NURSING WORKFORCE ENVIRONMENT STAFFING COUNCIL PILOT STUDY

RESEARCHERS: DR. MARY L. JOHANSEN
DR. PAMELA B. DE CORDOVA
DR. SUSAN H. WEAVER

FUNDED BY: ORGANIZATION OF NURSE LEADERS NEW JERSEY (ONL NJ)

*
ONL NJ Model Innovative Approach Nursing Workforce Environment Staffing Councils (NWESC)

• To improve the HWE while simultaneously addressing nurse staffing concerns

• Based upon the American Association of Critical Care Nurses (AACN) (2016) Standards for Establishing and Sustaining Healthy Work Environments

• Implemented Fall 2017
NWESC Framework: 6 Standards for Establishing and Sustaining Healthy Work Environments (AACN)
Nursing Work Environment Staffing Councils (NWESC)

– Comprised of 51% of **clinical/direct care nurses** who spends majority of time providing direct patient care.

– **Nurse leaders/managers** with 24-hour/7-day accountability for the supervision of all clinical nurses and other healthcare providers who deliver nursing care in an inpatient or outpatient area.
Rutgers Study: Research Question

• What are nurse leaders’ and clinical nurses’ perspective of a healthy work environment and staffing?

IRB approval by Rutgers Biomedical Health Sciences: Pro’
IRB approval by all participating hospitals
Research Design: Focus Groups
Research Pilot Study Sites

- Five (5) hospitals
- Chief Nursing Officers self-selected their hospitals
- Not-for-profit
- Magnet® recognition or on the Magnet® journey.
- Four were academic teaching institutions
Inclusion Criteria

- RNs who are currently working at one of the five study hospitals
  - Clinical/Direct Care Nurses
  - Nurse Leaders/Managers
  - Member of their hospital NWESC
  - No limitations on years of experience, department or whether the RN is a FT, PT or per diem
Pilot Study Sample

- 46 Clinical/Direct Care Nurses
- 43 Nurse Leaders/Managers
Focus Groups Composition

• Nurse Leader/Manager Focus Groups:
  – 7 - 11 participants

• Clinical/Direct Care Nurses Focus Groups:
  – 5 – 12 participants

• Five (5) Hospitals:
  – Bed size range: 178 – 527
  – Not for Profit: (100%)
  – Magnet® Designation: (60%)
### Focus Groups

#### Demographics

<table>
<thead>
<tr>
<th>Gender</th>
<th>Clinical Nurses n=46</th>
<th>Leaders n=43</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>4 (9%)</td>
<td>9 (21%)</td>
</tr>
<tr>
<td>Female</td>
<td>42 (91%)</td>
<td>33 (77%)</td>
</tr>
<tr>
<td>Transgender</td>
<td>0</td>
<td>1 (2%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age and Years RN</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Age</td>
<td>43</td>
<td>49</td>
</tr>
<tr>
<td>Age Range</td>
<td>23-63</td>
<td>30-66</td>
</tr>
<tr>
<td>Years RN</td>
<td>16</td>
<td>22</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Highest Degree in Nursing</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>RN Diploma/Associate Degree</td>
<td>7 (15%)</td>
<td>2 (5%)</td>
</tr>
<tr>
<td>Baccalaureate Degree</td>
<td>34 (74%)</td>
<td>18 (42%)</td>
</tr>
<tr>
<td>Masters Degree</td>
<td>5 (11%)</td>
<td>19 (44%)</td>
</tr>
<tr>
<td>Doctoral Degree</td>
<td>0</td>
<td>4 (9%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>National Certification</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>25 (54%)</td>
<td>32 (74%)</td>
</tr>
<tr>
<td>No</td>
<td>21 (46%)</td>
<td>11 (26%)</td>
</tr>
</tbody>
</table>
Focus Group Guide

- Semi-structured interview guide developed by the researchers and CNOs
- Based upon the six (6) AACN standards for establishing and sustaining HWEs
- Established face and content validity
- Utilized to facilitate discussion (AACN, 2005)
Methodology

• Audio-recorded
• Transcribed verbatim and checked for accuracy
• Data uploaded into NVivo Pro (2017) for analysis
• Thematic Analysis
Focus Group Themes
Overarching Theme: HWE

Sufficient resources at their hands

- Shared by both Clinical/Direct Care Nurses and Nurse Managers/Leaders

“Having the resources (supplies and equipment that’s functioning) available to the adequate staff and people that are well-rested and prepared for their shift.”
Group Themes of a HWE

Clinical/Direct Care Nurses
- First-hand accounts of experiencing, living and working in a HWE

Nurse Leaders/Managers
- Concrete components of what makes up HWE
Sub-themes of a HWE

Clinical/Direct Care Nurses

- Teamwork with

Nurse Leaders/Managers

- Mutual respect, communication, & collaboration not only among nursing but with all interdisciplinary providers and all departments.
Focus Group Question: Skilled Communication

Discuss your communication skills and communication with those on your nursing unit/department:

- Nurse colleagues
- Physicians
- Your Nurse Manager
Standard: Skilled Communication

Theme: Good communication leads to good outcomes

- Shared by both Clinical/Direct Care Nurses and Nurse Managers/Leaders
Sub-themes:
Skilled Communication

Clinical/Direct Care Nurses
• Communication Mismatch
  “…there’s no direct contact. It’s just send a text and then they’ll probably answer right back. Then what if they don’t?”

Nurse Leaders/Managers
• Multiple communication methods
  “…for communication with physicians, we’ve added a secure messaging app that all the nurses now have access to…”
Focus Group Question: True Collaboration

Can you give an example of nurse-physician collaboration on your nursing unit/department?
Standard: True Collaboration

**Theme: Setting Matters**

- Shared by both Clinical/Direct Care Nurses and Nurse Leaders/Managers
  - Primarily identified by the role of the physicians and nurse-physician rounding rather than interdisciplinary and interdepartmental collaboration
  - Clinical/Direct Care Nurses had a hard time articulating the difference between communication and collaboration
Sub-themes: True Collaboration

Clinical/Direct Care Nurses

- Value our input

“They [physicians] appreciate my input, they listen to what I have to say…”

Nurse Leaders/Managers

- More about the process of collaboration

“We [nurses] have bedside rounds with the physicians in our intensive care unit. It’s a multidisciplinary…”

Rutgers School of Nursing
Focus Group Question: Effective Decision Making

Give an example of how you are involved in making decisions about patient care.
Standard: Effective Decision Making

No common theme:
- Clinical/Direct Care Nurses had a difficult time answering this, staff talked more about communication
- Clinical/Direct Care Nurses minimized their role in effective decision making
- Nurse Leaders/Managers talked more about shared governance
Sub-themes: Effective Decision Making

Clinical/Direct Care Nurses

Unaware they are doing it

"...you call them up and you say...“I need Reglan for this patient,” they[physician] just put it in. Just something minor like that. But I mean, we are kind of making calls on little stuff. We just do it and we don’t notice it."

Nurse Leaders/Managers

Shared governance

“They [nurses] have a shared model. They all know they’re working for the same thing and they’re all communicating amongst each other. There’s a positive environment.”
Focus Group Question: Appropriate Staffing

If you ruled the world, what would you change about your current staffing processes or staffing levels?
Standard: Appropriate Staffing

Theme: Patient acuity and complexity matters
Shared by both Clinical/Direct Care Nurses and Nurse Managers/Leaders
Sub-themes: Appropriate Staffing

Clinical/Direct Care Nurses

Fluctuating acuity
- When the numbers change
- ADTs
- Big burden (stuff to do)
- It’s not just the number

Nurse Leaders/Managers

Need an accurate acuity tool
- Proactive vs. reactive
- Inaccurate acuity tools

“A nurse isn’t a widget…”
Focus Group Question: Meaningful Recognition

• Give an example of how you are recognized at your organization.
• Give an example of how you recognize others at your organization.
Standard: Meaningful Recognition

Theme: One size doesn’t fit all
Sub-themes: Meaningful Recognition

Clinical/Direct Care Nurses

- Finding the way that people want to be acknowledged
  “Sometimes the acknowledgement doesn’t feel big enough…”

Nurse Leaders/Managers

- Recognition has to be meaningful to how the person wants to receive it
  “It’s just like being a mom. You’re so busy…”
Focus Group Question: Authentic Leadership

Give an example of how your nurse leader helps you achieve/create a healthy work environment.
Standard: Authentic Leadership

- **No common theme:** Clinical/Direct Care Nurses had a difficult time answering this.
- **Clinical/Direct Care Nurses did not self-identify themselves as a leader,** they spoke about their managers.
Sub-themes: Authentic Leadership

Clinical/Direct Care Nurses
- Manager present

“My current director and other CNLs, they are very hands on. They are very present and approachable which really I find to be extremely helpful and again empowering.”

Nurse Leaders/Managers
- Mentorship

“My director, on a personal note, is a really good mentor for me … She really sits and takes the time to talk to me, give suggestions, positive feedback, constructive criticism, anything like that. She's really available.”
Discussion

• Clinical/Direct Care Nurses and Nurse Leaders/Managers value the HWE

• Sufficient resources are needed
  – Both Clinical/Direct Care Nurses and Nurse Leaders/Managers can clearly articulate about the HWE

• Clinical/Direct Care Nurses give first hand accounts of living, working, and the components of HWE and have what they need for a HWE

• Nurse Leaders/Managers give concrete components of what makes up HWE
Discussion (cont.)

• Three of the six standards blended together
  – Skilled communication
  – Collaboration
  – Effective decision making

• Perception of each of the standards is dependent upon
  the nurse’s assigned roles
Limitations

- Limited to 5 hospitals in New Jersey
- The authentic leadership question limited the definition to a nurse leader to a more formal position
- The use of focus groups rather than individual interviews, has the potential for peers to affect or limit the discussion
- Only current members of the NWESCs participated in this study which decreases generalizability
Global Implications for Nurse Leaders

To advance hospital safety and quality and improve patient outcomes:

• Organizational interventions should be directed toward improving the work environment.

• The environment should be supportive of nurses’ work, including adequate staffing, managerial support for nurses, and good relationships among nurses and physicians.

• Leaders must engage clinical nurses about the importance and key elements of a HWE.
References


THANK YOU