Connecting with a bigger picture:
A survey and a toolkit for building
identity and engagement in health regions

An Interdisciplinary Project
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*The achievements of an organization are the results of the combined effort of each individual.*

Vince Lombardi
Introduction

- The 2008 Saskatchewan Institute of Health Leadership (SIHL) “1 Blue and 4 Green” Color Spectrums™ team is pleased to present Connecting with a bigger picture: A toolkit for building identity and engagement in health regions.

- As employees, employers, health care consultants, researchers, and health care consumers we believe that the constant change in the Canadian and Saskatchewan health care system over the past two decades has unintentionally prevented employees from adopting the new identity of their respective Health Region.

- Instability in the work environment due to “regional or organizational restructuring has contributed to increased stress and less effective communication, with obvious impacts on team cohesiveness” (Nicklin & Barton, 2007). Research indicates that employees may identify more closely with their place of work (e.g. former district or facility) as opposed to their health region (Deloitte, 2007). In our experience, it is not uncommon to hear employees state they work for a specific facility rather than a health region.

- We assert that a lack of regional identity affects employees’ engagement and participation in the health region’s vision and mission. Further, we posit, when employees are not involved or conferred with during times of change there is a negative impact on a health region’s ability to provide quality client care, healthy community members, dynamic work environments, health prevention, effective use of resources both human and material, as well as sound fiscal management and accountability to taxpayers and government.

- While there are no easy answers to addressing this challenge, considering the role of social cohesion in communities (workplaces) may provide an understanding of people’s (employees and employers) connections to each other and why it is important to work together. Along with other strategies, such as empowerment and transformational leadership, we believe the principles of social cohesion can increase employee engagement and participation, which can build a united identity for health regions.

- This project includes information on regionalization, an environmental scan, background information on identity, a discussion on social cohesion, a survey tool to assess employee identity and engagement, and a toolkit of resources to assist with building identity and engagement.
Regionalization and Environmental Scan

- Regionalization timeline in Saskatchewan

  1992: 32 districts were created and 52 hospitals and integrated hospital facilities were closed with most converted to long term care or wellness centers prior to district formation (Marchildon, 2005)
  - Principles of the change: increased community involvement, emphasis on disease and injury prevention, lifestyle and population health, provide right service at the right time in the right place - as close to home as possible, coordination and integration of health services, ensuring a financially sustainable, publicly funded health system (Ontario Hospital Association, 2002).

  2002: 32 districts became 12 regional health authorities
  - Principles of the change: streamline health services, reduce fragmentation, respond to local needs, improve public participation in health care, address continuum of health care services (Marchildon, 2005).

- “In theory, an ideal region should be small enough to have the potential for social cohesion - it should reflect historical and geographic patterns of how and where people trade, access services, and participate in social networks” (Kouri, n.d).

- Regionalization was intended to streamline health services, to reduce fragmentation, to respond to local needs, to improve public participation in health care, and to address the continuum of health care services from prevention and promotion to curative, supportive, restorative and palliative (Lewis & Kouri, 2004). Many feel that the process has not lived up to its potential instead becoming primarily a fiscal exercise rather than a philosophical or “health motivated” change (Petrucka, 2008).
Examples of the broad and multifaceted influences that are at work today that inform health care:

- **IDENTITY**
  - Identity is described as an individual’s feeling of being connected with a community of individuals who share a set of beliefs and values, and are engaged and motivated to contribute to the goals of a community.

- A health region’s identity is derived from numerous factors such as social, cultural, economic, and political needs. These events may have competing mandates, i.e., the federal government through the Canada Health Act, the public’s expectation of the provincial government’s prudence with fiscal management, Saskatchewan Ministry of Health with any number of health or social directives, individual communities within the health regions, competing needs of professional organizations, unions and the individuals who have their own cultural, economic, and social needs. To gain “buy-in” to a single identity, the health region’s board and senior administration must balance these interests. The vision and mission creates an identity for employers and
employees to operate under. It also provides the health care user with an understanding of what the health region wants to achieve for it’s communities and gives an expectation of services offered by the health region.

- A 2007 review of the Prince Albert Parkland Health Region found that the organizational structure did not support the function, performance and behavior in a way that was regional (Deloitte, 2007). The organization on a regional level had failed to “gel” because of the perpetuation of business practices, staff deployment and lack of buy in “to a new identity” by “staff, affiliated unions and community partners” (Deloitte). Consequently, the limited traction in coming together as a region has allowed the status quo to flourish (Deloitte). This means individuals continue to work the way they always have because their system of work (tools and resources) has not changed.

- When there is no common identity a “we versus them” mentality develops. In this scenario individuals are committed to the area they are most familiar with, feel connected to and gain satisfaction from. Consequently, the employee doesn’t see how they contribute to the operation of the whole system and why their contribution is critical for the system (organization) to function in an effective and efficient way.

- The bottom line is that the regional health authority accomplishes its goals through its employees; and “if they don’t perform for the organization, the organization doesn’t perform” (personal communication Beesley, 2008).

- Our model is a preferred state where a common identity is created. There is balance among the personal, community (workplace) and region’s identity. In the preferred state the employees are engaged, participatory and willing to work towards the vision and mission of the health region. Employees understand their role and what they contribute to the system is valuable and needed.
Social cohesion

• Understanding social cohesion can provide awareness of complex human relationships and encourage employers to implement strategies that engage employees in a meaningful and productive way.

• Social cohesion has been described as the “gluey” substance that connects individuals with groups, groups with organizations and citizens with societies (R. Labonte, 1999 as cited in Massey & Durrheim, 2007). It is a relationship of connectedness or togetherness that keeps people mutually involved (Rolfe, 2006).

• When social cohesion is strong, members are highly motivated to contribute to the group’s welfare, to advance its objectives and to participate in its activities (Friedkin, 2004).
• The five important components of social cohesion are (Beavis & Jensen, 2002):
  1) belonging- the sharing of values, identity and commitment to a cause
  2) inclusion- providing equal opportunities
  3) participation- involvement in a cause
  4) recognition- viewing diversity as an asset
  5) legitimacy- conformity to acknowledged standards

• Strategies for increasing social cohesion in communities include (Rolfe, 2006):
  1) involve individuals in the development and maintenance of the community
  2) recognize key changes in communities that are creating stressors
  3) note that change is not always a negative product but could be viewed positively as an asset for resilience
  4) strengthen key relations and structures that are supportive of communities
  5) engage local governments, local organizations and other formal or informal community structures to stimulate community resilience and vitality (in health regions this would be unions, professional organizations, special interest groups)

Survey

• In order for a health region to successfully meet its purpose it is essential that all employees identify and feel connected to it. The employers are the key motivators in a health region that help employees become and remain engaged. It is important for employers to understand their role in employee engagement. Research shows a disconnect between what employees want and what their employers think they want (Gernon, 2006).

• The project survey was created by our team based on the article by Seijts & Crim (2006) titled What engages employees the most or The Ten C’s of employee engagement.

• The survey holds two purposes: to allow employers to measure their level of connection with employees; and to measure employees’ level of engagement or identification with the organization.

• The manager should use the survey responses to assess the level of connection, engagement, and identification with the organization among his/her employees.

• Directions: Employees and managers each complete their copy of the survey. The questions on the manager survey correspond directly to the questions on the
employee survey. Most importantly, the survey itself measures engagement: if employees do not complete the survey, the assumption is they are not engaged.

- **Scoring:** The numerical response for each question on the employee survey should be totaled and averaged. The average response for each question should be compared to the response by the manager. Areas where responses are the same and where responses are different should be evaluated. For example, if the response from the employee survey indicates an average response of “4 = never” for question 1: “I believe my manager does what is best for the organization” and the manager’s response to question 1: “I do what is best for the organization” is a “1 = all the time” there is a large disconnect between what the manager thinks and what the employees think. If employees and managers indicate the same answer for a question it shows that the manager has a good level of connectedness with his/her employees.

- In the survey, the key questions that link to organizational identity are 1, 3, 4, 7, 8, and 12. The responses to these questions should be tabulated for each survey completed. The lowest total score is 6 and the highest is 24. The closer the score is to 6, the greater the level of identification each employee has with the region.

- In the survey, the key questions that link to engagement are 2, 5, 6, 9, 10, and 11. The responses to these questions should be tabulated for each survey completed. The lowest total score is 6 and the highest is 24. The closer the score is to 6, the greater the level of engagement for each employee.
Employee Survey
Please rate each of the following statements using the scale provided below:

1 = All the time    2 = Sometimes    3 = Rarely    4 = Never

1. I believe my manager does what is best for the organization.
   1       2       3       4

2. I am provided with training by my employer that allows me to advance my career.
   1       2       3       4

3. I believe in what the organization stands for.
   1       2       3       4

4. I follow the organization’s goals in my day to day work.
   1       2       3       4

5. My manager tells me areas I need to improve in.
   1       2       3       4

6. My manager tells me when I am doing a good job.
   1       2       3       4

7. The organization seeks my input when making decisions that affect me.
   1       2       3       4

8. I believe that I am valued by the organization.
   1       2       3       4

9. I am given the flexibility to control my work tasks.
   1       2       3       4

10. I belong to a great work team.
    1       2       3       4

11. I am proud of the work I do.
    1       2       3       4

12. I am proud to belong to this organization.
    1       2       3       4

13. Please provide any comments below:
Manager Survey
Please rate each of the following statements using the scale provided below:

1 = All the time        2 = Sometimes        3 = Rarely        4 = Never

1. I do what is best for the organization.
   1  2  3  4

2. I provide training to my employees to help them advance their career.
   1  2  3  4

3. My employees believe in the mission of the organization.
   1  2  3  4

4. My employees follow the organization’s goals in their day to day work.
   1  2  3  4

5. I tell my employees areas they need to improve in.
   1  2  3  4

6. I tell my employees when they are doing a good job.
   1  2  3  4

7. I seek input from my employees on behalf of the organization on decisions that affect them.
   1  2  3  4

8. I believe I am valued by the organization.
   1  2  3  4

9. I give my employees flexibility to control their work tasks.
   1  2  3  4

10. I belong to a great work team.
    1  2  3  4

11. I am proud of the work I do.
    1  2  3  4

12. I am proud to belong to this organization.
    1  2  3  4

13. Please provide any comments below:
Toolkit

The following are resources that can be used to build employee engagement and participation. The tools are based on the idea that social cohesion is created when employees are engaged and actively participate in the health region’s vision and mission.

Ivey Business Journal (2006) *What engages employees the most or, The Tens C’s of employee engagement?*  
http://www.iveybusinessjournal.com/view_article.asp?intArticle_ID=616

Engaged employees are emotionally connected to the organization and cognitively vigilant. It is the unique elements of the work experience that are most likely to influence engagement. Statistics show employee engagement drives results and affects the mindset (e.g. believe they make a difference, gives confidence).

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<th>Area</th>
<th>Goal</th>
<th>Plan</th>
<th>Idea / Tool</th>
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| Connect| Managers show they value employees                    | Active communication forums between employees and management | ✓ Listen to Employee as a customer  
 • Surveys  
 • Focus Groups  
 • Project Teams  
 • Advisory Councils  
 • Solution Boards  
 ✓ Employee Recognition  
 • Utilize print version or intranet version  
 • Email from CEO  
 • Public Media Recognition  
 • Celebrate and acknowledge employee outside achievements |
|        | Managers clearly demonstrate commitment to Mission, Vision | Communicate Organization Culture                          | ✓ Intranet Leadership Message-Board  
 ✓ Staff meeting involvement |


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<tr>
<td></td>
<td>and Values</td>
<td></td>
<td>✓ Management visible and accessible</td>
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| **Career** | Managers provide challenging and meaningful work and provide opportunities for career advancement | Provide knowledge and tools for success | ✓ Provide access to formal and informal education  
✓ Provide training that has been recognized as best practice by the industry  
✓ Performance reviews include personal professional development goals  
✓ Encourage participation in research projects |
| **Clarity**| Managers align strategy, processes and training procedures with the organization’s culture | Build a culture focused on results, with employee accountability and respect in the workplace | ✓ Communicate the vision  
✓ Communicate the goals  
✓ Facilitate employee development of code of conduct  
✓ Build on common goals  
✓ Explore and initiate use of recognized measurement tools and practices |
| **Convey** | Managers set expectations and provide employees feedback on their performance | Processes and procedures assist employees to master important tasks and facilitate goal achievement | ✓ Identify work patterns  
✓ Establish baseline workload standards  
✓ Employees understand their job roles |
<p>| <strong>Contribute</strong> | Service outcome and impact is                                   | Performance Indicators implemented                                     | ✓ Client satisfaction surveys |</p>
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<tr>
<td></td>
<td>known</td>
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<td>✓ Workload standards</td>
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<td></td>
<td>✓ Rating Scales</td>
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<tr>
<td>Control</td>
<td>Managers attuned to needs of employees</td>
<td>Initiatives require active participation of employees</td>
<td>✓ Conflict Management</td>
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<td></td>
<td>✓ Disability Management</td>
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<td></td>
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<td>✓ Health Promotion thinking</td>
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<tr>
<td>Collaborate</td>
<td>Managers build teams</td>
<td>Rally individuals to collaborate on organizational and group goals</td>
<td>✓ Six Sigma</td>
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<td>✓ Lean Management</td>
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<td></td>
<td></td>
<td></td>
<td>✓ Integrated Teams</td>
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<td></td>
<td></td>
<td></td>
<td>✓ Define Committee Purpose</td>
</tr>
<tr>
<td>Credibility</td>
<td>Managers maintain the organizations reputation</td>
<td>Build a healthy and safe work environment that links to positive levels of trust, engagement and quality service</td>
<td>✓ Strong Patient First Values</td>
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<td></td>
<td>✓ Supportive Front-Line Supervision</td>
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<td></td>
<td>✓ Decision Input by employees</td>
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<td>✓ Choose Measurement Tools</td>
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Accreditation Canada (2008) [www.accreditation-canada.ca](http://www.accreditation-canada.ca)

- Accreditation Canada guides clients to reach standards of excellence. Organizations that participate in the accreditation program benefit from a thorough assessment that leads to an action plan for improving every aspect of the health care and services they deliver (Accreditation Canada, 2008).
- By evaluating the quality of care and service they provide, organizations are able to accurately measure their clinical and operational performance — thereby giving them a clear picture of their strengths and areas to be improved.
- Organizations report that the experience of participating in Accreditation Canada’s accreditation program improves communication and collaboration within and outside the organization; promotes team building; and shows commitment to quality, increases credibility, and demonstrates accountability (Accreditation Canada).
- In 1999, work-life standards were introduced into Canadian Council on Health Services Accreditation (CCHSA). In a 2002 review, work-life problems were in the
top 10 compliance issues noted by surveyors (Nicklin & Barton, 2007). New work-life standards were applied to the 2007 accreditation surveys (Nicklin & Barton).

- 5 key elements of service excellence: clinical leadership, people, process, information and performance (Accreditation Canada, 2008).
- Standards for a Proactive and Supportive Organization are grouped into four themes: adapting to the environment, strengthening cultures and values, allocating resources and building the infrastructure to achieve positive outcomes (Accreditation Canada).
- Strengthening Culture and Values deals with the processes of identifying, strengthening and disseminating the organization’s culture and values throughout the organization (Accreditation Canada).
- Throughout the accreditation standards reference is made to “the organization”, team collaboration across the care continuum, leadership and support to deliver care, team goals and objectives linked to the organization’s mission or strategic plan, and team leaders fostering a positive culture among staff, service providers and volunteers.

**Waterstone Human Capital (2007) Insight into the cultures of Canada’s most successful organizations**

[http://www.waterstonehc.com/resources/Canada’s_10_Most_Admired_Corporate_Cultures_2007_booklet(3).pdf](http://www.waterstonehc.com/resources/Canada’s_10_Most_Admired_Corporate_Cultures_2007_booklet(3).pdf)

This tool provides ideas to build a healthy corporate culture where performance is strong because people (employees) are aligned with and connected to one another in a manner that accomplishes corporate goals. It tells us that a healthy corporate culture can make a difference.

**Canadian Corporate Culture Study (2006) Seven principles of organizational health and performance**


Seven principles include:
- **Define**: Develop a clear and concise statement of how the regional culture should look (e.g. vision, mission, values) and how employees should behave on a daily basis.
- **Align**: Ensure everything from strategy to process and training procedures are aligned with the regional culture.
- **Leaders in Action**: Leadership participation and commitment is necessary to develop, strengthen, and maintain corporate culture.
- **Measure**: Regions should regularly “check-up” the health of their regional culture.
- **React**: Successful organizations are able to react to both problems within their corporate culture and changes in the operating environment as they arise (paradigm
shift within the organization when change occurs, aligning and transitioning new people into the organization).

- **Reward:** Successful corporations reinforce/reward actual behaviors that foster an improved corporate culture (results, teamwork, hard work, innovation/creativity and professionalism).
- **Sustain:** Ensure all of an organization’s ideals and the systems for perpetuating them survive over the long term (recruit the right people, successfully integrate new hires into the corporate culture, promote at the leadership level in a strategic way).

**The Leadership Challenge (2007) Evidence-Based Leadership**


Backed by 25 years of original research and data from over 3 million leaders, The Leadership Challenge® is a leadership development program by bestselling authors Jim Kouzes and Barry Posner. Approaching leadership as a measurable, learnable, and teachable set of behaviors, this proven leadership model proclaims Leadership Is Everyone’s Business. Effective Managers challenge the process to make sure it is constantly improved, inspire a shared vision of the future, enable others to act by fostering collaboration and strengthening individual capacity to make a new vision a new reality, model the way, and encourage the heart by recognizing contributions and celebrate.

**Great Place to Work Institute®, Inc (2008)**

[http://www.greatplacetowork.com](http://www.greatplacetowork.com)

“A great place to work is one in which you trust the people you work for, have pride in what you do, and enjoy the people you work with”.

Five dimensions of a Great Place to Work®:

- **Credibility:** communication is open and accessible, competence in coordinating human and material resources, integrity in carrying out vision with consistency
- **Respect:** supporting professional development and showing appreciation, collaboration with employees on relevant decisions, caring for employees as individuals with personal lives
- **Fairness:** equity-balanced treatment for all in terms of rewards, impartiality-absence of favoritism in hiring and promotions, justice- lack of discrimination and process for appeals
- **Pride:** in personal job, individual contributions, in work produced by one’s team or work group, in the organizations products and standing in the community
- **Camaraderie:** ability to be oneself, socially friendly and welcoming atmosphere, sense of family or team
The Graham Lowe Group (2008) *Strengthening links between health and performance*  
[http://www.grahamlowe.ca/](http://www.grahamlowe.ca/)
Healthy employees in healthy work environments can improve organizational performance:

- Health and productivity “drivers” (i.e. strong people values, challenging job, control over the workload, trust, respect, and fairness, adequate job resources, decision input, supportive supervision, growth and development, open communication and recognition and rewards) are found in organizational cultures, systems, and processes.
- Using health promotion thinking, you can strategically link healthy work environments, people capacity (i.e. healthy, engaged, collaborative, skilled, accountable, adaptable), and results (i.e. innovation, performance, quality).
- There is a relationship between a healthy and safe work environment and levels of trust (i.e. trust in senior management, perception that employer values employees), engagement (i.e. commitment to the employer, looks forward to going to work, overall job satisfaction), and quality service (i.e. working conditions contribute to patient safety, overall quality of service provided by team /area).

Development Dimensions International (DDI) is a research-based consulting firm. It and other similar firms have proven a clear correlation between the level of employee engagement and organizational performance. DDI is just one of many firms that claim they can increase employee engagement by focusing the organization on engagement, measuring employee engagement with validated tools and creating human resources strategies to increase and enhance engagement.

**Canadian Management Centre™ (2007) What Employees Can Do To Keep Themselves Engaged**  
This site has several free articles on employee engagement, contributing factors to loss of engagement, and identification of potential solutions. The Canadian Management Centre provides training and development courses across Canada, including Regina.

**12 Manage The Executive Fast Track (2008)**  
[www.12manage.com/description_organizational_commitment.html](http://www.12manage.com/description_organizational_commitment.html)
This is an e-learning site with a large number of resources for management and organizational development, including employee engagement.
References


http://www.oha.com/oha/reports.nsf/($Att)/pspr56wmlq/$FILE/RegionalHealthAuthoritiesinCanada.pdf?OpenElement


http://www.iveybusinessjournal.com/view_article.asp?intArticle_ID=616