

Letter to the Editor

My article on employee engagement is in print in Volume 28, Issue 3 of your journal, along with two other articles on the theme. I want to share some thoughts with you about the commentary by Julia Scott in response to this set of articles. In reference to my article, she seems to refute my findings based on her “hope and belief” that they are not representative, and suggests that my study participants are a group that is more prone to negativity. Perhaps it is difficult to hear such profound stories of hardship at work and, from a management perspective, to accept the assertion that leaders have a significant responsibility in addressing the issues. However, nurses’ work-related distress is not news; my study and others with similar findings cannot be dismissed because we would like to believe things are otherwise. There is a voluminous body of literature spanning 15–20 years, covering various aspects of nurses’ perspectives on their work – moral distress, job (dis)satisfaction, burnout and employee (dis)engagement – that reports over and over again the same “negativity” that my participants expressed, whether they stay in their jobs or leave, and that outlines leaders’ roles in mitigating this distress.

Each of the three articles about engagement in this issue emphasizes leadership and organizational responsibilities for employee engagement. Although Scott acknowledges the importance of leadership in creating healthy working environments, she shifts quickly to a focus on resilience, mindfulness and a sense of ownership on the part of individual nurses. Yet, nurses’ difficult working experiences result from workload and staffing issues, a lack of resources, autonomy and respect and an excessive focus on cost and efficiency, which obscure nurses’ sense of purpose and meaning. The individualistic approach that Scott highlights makes nurses responsible for their own self-engagement and absolves healthcare organizations of their obligation to address these management-driven issues in the nursing practice. The way forward is a committed management response to the evidence contained in both this issue of *Nursing Leadership* and the vast corpus of research on nursing work environments and the role of leadership in addressing the issues. Nurses need that and are waiting for it, and the quality of the healthcare endeavour depends on it.

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