

THE ED NURSE MANAGER'S GUIDE TO UTILIZING SWOT ANALYSIS FOR PERFORMANCE IMPROVEMENT



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Contributions to Emergency Nursing Practice

- The current literature on performing strengths, weaknesses, opportunities, and threats (SWOT) analysis as a useful tool for improvement indicates the need for ED nurse managers to take inventory of their unit and complete a SWOT analysis to improve quality, safety, or new services as needed.
- This article contributes processes and guides about completing a SWOT analysis for improvement in an emergency department.
- Key implications for emergency nursing practice found in this article include educating nurse managers on their ability to assess SWOT of their department for improvement and create an action plan.

The ED nurse manager thrives in a turbulent environment. However, complacency may sink in and produce a reluctance to change, thereby allowing the department to become a stagnant environment that may or may not be safe, innovative, or of high quality.¹ Every ED nurse manager in a health care organization is asked to improve the elements of their department, whether that be quality, safety, or new services. This planning cannot take place without knowing the mission and vision of the organization through strategic planning.² The ED nurse manager must know the goals for the organization and align the department plan with that endeavor.

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This will allow the ED nurse manager to be not only knowledgeable about the department but also a vital force in achieving the goals outlined by a high-functioning health care system. One aspect to making the needed change is a unit self-assessment through the use of strengths, weaknesses, opportunities, and threats (SWOT) analysis.

The SWOT analysis tool was originally created in the 1960s as a business strategy brainstorming tool to assess and analyze similarities and differences between an organization and its competition.³ Advantages to completing and utilizing SWOT analysis include, but are not limited to, providing awareness of potential and critical problems affecting an organization, focusing on both the positive and negative facets of the internal (intrinsic) and external (extrinsic) organizational environment, aiding in the recognition of opportunities for the organization, and its simplistic use.⁴⁻⁶ The SWOT tool includes 4 main assessment elements: strengths, weaknesses, opportunities, and threats (Table 1). Strengths and opportunities are facilitators that help a department or organization achieve goals, whereas weaknesses and threats are barriers to achieving goals.³ Each element is then assessed by answering a series of questions through brainstorming that focuses on both intrinsic and extrinsic factors.⁷ Completing SWOT analysis is typically part of an organization's overall strategic management process.⁴

Applying the SWOT Analysis

The SWOT analysis is not a new management tool. However, it is rarely discussed in the literature for utilization in health care organizations; hence, many nurse leaders may be reluctant to utilize this instrument for fear of making a mistake because of lack of exposure.⁸ Utilizing an integrated quality improvement tool such as SWOT analysis provides benefits that the ED nurse manager may not be familiar with in the administrative environment. Strengths (facilitators) and weaknesses (barriers) are internal to the organization and in most instances can be controlled or changed. Opportunities (facilitators) and threats (barriers) are external to the organization, and although an organization can benefit from opportunities

TABLE 1

Strengths, weaknesses, opportunities, and threats (SWOT) analysis

S: Strengths (internal facilitators)

- What are the department's advantages?
- What can you do better than others?
- What unique or lowest-cost services can you provide patients?
- What do patients in your market see as your department's strength?

O: Opportunities (external facilitators)

- What good opportunities are available to your department?
- Are there things this department can do better?
- Are there new opportunities in health care that need to be implemented?
- Does the department have administrative support if a change needs to occur?
- Does the department have financial resources/budget to implement a change?
- Is the department's customer service score adequate?
- Does the department use current technology?

W: Weaknesses (internal barriers)

- Upon what factors could the department improve to meet customer needs and challenge outside competitors?
- What are patients in your market likely to see as your department's weaknesses?
- What lack of services loses your department's patients?

T: Threats (external barriers)

- What problems does your department face regarding competitors?
- Of what are your department's competitors taking advantage?
- Does another competitive facility surpass your department in the following areas:
 - financial
 - quality services
 - new services
 - cleanliness
 - staffing
 - designations (Magnet)
 - physicians
 - customers
- What do the competitors have that you need in the department?

and guard against threats, they cannot be changed.⁴ The purpose of this article is to guide the ED nurse manager in the application of this useful method through a step-by-step approach.²

STEP 1- DETERMINE THE NEED

In line with strategic planning, SWOT analysis should be completed on an annual basis and as needed in relation to the organization's mission, vision, and goals.⁹ Within the health care realm and specifically in emergency departments, SWOT analysis should be implemented when financial constraints occur, when patient outcomes are undesirable, when patient satisfaction has decreased, when safety issues arise, and/or when patients choose other health care organizations to obtain care.

STEP 2- GATHER THE TEAM

In performing and answering the SWOT analysis, all relevant stakeholders should be included.¹⁰ Stakeholders should include staff, nurses, and members of the interdisciplinary team, including physicians, nurse practitioners, physicians'

assistants, and therapists, if applicable. In addition, consumers may provide additional insights into some areas. A varied group composition is necessary to ensure that all areas of the SWOT analysis are appropriately addressed and a proper plan for action, if needed, can be proposed. Typically, the group facilitator should be someone knowledgeable about the internal environment, have some type of authority within the department, and have expertise in management and leadership. Essentially, the facilitator could either be the ED nurse manager or an administrative/service-line executive. Initially, the facilitator should set up brainstorming meetings with the stakeholders, which could progress to surveys or questionnaires to appropriate groups within the emergency department. The facilitator should gather the necessary materials to ensure that productive brainstorming meetings occur. The materials needed should include an appropriately sized meeting room, either a large white board or a computer with projector capabilities, collected and reported data that initiated the need for the analysis, paper, writing utensils, and a meeting agenda.

The facilitator should anticipate the stages in the group and team development model that will occur during initial and subsequent SWOT analysis meetings with stakeholders;

TABLE 2

Tuckman's 5 stages of group development

Stage 1: forming	Goals and roles of members are unclear; facilitator guidance is needed along with orientation.
Stage 2: storming	Conflict occurs among the group members; understanding who is in power is needed; mentoring from facilitator is needed.
Stage 3: norming	Unity is enhanced, and group members are working toward common goals.
Stage 4: performing	Group members are functioning and focusing on goal achievement.
Stage 5: adjourning	Majority of goals have been attained and documented, and an action plan has been formulated.

as time progresses, the meetings will be more productive, and the team more effective.¹¹ Stages in the group and team development model include forming, storming, norming, performing, and adjourning¹¹ (Table 2). During the forming stage, the group is focused on the authority of the facilitator and becoming oriented to the team members and the specific goals. During the storming stage, personalities of group members materialize, and disagreements can occur. It is important for the facilitator to address any disagreements, else they may lead to further unproductive actions. During the norming stage, unity is achieved and group performance increases with a focus on the goals of the team. During the performing stage, the group is functioning, productive, and actively working toward meeting the goals of the team. Finally, during the adjourning stage, the majority of the goals have been obtained and documented with action plans in place, if needed. Tuckman's group development process is necessary to ensure the creation of an effective team.¹²

STEP 3 – ASSESS THE 4 ELEMENTS

Determine the intrinsic factors of strengths and weaknesses by facilitating the answers to the following questions:

- What are the department's advantages?
- What can you do better than others?
- What unique or lowest-cost services can you provide patients?
- What do patients in your market see as your department's strength?
- Upon what factors could the department improve?
- What are the patients in your market likely to see as your department's weakness?
- What lack of services loses your department's patients?

The first set of questions to ask are the following: What does the department do well? Could this department be the

best trauma facility, heart program, stroke program, sepsis treatment facility, or have some other outstanding accomplishment? The next set of questions focus on what the department's weaknesses are or what the department does not do well. The facilitator should gain as much detail as possible from all of the stakeholders, including subjective and objective data. Does the department meet all standards of care? Are there funds to make material changes in the department?

Determine the extrinsic factors of opportunities and threats by facilitating the answers to the following questions:

- What good opportunities are available in your department?
- Are there things this department can do better?
- Are there new opportunities in health care that need to be implemented?
- What do the competitors have that you need in the department?
- What problems does your department face?
- Of what are your department's competitors taking advantage?
- Does the department have administrative support if a change needs to occur?

For opportunities, are there things that this department can do better? Are there new avenues in health care that need to be implemented? What do the competitors have that is needed? Does the department have administrative support if a change needs to occur? Does the department have the financial resources/budget to implement a change? Are the department's customer service scores adequate? Does the department use current technology? Does another competitive facility—peer or model institution—surpass your department in other areas; if so, which areas? The facilitator should gain as much detail as possible from all of the stakeholders, including subjective and objective data. See Table 3 for an example of a completed SWOT analysis within an emergency department.

TABLE 3

Example of completed ED strengths, weaknesses, opportunities, and threats (SWOT) analysis

S: Strengths (internal facilitators)

- Volume: 69,000 patient visits per year
- Trauma II designation
- Regional referral facility
- Ninetieth percentile in patient satisfaction
- Ninetieth percentile in employee satisfaction
- Physician coverage in all disciplines
- Cardiac referral center

O: Opportunities (external facilitators)

- XYZ Hospital has 24-hour neurosurgical services coverage
- XYZ Hospital door to doctor times at 10 minutes as recommended by ESI

W: Weaknesses (internal barriers)

- Decreased financial reimbursement because of falling quality improvement scores r/t trauma
- No neurosurgical coverage on the weekend with current group. Trauma II designation cannot be increased to Level I because of coverage.
- No stroke protocol/ stroke designation in place (as recommended by AHA)

T: Threats (external barriers)

- XYZ Hospital 10 miles away is a Stroke designated facility—possible loss of 1,000 patients per year
- XYZ Hospital is a magnet hospital—attracts 100 new seasoned nurses per year
- XYZ Hospital has an increased reimbursement for high quality indicators according to Joint Commission

AHA, American Heart Association; ESI, Emergency Severity Index.

STEP 4 – CREATE AND PRIORITIZE AN ACTION PLAN

Once each of the 4 elements has been addressed, an action plan may be developed for improvement. Again, this may be done through group meetings. An improvement plan that employs stakeholder collaboration is more likely to succeed in the change process because it encourages cooperation.¹³ Include other departments to get feedback as well. An action plan should be disseminated to appropriate organization committees, if applicable. Once the action plan is ready, training should be performed with all necessary stakeholders before implementation; this includes other departments that these changes would affect.¹³ Stakeholder feedback should be elicited and is essential in this step to ensure that rationales for improvement are comprehended. Communication is key to keeping all stakeholders participating in the improvement process. Always compare the performance with quality and safety standards of care.¹⁴ This may be in the form of a policy/procedure or protocol. Guidelines may be reinforced if performance falls below quality and safety standards.

Implications for Emergency Nursing

In health care, change is inevitable, and improvement is necessary.¹⁵ Nurse leaders within the emergency department must stay abreast of changes and challenges that may affect the quality of care that is provided. The current literature on performing SWOT analysis as a useful tool for

improvement indicates the need for ED nurse managers to take inventory of their unit and complete a SWOT analysis to improve quality, safety, or new services as needed. Through the utilization of SWOT analysis, review of the information, and implementation of an action plan, the ED nurse manager can establish improvement processes that can directly affect the producers and consumers of health care within the department. Key implications for emergency nursing practice include educating nurse managers on their ability to assess SWOT of their department for improvement and create an action plan.

Conclusion

Many health care facilities rely on educated nurse leaders to make the organization optimal. Utilizing all tools at the manager's disposal, the ED nurse manager may improve the quality, safety, and strengths of the department and be cautiously aware of the potential risks. By using evidenced-based practice tools such as SWOT analysis and collaboration with stakeholders, an ED nurse manager can turn a failing department into a superior powerhouse.

REFERENCES

1. Hughes RG. Nurses at the "Sharp End" of patient care. In: Hughes RG, ed. *Patient Safety and Quality: An Evidence-Based Handbook for Nurses*. Rockville, MD: Agency for Healthcare Research and Quality (US); 2008.

2. Kurec A. Strategic planning without strategic thinking will fail. *Clin Leadersh Manag Rev.* 2014;28(1):16-21.
3. Teoli D, An J. *SWOT analysis.* StatPearls. *Treasure.* Island, FL: StatsPearl Publishing; 2019.
4. Gurel E, Tat M. SWOT analysis: a theoretical review. *The J Int Soc Res.* 2017;10(51):994-1006. <https://doi.org/10.17719/jisr.2017.1832>
5. Nyarku K, Agyapong G. Rediscovering SWOT analysis: the extended version. *Academic Leadership.* 2011;9(2):28.
6. Phadermrod B, Crowder RM, Wills GB. Importance-performance analysis based SWOT analysis. *Int J Inf Manag.* 2019;44:194-203. <https://doi.org/10.1016/j.ijinfomgt.2016.03.009>
7. Klein F, Pelzer U, Schmuck RB, et al. Strengths, weaknesses, opportunities, and threats of centralized pancreatic surgery: a single-center analysis of 3000 consecutive pancreatic resections. *J Gastrointest Surg.* 2019;23(3):492-502. <https://doi.org/10.1007/s11605-018-3867-x>
8. Wijngaarden J, Scholten G, Wijk K. Strategic analysis for health care organizations: the suitability of the SWOT-analysis. *Int J Health Plann Manage.* 2012;27(1):34-49. <https://doi.org/10.1002/hpm.1032>
9. Oreski D. Strategy development by using SWOT-AHP. *TEM Journal.* 2012;1(4):283-291.
10. Ciarmiello A, Hinna L. SWOT analysis and stakeholder engagement for comparative evaluation of hybrid molecular imaging modalities. In: Ciarmiello A, Mansi L, eds. *PET-CT and PET-MRI in Neurology.* Switzerland: Springer; 2016. <https://doi.org/10.1007/978-3-319>
11. Tuckman B. Developmental sequence in small groups. *Psychol Bull.* 1965;63(6):384-399. <https://doi.org/10.1037/h0022100>
12. Kumar S, Deshmukh V, Adhish V. Building and leading teams. *Indian J Commun Med.* 2014;39(4):208-213. <https://doi.org/10.4103/0970-0218.143020>
13. Dirks JL. Effective strategies for teaching teamwork. *Crit Care Nurse.* 2019;39(4):40-47. <https://doi.org/10.4037/ccn2019704>
14. Fronzo C. Understanding change management: a clinical improvement programme to transform your practice. *Br J Nurs.* 2017;27(6):S3-S4. <https://doi.org/10.12968/bjon.2018.27.Sup6.S3>
15. Hader R. The only constant is change. *Nurs Manag.* 2013;44(5):6. <https://doi.org/10.1097/01.NUMA.0000429006.47269.22>

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