

**I Can't Get No Satisfaction:
Tools for Leaders to Pivot from
Satisfaction to Engagement**

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Conflicts of Interest

I have no conflicts of interest regarding
the content of this presentation

Disclosures

Proceeds from my honorarium will be provided to the following charities. I thank the attendees for providing this opportunity for our family to support organizations that provide care to those most in need.

- Next Step Ministries
- Winston Salem Rescue Mission
- Wounded Warriors
- Samaritan Ministries
- Crisis Control
- Freedom House
- Boys and Girls Clubs of America
- Shriners Children's

Outline

- What is employee engagement
- Why does employee engagement matter
- Barriers to employee engagement
- Strategies to improve/sustain employee engagement

How bad is it?

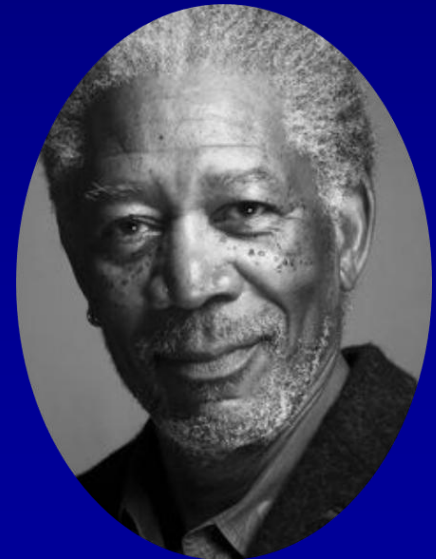


- <https://www.pressganey.com/news/the-state-of-nursing-2025-engagement-trends-signal-need-for-investment-action/>
- <https://www.gallup.com/workplace/349484/state-of-the-global-workplace.aspx>
- <https://www.gallup.com/workplace/266822/engaged-employees-differently.aspx>

Engagement: What It Isn't and What It Is

“One of the biggest mistakes we make is assuming that other people think the way we think”

Morgan Freeman



Measurement Methods

- Implement comprehensive engagement surveys
- Track change through regular check-ins
- Create an Employee Experience Index
- Measure engagement via Net Promoter Score

https://www.hr.com/en/magazines/human_experience_excellence_at_work/june_2025_human_experience_excellence_at_work/5-techniques-for-measuring-employee-engagement-eff_mbqna5c4.html

Why “it” matters

- Drives productivity and performance
- Reduces turnover
- Reduces job stress
- Strengthens teamwork
- Enhances patient experience
- Improves patient safety
- Reduces turnover intention
- Improves financial performance

- The Association Between Health Care Staff Engagement and Patient Safety Outcomes: A Systematic Review and Meta-Analysis James G Mills T et. al., J Patient Saf. 2021 Jan 7;17(3):207–216. doi: 10.1097/PTS.0000000000000807
- Respiratory Therapist Job Perceptions: The Impact of Protocol Use Metcalf AY, Stoller JK, Respiratory Care; November 2015
- Mazzetti G, Schaufeli WB (2022) The impact of engaging leadership on employee engagement and team effectiveness: A longitudinal, multi-level study on the mediating role of personal- and team resources. PLoS ONE 17(6): e0269433. <https://doi.org/10.1371/journal.pone.0269433>
- <https://www.glassdoor.com/blog/best-places-to-work-stock-prices/>

Causes of Low Employee Engagement

Garry's 'Top 10 List' comprised of anecdotes, experiences, personal observations, advice from mentors and RT leaders, personal learnings, surveys, AND more than a few failures by your speaker

Leadership

- Don't walk the talk
- Poor/absent/misleading/unfocused communication (and both too little and too much)
- Micromanagement
- Absent
- Mismanagement of FMLA or Workers Comp
- Take the credit and give the blame
- Lack of recognition for the little things (i.e., not just revenue and productivity....)

Workplace Environment

- Don't provide the best tools (from nebs to vents) to optimize patient care
- Unsafe working conditions
- Favoritism (It's 'Who You Know' or 'Who you report to')
- Org chart rules ('Power of the Badge')
- Tolerance of patient abuse
- Tolerance of poor performers

Starts with the Interview

- Don't share the mission, values, objectives
- Don't clearly communicate expectations
- Don't consider culture and fit
- Don't engage other professionals in the interview
- Don't utilize RT clinical staff in the interview AND hiring decision
- Don't allow enough time for orientation

“We have to take what we can get”

What's My Role?

- Job description doesn't describe roles, responsibilities
- Unclear expectations with regard to safety, productivity, quality
- Lack of alignment between job duties and 'big picture' (e.g., Ask '*How do I contribute to the success of our department and how will this be recognized?*')
- Shifting priorities

Unacceptable Workload

- Productivity measurement based on busyness rather than effectiveness
- Workload demands ‘stacking’, cutting corners, lack of meal/rest breaks
- Staff room bulletin board filled with ‘productivity targets’, ‘treatments delivered’
- Safety and quality take back seat to ‘the numbers’

Stuck

- No clinical ladder
- No career ladder
- Performance evals focus on the numbers
- Lack of support from director/manager for roles outside the RT department
- Lack of consistent training/education
- CEUs for licensure are either ‘on your own’ or ‘you can find free CRCEs on-line’

Professional Autonomy

- Limited/no protocols
- ‘Do what is ordered’ regardless of clinical indication
- Forced to perform low/no value procedures
- Fixed schedules without flexibility
- Inadequate time for patient/family education
- Lack of engagement of clinical staff in decision making

Teamwork

- Decisions made via the org chart
- Lack of multidisciplinary professionals in protocols/pathways
- Absent/disengaged RT medical director
- Conflicts are ignored until it's a disaster
- Poor individual performance is ignored or has appearance of being ignored

Recognition

- Favorites selected for projects rather than engaging new RTs
- Tenure and seniority gets little credit
- ‘Treatments done’ is more important than safety and quality patient care
- Performance assessment consists of the annual review

And last but not least:

*To recognize your extra efforts,
here's your*



Compensation

Last on the list for a reason

- Wage/benefits don't keep up with the Joneses
- *“New hires are making nearly as much as me, and I've been here 10 years!”*
- Clinical ladder isn't aligned with added value
- Performance reviews ‘phoned in’
- Performance based more on productivity than other contributions
- Benefits don't address individual needs
- Peanut Butter raises



Leadership

- Walk the talk
- Stop micromanaging: The RTs at the bedside know best
- Regularly get out of the office (Catch the staff doing good)
- Take the picture rather than stand in the front line
- Bring RTs to your meetings
- *“Don’t coach the dead-Train them”**
- Recognize the little things (*‘Sue, thank you for taking the time to tell me about the problem...’*)

*<https://leadershipfreak.blog/2026/02/04/dont-coach-the-dead/>

Leadership (continued)

- Replace slogans with actions
- Encourage autonomy over micromanagement
- Provide time and budget for management training
- Fund employee ideas
- Replace micromanagement and decisions based on org chart with coaching
- Connect work to purpose (Share the ‘why’ not just the ‘what’)

Workplace Environment

- Make safety 'Job 1'
- Give your staff what they need to do their best (i.e., don't cheap out on the neb)
- Base staffing on AARC Safe and Effective Staffing Guide not '*Get all of your treatments done*'
- Make sure that every RT is given the choice for projects etc.
- Ditch the title/org chart as much as possible to make decisions
- Obtain an education budget that meets the needs of your staff

Starts with the Job Ad

- Share the mission, values, objectives
- Clearly communicate expectations
- Engage other professionals in the interview
- Utilize RT clinical staff in the interview AND hiring decision
- Ensure that safety and quality is assessed during orientation not just '*Bob's ready to hit the floors*'

What's My Role?

- Rewrite job description to include responsibilities for safety and quality in addition to productivity
- Show each RT how they fit and contribute to the big picture
- Get staff involved to lead their idea
- Engage RT medical director on a regular basis to educate and interact with staff
- Celebrate process/contribution rather than waiting for the outcome
- Encourage feedback from everyone

Unacceptable Workload

- Use ‘Value Efficiency’ to eliminate waste*
- Implement, monitor, and communicate clinical protocols
- Reward staff for engaging with providers to eliminate inappropriate orders
- Base productivity system on AARC Safe and Effective Staffing Guide time standards and not ‘completed procedures’
- Stop ‘Stacking’
- Regularly ask: *What should we stop doing?*

*Determining the Value-Efficiency of Respiratory Care, Chatburn R, Ford, R, Kauffman, G;
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Stuck

- Engage staff, medical director, and HR to create a clinical ladder that recognizes contribution and provides advancement
- Create career ladder for all staff
- Help staff grow, even if that means leaving the department
- Invite clinical staff to participate (and give them time) to participate on committees etc.
- Build an education budget based on both patient needs and staff requirements

Professional Autonomy

- Pivot from ‘busyness’ to ‘effectiveness’ by embedding Value-Efficiency into clinical services
- Engage clinical staff to create, monitor, and communicate protocol outcomes
- Provide time for staff to interact with providers regarding inappropriate orders
- Provide time for clinical staff for patient/family education
- Create process for clinical staff to evaluate devices, supply items, and capital equipment and **build the time into the schedule**

Teamwork

- Ditch the org chart for making most decisions
- Engage other professional disciplines to develop and utilize protocols/pathways
- Engage your current RT medical director or get another one
- Sweat the small stuff (i.e., many errors are systemic and not Bob's fault).
- Act timely and consistently to address poor performance

Recognition

- Stop ‘Employee Recognition quotas’
- Make recognition timely, specific, and sincere
- Share patient stories
- Treat everybody differently
- Treat safety and quality as equally important as productivity
- Encourage peer-to-peer recognition
- Ditch ‘Employee of the Month’

Recognition (continued)

- Invite every RT to work on projects, give them the time, and remember this for performance review
- If the starting wage is increased, work with HR to proportionately adjust wages for current staff
- Stay interviews
- Gemba walk daily

DITCH THE PIZZA!

Compensation

- RT director: Regular lunch/break with HR liaison
- Use AARC survey results to show HR comparative wages
- Obtain wage/benefits from both nearby competitors as well as 'like hospitals' nationally
- Stop Peanut Butter raises and replace with individualized bonus/wage increases based on merit

Takeaways

- Always start with the ‘Why’
- Understand that hospital culture and department culture can be different (and frequently are)
- Limit org chart/badge for decisions
- Ethics: Mess Up, Fess Up
- Provide clear expectations
- Celebrate wins AND failures
- Regular Gemba Walk
- Patients Come Second

What to Do?

- Which barriers do you experience?
- Which barriers can be addressed by the RT team?
- Which barriers need to be addressed by senior leadership or medical leadership?
- What actions can be taken immediately?
- How can you measure progress?
- How can you celebrate?



***Thank you for being
an RT!***