environment where nurses have structural empowerment as well as the tools to do their work leads to a higher feeling of engagement (Laschinger *et al.* 2009). Nurse leaders who create organisational structures that empower nurses to deliver optimal care promote a great sense of fit between nurses' expectations of work life and the organisational goals therefore creating greater work engagement and lower burnout (Spence Laschinger *et al.* 2006). The results of a Norwegian study by Bjarnadottir (2011) showed that work engagement among nurses increased proportionally with their experience in work environments where there is mutually positive support between nursing colleagues and nursing leadership. Jenaro *et al.* (2011) in a study in Spain concluded from their research that initiatives to improve social and communication skills are required for nurses to experience vigour and dedication which are attributes of work engagement.

At the opposite end of the spectrum is the concept of burnout which is the erosion of work engagement. Maslach and Leiter (2008) define burnout as a syndrome consisting of emotional exhaustion, depersonalisation and reduced personal accomplishment.

The characteristics of burnout are exhaustion, cynicism and ineffectiveness which are the opposite of work engagement which involves energy, involvement and efficacy (Maslach & Leiter 2008). Previous studies indicate that there are low levels of engagement, high levels of burnout as well as illness-related absenteeism among RNs (Greco *et al.* 2006, Adriaenssens *et al.* 2011). Several studies conducted by Aiken *et al.* (2002) linked lower levels of burnout to acute care work environments that provided job autonomy, control over practice environment and good nurse-physician relations.

Maslach and Leiter (2008) proposed that the concept of moving from burnout to engagement is a continuum which recognises the variety of reactions that employees can have to their work environment. There is increasing empirical evidence that opportunities to recover from work such as vacations and other respites decrease burnout (Fritz & Sonnentag 2006). In a study of registered nurses and work engagement, the findings were that nurses who psychologically detached from work-related demands during short respites showed a higher increase of work engagement when they returned (Kalliath & Morris 2002, Kuhnel *et al.* 2009). While it is logical to expect that a caring work environment would lead to an older nurse's increased level of engagement, this proposition has not been tested empirically.

Theoretical frameworks

The aim of this evaluation research was to measure the impact of a caring-based intervention on the level of work engagement in older nurses. A mixed method evaluation research approach using both qualitative and quantitative measurements was designed to determine the impact of a caring-based programme on improving the work engagement of older RN. Older nurses were defined as RNs over the age of 45 years who have practiced at the bedside in acute care for more than 5 years. The theoretical framework for this research study integrates Schaufeli and Bakker's theory on work engagement with Boykin and Schoenhofer's (2001) theory of Nursing as Caring: a Model for Transforming Practice. Schaufeli and Bakker (2003) define that work engagement is a positive, fulfilling, affective, motivational state of work related well-being which is seen as the antithesis of job burnout. The basic premise of Boykin and Schoenhofer's mid-range theory is that all humans are caring persons, that to be human is to be called to live one's innate caring nature. Caring is an essential value in the personal and

professional lives of nurses. The focus of the caring theory is not towards an end product such as wellness rather it is about a unique way of living and caring in the world. It is important to care for one's self in order to rediscover the possibilities of one's self as a caring person and the possibilities to be fully engaged in the discipline of nursing. Nursing leadership models the way of being with others to portray respect for a person as caring which creates a culture in the organisation that values caring (Boykin & Schoenhofer 2001).

Hypothesis

It is hypothesised that the level of work engagement in older RNs would increase if they were given the time to step away from their work in order to reflect and focus attention on taking better care of one's self, to strengthen and deepen their relationship with their colleagues and to reconnect with the true reason for becoming a nurse...caring for others.

Methods

Sample

An older nurse was defined for this study as a RN who is 45 years of age or older and has been actively practicing at the bedside for more than 5 years. This age was chosen as it represented the average age of RNs working in the community (Florida Center for Nursing 2010). The sample was drawn from 141 RNs who met this definition working at a non-profit community medical centre. A letter was mailed inviting these RNs to voluntarily participate in a 3-day retreat, 8 hour each day at a site away from the hospital. Nineteen participants were recruited and voluntarily signed informed consents to participate. All participants were paid their salary to attend. The Nurse Leaders (NLs) were supportive in making changes in work schedules so that all volunteers could attend. Demographics for the group are presented in Table 1. Institutional Review Board approval was obtained and all participants were informed of their right to withdraw from the study at any time.

Design

A structured 3-day offsite programme retreat was conducted with the purpose of creating a supportive environment using appreciative inquiry for older RNs to reflect, share stories and dialogue about the true meaning of caring. The retreat focused on caring

Table 1
Demographic characteristics ($n = 19$)

Demographics	Mean
Age, years	59.3 (range 45–65)
Years of Experience as a RN	28.7 (range 14–42)
Years of Service at the facility	10.7 (range 5–30)
Gender	19 females; 0 males
Hours of employment	Full time: 17; part time: 2
Highest level of nursing education	Diploma – 2; Associate Degree – 6 BSN – 8; MSN – 3
Practice setting	Critical Care – 4; Medical Surgical – 5 Maternal Child – 4; Surgical Services – 4 Emergency Services – 2
Number who are certified in their area of specialty	Yes: 11; No: 8

relationships with one's self, work colleagues as well as patients and their families. Boykin and Schoenhofer's (2001) theory of Nursing as Caring was reviewed and staff dialogued on the concept of caring in their professional and personal life. The discussion and dialogue provided the opportunity to reaffirm the core values of nursing and rekindle their purpose and commitment to nursing. They learned ways to create a positive difference for themselves, the patients and their families, as well as their co-workers. Four nursing leaders and the Chief Nursing Officer from the medical centre acted as facilitators and participants was deleted.

Data collection

Work engagement was measured pre-intervention and 30 days post-intervention with the 17-item Utrecht Work engagement Scale devised by Schaufeli *et al.* (2002). The title of the tool is Work and Well Being Survey to avoid answering bias that may result from specific connotations related to work engagement (Schaufeli & Bakker 2003). Participants used a seven-point Likert scale ranging from 0 (never) to 6 (always every day) to rate the items. The tool has an international database that includes engagement records of over 20 000 employees. Schaufeli and Bakker (2003) report that men score significantly higher than women on absorption and dedication whereas no gender differences in levels of vigour exist. It is also noted by the authors that virtually no relationship is observed between work engagement and age except for a correlation of 0.05 for vigour which lacks any practical relevance (Schaufeli & Bakker 2003). Differences in mean levels of engagement between various occupational groups do exist but never exceed one standard deviation (Schaufeli & Bakker 2003). Schaufeli and

Bakker (2004) report evidence of divergent as well as convergent reliability for this tool in their technical manual as well as acceptable validity. The differences in mean levels of engagement for the scale are significant but relatively small and never exceed the one standard deviation size (Schaufeli & Bakker 2003). The internal consistency of the scale is good in that the Cronbach's alpha are equal to or exceed the critical value of 0.90 (Schaufeli & Bakker 2003).

Factorial validity of a three factor structure (vigour, dedication and absorption) indicates there is good reliability of the instrument over time (Schaufeli & Bakker 2003).

Data analysis

Seventeen participants completed both the pre- and post-test and all tools were blinded to protect the staff's identity. Pre- and post-analyses utilising a paired *t*-test were used to measure the changes in vigour, absorption and dedication on the Utrecht Work Engagement Scale. The Statistic Package for Social Sciences (SPSS Incorporated 2010) was used to conduct descriptive statistical analyses.

To gather qualitative data, 16 of the participants attended a focus group that was held 60 days after the retreat. The focus group was facilitated by a nursing faculty member who did not participate in the retreat. The intent was to determine the effect of the intervention on the nurses' caring behaviours, to find out what was beneficial about the retreat and to determine if any of the suggested practices were incorporated into their daily work life. The discussion groups were taped by the facilitator and then transcribed by a third party to ensure anonymity of the participants. An analysis of the qualitative responses was done to identify themes using the first cycle coding method of evaluation coding (Saldana 2009).

Study findings

Work engagement

Overall work engagement of the study participants increased after attendance at the retreat. Interestingly, attendees had a higher mean score level of engagement prior to attending the programme than the mean response score of 3.82 for all respondents in the Utrecht Work Engagement database reported in the literature (Schaufeli & Bakker 2003). The overall mean score for the 17 items increased from a mean of 75.10 pre-retreat to a mean score of 80.80 post-retreat which is statistically significant ($t = 8.93$, $d.f. = 1$, $P = 0.001$). The

mean response score of 4.5 pre-retreat and 5.1 post-retreat is also statistically significant ($t = 6.45$, d.f. = 1, $P = 0.02$) indicating that there was significant increases in the individual response scores after the retreat. There were statistically significant improvements on the three individual components of work engagement which are vigour, dedication and absorption.

Vigour

Vigour was assessed by six questions that refer to high levels of energy and resilience, the willingness to invest effort, not being easily fatigued and persistence in the face of difficulties (Schaufeli & Bakker 2003). The mean for the measurement of vigour increased from 26.50 pre-retreat to a mean of 28.30 post-retreat. The question 'At my work I feel bursting with energy' showed significant improvement on the post-measure indicating that the nurses had more energy after the programme. For the questions 'At my job I am very resilient, mentally, At my work I always persevere, even with things do not go well and and When I get up in the morning, I feel like going to work' there was significant improvement after the retreat. There was no improvement in the score for the questions 'I can continue to work for very long periods of time' and the question 'At my job, I feel strong and vigorous'. These values correlated with the responses in the focus groups where the nurses voiced concern regarding work fatigue (refer to Table 2).

Dedication

Dedication was assessed by five questions in the tool that refer to deriving a sense of significance from one's work, feeling enthusiasm and proud about one's job and feeling inspired and challenged by the job (Schaufeli & Bakker 2003). The score for dedication increased from a mean of 23.8 pre-test to a mean of 26.4 post-test. There was improvement in three of the questions post-intervention. These questions were 'I find the work I do full of meaning and purpose', 'My job inspires me' and To me my job is challenging. There was no improvement in the following questions which are 'I am proud of the work I do' and 'I am enthusiastic about my job' (refer to Table 2).

Absorption

Absorption was measured by six items that refer to being totally and happily immersed in ones work and having difficulties detaching from work. For the engagement trait of absorption, the mean increased from 24.8 pre-retreat to 26.4 post-retreat. Two of the six questions showed significant improvement. These two

Table 2

Utrecht Work Engagement Scale: Study results

<i>Utrecht Work Engagement Scale: Work and Well Being Survey Pre retreat overall Mean 75.10; Post retreat overall Mean 80.80</i>			
Vigour			
1. At my work, I feel bursting with energy.	$t = 3.324$	d.f. = 16	$P = 0.005$
2. At my job, I feel strong and vigorous.	$t = 2.084$	d.f. = 16	$P = 0.287$
3. When I get up in the morning, I feel like going to work.	$t = 2.384$	d.f. = 16	$P = 0.030$
4. I can continue working for very long periods at a time.	$t = 1.102$	d.f. = 16	$P = 0.287$
5. At my job, I am very resilient, mentally.	$t = 2.426$	d.f. = 16	$P = 0.027$
6. At my work I always persevere, even when things do not go well.	$t = 2.426$	d.f. = 16	$P = 0.027$
Vigour Pre retreat mean = 26.50 Post retreat mean = 28.30			
Dedication			
1. I find the work that I do full of meaning and purpose	$t = 2.582$	d.f. = 16	$P = 0.020$
2. I am enthusiastic about my job	$t = 1.514$	d.f. = 16	$P = 0.15$
3. My job inspires me.	$t = 2.640$	d.f. = 17	$P = 0.018$
4. I am proud of the work that I do	$t = 1.000$	d.f. = 16	$P = 0.332$
5. To me, my job is challenging	$t = 2.130$	d.f. = 16	$P = 0.049$
Dedication Pre retreat mean = 23.8 Post retreat mean = 26.4			
Absorption			
1. Time flies when I am working.	$t = 1.461$	d.f. = 16	$P = 0.163$
2. When I am working, I forget everything else around me.	$t = 2.368$	d.f. = 16	$P = 0.031$
3. I feel happy when I am working intensely.	$t = 1.852$	d.f. = 16	$P = 0.083$
4. I am immersed in my work	$t = 1.646$	d.f. = 16	$P = 0.119$
5. I get carried away when I am working	$t = 2.582$	d.f. = 16	$P = 0.020$
6. It is difficult to detach myself from my job	$t = 2.063$	d.f. = 16	$P = 0.056$
Absorption Pre retreat mean = 24.8 Post retreat mean = 26.4			

questions were 'when I am working; I forget everything else around me' and 'I get carried away when I am working'. The following four questions did not improve on the post-test Work and Wellness Survey: 'Time flies when I am at work', 'I feel happy when I am working intensely', 'I am immersed in my work' and 'It is difficult to detach myself from my job' (refer to Table 2).

The results of the quantitative portion of this research demonstrate that when older RNs have an opportunity to spend time with colleagues and reignite their spirit of caring they experience a greater level of work engagement.

Study themes

Six major themes were identified from the qualitative analysis of the focus group transcripts. The themes

included: caring for one's self, reawakening the spirit of nursing, changes in views on caring for patients and their families, changes in how I view work and my colleagues, concerns for the future and leaders taking time to care. The identified themes are in Figure 1.

Caring for one's self

One objective of the retreat was to assist staff nurses to discover the meaning of intentional caring for one's self as many of the participants reported that they do not care for themselves. As one RN reflected 'You lose sight of yourself and your needs and, for me, the self care part of the weekend or the seminar was.... really huge'. Another shared that 'Reconnecting with the fact that I count.... and that I matter and that I need to take care of myself better so I take care of my patients'. The facilitators assisted the participants to reflect on ways to balance the body, mind and the spirit of the optimal well-being. Reflecting on what they had found beneficial, one participant expressed: 'I started to get into a regular exercise program, different fun activities rather than just the task that I have to do 'til I go back to work and start my tasks here'.

Reawakening the spirit of nursing

Employees who resign psychologically but remain physically employed are often referred to as on the job retired. When employees are not fully engaged, their level of work productivity and work quality plunges (Manion 2009). The respondents reported they felt more connected to their work after the time away to reflect on their nursing practices. One registered nurse reflected how the retreat brought back

why she had chosen nursing: 'As a care giver, that is the highest honor to be with people in their darkest hour'. Much of nursing has become task driven as one nurse confirmed: 'It's like it's all tasks and I try and get away from the tasks and realize we need to focus on teamwork, caring for each other so we can be more caring with the patients'. Another participant reflected 'That human connection is so unique to nursing and I think a little bit of that has been lost but it is so valuable, no matter what the circumstance, to have that human connection'.

Changes in views on caring for patients and their families

Previously overshadowed by measures of clinical processes and outcomes in the quality of care equation, patient satisfaction measurement has come to the forefront as more consumers have increased expectations as well as choices in health care. As part of the retreat, three invited patients and their families came and shared their feelings regarding their experiences during hospitalization at the medical centre. On nurse commented that 'I think that the retreat has made the action of incorporating the family important so I am more conscious to do that. It makes you feel kind of good'. This focus on the true needs of the patient can become lost. A participant noted 'Nursing has become very technical, very machine oriented, and I think that we've moved away from the warm blanket, the 5-minute sitting by the side of the bed making eye contact with the patient'. Another nurse thought 'That touch, alone, just...sitting down and holding a hand or you know, talking with family members or giving that same kind of compassion and caring to family and patients was very important to them'. In the theory Nursing as Caring; A Model for Transforming Practice, nurses are encouraged to be intentionally present with their patients and discover and respond to what matters most to the patient (Boykin *et al.* 2003).

Changes in how I view work and my colleagues

Employees need to be treated in a fair and respectful manner: the work environment must display a strong sense of trust between employees and management and there must be a culture that supports communication and collaboration (Shirey 2006). In support of these concepts, at the beginning of the retreat, the participants were reminded that it was safe place for each of them to reflect what they uniquely bring to their work,

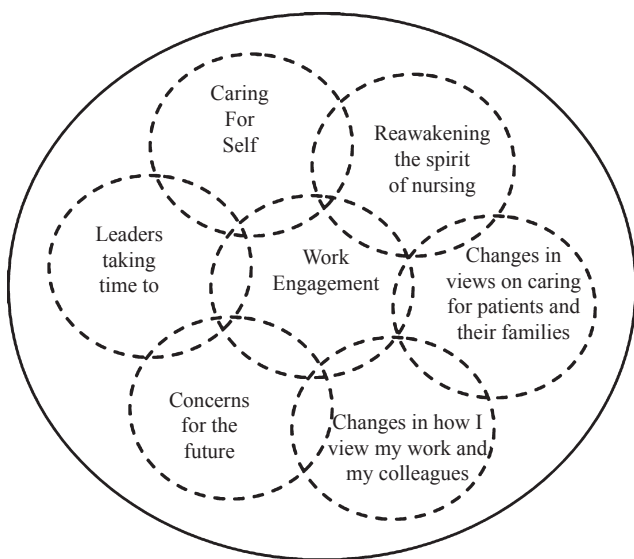


Figure 1
Study themes identified.

what they share in common with their colleagues, some of whom they had never met and to reflect on how they serve their patients and families with care and compassion. When sharing feelings and thoughts on the work environment many were surprised that others felt the same way. One staff member stated: 'No matter whether you are in the ER or ICU or OB, you could just set the tasks out and it comes down to the same feeling of not ...not being able to do enough and people not being happy with what you are doing. This was a kind of a universal experience that was great to see'. Understanding how nurses interact in the work setting has the potential to foster a more cohesive workplace by helping nurses appreciate others and their behaviours as well as understanding factors in the workplace that contribute to conflict (Duddle & Boughton 2007) This concept was supported by a nurse who stated: "Sometimes you feel like you're out there in that little boat and that you're the only one experiencing this and then you go to a workshop like this and you hear it from 19 or 20 other people and you're looking around and you thinking, 'Oh my God, I'm not the only one'. It's really a sisterhood".

Concerns for the future

Given the evidence that there is a relationship between nurse experience and quality of care (Aiken *et al.* 2002), there is concern over the number of experienced nurses who are approaching retirement age and planning to leave the workforce. Of equal concern are the RNs who are physically and emotionally ready for retirement but are not financially able to do so. One participant stated she tried to find other ways to continue to work and have an income but realised she loved nursing: 'I LOVE what I do. I want to stay at the bedside. I love my job. But then, what happens when you get to the point that you can't do it anymore'. There are days when I do get home now and I think I don't know how much longer I can work in this profession'. Many of the participants expressed concern regarding 12-hour shifts. One RN responded: 'And now it's 20 some years later, and you're still doing 12 hours. You go home and you wonder why you're so tired when you only have an hour or two to do something and then go to bed because you have to come back and do another 12-hour day'.

Leaders taking time to care

Nursing is a professional service offered mostly in bureaucratic settings and is often viewed as being

more closely associated with administration than with nursing. Interview participants stated they came to know the nursing leadership: One participant stated: 'I know that the leaders and the CNO care about nursing. They are devoted to the development of nursing and I did not know that before'. From an organisational standpoint, nursing leadership creates a community that appreciates supports and nurtures each person as they grow in caring (Boykin & Schoenhofer 2001). Personal knowing – knowing of self and others is integral to the connectedness all person who care for patients (Boykin *et al.* 2003). The retreat was a gift of time for both the staff and leadership to come to know each person's unique contribution to the mission of the organisation. One nurse commented: 'I think it really benefited me to know that senior management is looking out for us...as people. And to see how much they really do care about us'. Another nurse stated: 'You walked away from the retreat and you really feel valued.... as a staff member here, as a professional and before going into the retreat it felt like a job'.

Testing the hypothesis

The results of this study suggest that leadership strategies aimed at improving work engagement using caring theories have a significant positive impact. Although the RNs in this study had high scores before the intervention in the three subsets of work engagement, there were significant increases in the post-intervention scores. Overall, the scores on the level of engagement had statistical significant increases in the areas of vigour, absorption and dedication. The most significant increase was in the subsets of vigour and absorption. The themes indicate the value in coming to know colleagues and leaders. An unintended finding in the study was the need to reassess the feasibility of older nurses working 12-hour shifts.

Limitations

There are limitations in being able to generalise the findings of this study. The retreat involved a small voluntary sample of older nurses from one community hospital. The interviews as well as the measure of work engagement reflect only one point in time in the careers of the nurses in this study. The study has applicability but not generalisability as the participants were not chosen to be representative of the general nursing population. Workplace culture as well as employee engagement and trust of leadership are

unique to each organisation so these findings are limited to the work setting in the study.

Implications for nursing management

The results provide initial support for the use of caring theory driven strategies to attend to issues that need to be addressed in our current nursing work environments. The older RNs in this study were given the gift of time to focus on caring theory in their personal and professional relationship resulting in increased levels of work engagement. When nurses tell us what they need the most is time, it is often translated as a need for decreased patient ratios and increased staffing. Staff will gather for mandatory education and in-services but rarely is there a chance to reflect on the three crucial relationships in healthcare: caring for self, caring for colleagues and caring for patients and families. In this study, time was provided away from the acute care setting to reconnect with the reasons for being a nurse, a time to focus on self care, a time to hear from patients as to what really matters, a time for nurses to share stories and form bonds with colleagues as well as nursing leaders.

Realising that Nurse Leaders are challenged to find time for staff to connect through meaningful dialogue, there are ways to enhance nursing's professional status and interactions at work. Nurse leaders can take small and incremental steps to create a work environment that facilitates and makes use of staff input, promotes learning and flexibility to increase work engagement thereby reducing staff burnout. The probability of a positive work environment exists when there is an active state of interdependence among the leaders and their employees (Manion 2009). Creating a sense of community can be achieved at the unit level if the staff is allowed to share goals and develop positive interpersonal relationships to work together as a team. Enhancing teamwork which is an aspect of caring for colleagues has been shown to improve staff engagement and improve patient satisfaction (Manion 2009). Caring theories, values and professional practice models must be integrated into the hospital infrastructure and culture. Several previous studies have shown that job resources such as social support from colleagues and leadership, performance feedback, skill variety, autonomy and learning opportunities are positively associated with engagement (Bakker *et al.* 2008). These job resources play an intrinsic motivational factor as they foster employee growth, learning and development and are extrinsically motivational as they help to achieve the organisational goals (Bakker *et al.*

2008). Significant relationships exist between job satisfaction and job engagement (Simpson 2009). Work engagement is a shared responsibility of the manager and the employee both supported by the leadership of the organisation.

Conclusion

The findings of this study contribute to our understanding of how work engagement can be enhanced through building work environments where there is a sense of belonging and teamwork, where staff are allowed time to decompress as well as build positive work relationships. There are many reasons for the worldwide shortage of RN. The ageing of the nursing workforce provides challenges not faced previously. There is a potentially large and highly competent older workforce available if we commit financial resources and take the time to implement appropriate engagement strategies to assist mature RNs to remain in direct patient care. The physical and emotional demands of the healthcare profession are great and nurse leaders bear a responsibility to partner with older employees to build engagement in their work life while enhancing the quality of care (Laschinger *et al.* 2009). Successful leaders will find ways to meet these unique challenges in creating a healthy work environment. Building on a model of engagement *vs.* retention will help older nurses delay retirement, contributes to quality care in a positive way and help alleviate the nursing shortage. Defining the positive purpose in nursing will provide the energy, involvement and efficacy for older nurses to be engaged in practice. This is needed if we are going to achieve the goal of universal safe patient care.

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Ethical approval

Ethical approval was obtained from the IRB Review Board of Florida Atlantic University Ethical approval number #152622-1.

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