RELATIONAL NURSE CHAMPIONS: CREATORS OF A HEALTHY WORKPLACE

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LITERATURE ON NURSING RELATIONSHIPS

Peer relationships are an important influence on job satisfaction (Purpora & Blegen, 2015).

Work stress resulting from interpersonal relationships and administration predicts burnout (Sun et al., 2017).

Constructive conflict resolution may help decrease on the job stress and improve quality of care (Johansen & Cadmus, 2016).

Perceived organizational support → sense of belonging → improved job satisfaction & organizational commitment (Chang, 2015).

Peer support, autonomy and scheduling influenced intent to leave (Han, Trinkoff, & Gurses, 2015).

Aggression and tension in the workplace are leading causes of conflict and often account for burnout and early turnover (Chang & Cho, 2016), but awareness-raising and action plans can be beneficial in improving the work climate (Havens et al, 2018).

The quality of professional relationships can impact on important patient and nurse outcomes (Dellasega et al, 2014).
PREVIOUS INTERVENTIONS AT STUDY SITE

• **Hospital-wide Mentorship Program**
  • True Colors assessment
  • Unit standards set by individual leadership teams

• **Unit-specific interventions**
  • Nurses encouraged to confront relational aggression (RA)
  • Nursing leadership responsible for disciplinary action

• **Difficulties**
  • Nurses not trained to identify relational aggression
  • Nursing leadership not present 24/7 in units
  • Relational aggression is pervasive
    • RN-RN and RN-MD
DEVELOPMENT OF A PROGRAM TO PROMOTE HEALTHY RELATIONSHIPS

a. No interventions available to specifically address relationships between nurses at work
b. Humanistic model of behavior change described by Baird (2000) used to create the ERI framework (Dellasega, 2004)
c. One time eight hour workshops for nurses evaluated as “helpful” and “Life Changing.”
d. Content developed for PNA Continuing Education Program When Nurses Hurt Nurses Workbook (Dellasega, 2012)
e. E=Educate

R=Relate
I=Integrate

THE RELATIONAL NURSE CHAMPION PROGRAM
PROGRAM CURRICULUM

EDUCATE
• Understand the general principles of peer relationships and collegiality
• Discuss tensions within the nursing profession at large
• Review examples (narrative, video) of Relational Aggression (RA) among “other” nurses

RELATE
• Apply this information to your unit and yourself
• Exchange and discuss common conflicts and challenges
• Relationship breakers vs relationship builders
• Group think on root causes

INTEGRATE
• Develop a plan to begin gathering information
• Meet monthly to discuss implementation
• Brainstorm institution-wide solutions
CLINICAL TRIAL

• Worked with existing executive council to explore piloting program in a large academic medical center

• Clinical Partner (essential): Jared Dougherty, RN, BSN

• Identified appropriate evaluation and outcome measures
  • Demographics
  • ProQual (Stamm, 2010)
  • Relational Work Environment Scale (RWE-N), (Dellasega, 2014)
  • Open ended questions

• Received approvals from CNO

• Presented the Relational Nurse Champion program (Dellasega, 2016) to executive council
TIMELINE

SUMMER 2016
- Meetings with JD and CD as part of the QWL Committee. Consideration of programs to improve quality of work life. Proposal to implement the RNC program at Penn State Health.

FALL 2016
- Design study methodology, IRB, meeting with councils to seek approval and discuss protocols

SPRING 2017
- Baseline data collection underway, first training of six nurses completed

SUMMER 2017-SUMMER 2018
- Rollout of RNC program on four pilot units with ongoing implementation

FALL 2018
- One year post implementation repeat data collection
RESEARCH QUESTION

Can a program developed specifically to address the relational aspects of the nursing work environment improve quality of work life and nursing perceptions of fewer relational conflicts?
METHODS

Prior to implementing the RNC program in 2016, all nurses on the four participating units, whether RNCs or not, were asked to complete a survey which included the ProQual, The Relational Work Environment for Nurses (RWEN) and demographic information (age, gender, education, work history).

Results (presented previously) revealed an adequate Quality of Work-life but a definite negative impact of relational issues on work-life in the last month. For example, on average, nurses thought about looking for another job 3.87 times in the previous month specifically because of relationship issues on the unit.
PILOT

• After collecting baseline data, the RNC program was launched on the four nursing units where nurse managers had expressed interest in participating.

• Two specialty acute care units and two inpatient acute units.

• On each unit, four registered nurses (two night/two day) nominated by the nurse manager received an eight hour training on the RNC program.

• Criteria for selection included maturity, good communication skills, willingness, and leadership qualities.
CONTENT IN RNC TRAINING MANUAL

• The Who, What, When, Where, and why of Relational Aggression
• Challenges of the hospital environment and the ethics of patient care
  • Personal inventory of nursing career
  • Stories of tension, conflict, and chaos
    • Solutions focused brainstorming
      • Identification of resources
      • Process and protocol
GUIDELINES FOR RNCs

- Function at the discretion of the nurse manager
- Interactions between champions and coworkers should be confidential unless safety issues or serious concerns arise
- Small budget at discretion of RNCs
- Champions should be able to handle selected problems with nursing work environment
- Patient care is always the first priority
- During the initial three-month trial period, nurse champions will keep a journal detailing the process and frequency of relationship-promoting activities
- Nurse champions will be proactive in identifying ways to create a healthy work environment
- Regular meetings/contact (bimonthly) and check ins to debrief on process with CD, JD, and other RNCs
ONGOING FUNCTION OF RNC PROGRAM

• The RNCs on each unit met separately on a monthly basis over the course of the year following implementation.

• When invited, the investigator attended part or all of the meetings to provide support and input on relational issues. Resources on gossip, precepting, and stress management were developed upon request.

• Key foci of the RNC interventions included decreasing gossip “hot spots” and improving communication, establishing relationships with new employees, improving morale, recognizing accomplishments, fun team building events and stress management.
EVALUATION MEASURES

- **Professional Quality of Life survey (Stamm, 2010)**
  - Compassion Satisfaction
    - Correlates with increased professional satisfaction
  - Burnout
    - Reflects positive feelings about your ability to be effective in your work
  - Secondary Traumatic Stress
    - May indicate the need to think about what at work may be frightening to you or if there is some other reason for the elevated score
RWEN
RELATIONAL WORK ENVIRONMENT FOR NURSES
RWEN (DELLASEGA, 2016)

Missed time at work due to relational issues on your unit
Experienced some kind of relational issue while at work
Thought about looking for another job due to relational issues at work
Had relational issues with physicians
Had relational issues with nurses
Experienced sleep problems because of relational issues at work
Felt anxious about relational issues at work
Had headache or other physical stress because of relational issues at work
Been irritable or upset when away from work because of relational issues at work

Current job satisfaction
Highest job satisfaction at any point in your career as a nurse
Lowest job satisfaction at any point in your career as a nurse
Quality of relationships between nurses on your unit
Quality of relationships between nurses and physicians on your unit
Quality of relationships between staff nurses and administration
Level of stress you experience while at work
EVALUATION STRATEGIES

FORMATIVE AND SUMMATIVE EVALUATIONS ON THE IMPLEMENTATION AND CONTINUING FUNCTION OF THE PROGRAM BY THE INVESTIGATORS.

1) RNC ACTIVITIES ON THE PARTICIPATING UNITS
2) RESPONSE OF THE NURSE MANAGERS TO THE RNC PROGRAMS
3) PERCEPTIONS OF THE EFFECTIVENESS OF THE RNC PROGRAM IN IMPROVING RELATIONSHIPS AND/OR THE WORK CLIMATE.

AT THE ONE YEAR POINT, THE RESULTS OF THE FORMATIVE EVALUATIONS WERE MERGED AND AN INVITATION TO REPEAT THE BASELINE SURVEYS WAS EXTENDED TO ALL NURSES TO DETERMINE IF THERE HAD BEEN A CHANGE IN THE WORK-LIFE CLIMATE.
RESULTS: PROQUAL

• 145 nurses completed the pre-evaluation with 43 completing the second. Only 20 nurses completed both the pre and post evaluation.

• There was no statistically significant difference between pre and post evaluation on the ProQual, but the differences in two categories were in the desired direction:
  • 13% moved from “low/average” Compassion Satisfaction to “high”
  • 15% moved from “average” burnout to “low.”
RELATIONAL VARIABLES (REWN)

There were significant differences in several variables on the REWN:

- Decreased missed time at work due to relational issues ($p < .00001$),
- # of relational issues at work ($p < .00001$)
- Reduced # of times thought about looking for other job d/t relational issues ($p < .0001$)
- Fewer relational issues with physicians ($p < .00014$)
- Fewer relational issues with nurses ($p < .002$)
- Improved quality of relationships between staff nurses and administration ($p < .05$)
- Decreased somatic symptoms due to relationship issues in sleep, $p < .05$ and anxiety, $p < .05$
- Nonsignificant results: H/A, physical stress, and irritability d/t relational issues, job satisfaction, overall quality of relationships (RN & MD) and level of stress
RESULTS (OPEN ENDED)

FEEDBACK FROM NURSE MANAGERS ON THE TWO ENGAGED UNITS SUPPORT THE BENEFIT OF RELATIONAL INTERVENTIONS SUCH AS THE RNC PROGRAM.

THE RNCs RECRUITED NEW PARTICIPANTS AND CONTINUED TO DEVOTE TIME AND ENERGY TO THE PROGRAM, SUGGEST THAT THE PROGRAM HAS HAD A POSITIVE IMPACT ON THOSE INVOLVED IN IMPLEMENTING IT.

THE MAIN “NEGATIVE” FEEDBACK FROM AN OPEN ENDED ITEM ON THE SURVEYS RELATED TO NOT BEING AWARE OF WHO THE RNCs WERE AND NEEDING FUNDING TO SUPPORT RNC ACTIVITIES.
FORMATIVE & SUMMATIVE CONCLUSIONS

**Formative**
- Presence of support person (investigator) helpful
- Unique focus to each unit
- Value of program to nurse managers

**Summative**

The two units that were consistently engaged in the RNC program had:
- Nurse managers who were stable in their positions. They provided time and autonomy for the RNCs
- Ongoing support from the investigators as well as feedback on study results was motivating
- Collecting meaningful data is difficult!

The units where the RNC program did not thrive experienced:
- Turnover in nursing management and change in the way the unit functioned during the first six months of the program.
- Initial involvement of RNCs and support person but gradual decrease in activities due to a perceived overlap with the work-life council that existed at the time.
CONCLUSIONS

This was an ambitious study. Although the quantitative data collected on follow up was not robust, the analyses of relational variables as well as qualitative forms of evaluation support the positive impact of the RNC program.

Future implementations should focus on identification of RNCs and providing financial support.

Many thanks to Jared Dougherty, who provided valuable collaboration with phase one of the RNC program and will hopefully rejoin this research soon!
REFERENCES


• Chang (June, 2015). Moderating Effects of Nurses’ Organizational Support on the Relationship Between Job Satisfaction and Organizational Commitment. Western Journal of Nursing Research, 37 (6), 724-745.


MORE REFERENCES


