

Direct care registered nurse perceptions of the healthy work environment

M. Anne Longo PhD, MBA, RN-BC, NEA-BC

Sigma Theta Tau

Creating Healthy Work Environments

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Committee members

Linda Roussel DSN, RN, NEA-BC

Professor, USA College of Nursing

Chair

Sandra Pennington PhD, RN

Academic Provost

Committee

Rocky Mountain University of Health Professions

Cheryl Hoying PhD, RN, NEA-BC, FACHE, FAAN Committee

Sr. Vice President, Patient Services

Cincinnati Children's Hospital Medical Center

Funding

Sigma Theta Tau Omicron Omicron Grant

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Objectives

- Define the healthy work environment of the direct care RN
- Discuss pediatric RN perceptions of their work environment
- Discuss study implications

Research aims

1. To understand the direct care registered nurses perceptions of their own healthy work environment using the action research (AR) form of Appreciative Inquiry (AI).
2. Determine if the direct care RNs perceptions are related to their level of practice.
3. Determine if the RNs perception of their level of practice was the same as that of their manager.

Theoretical framework

Benner, 1984 from Novice to Expert Model

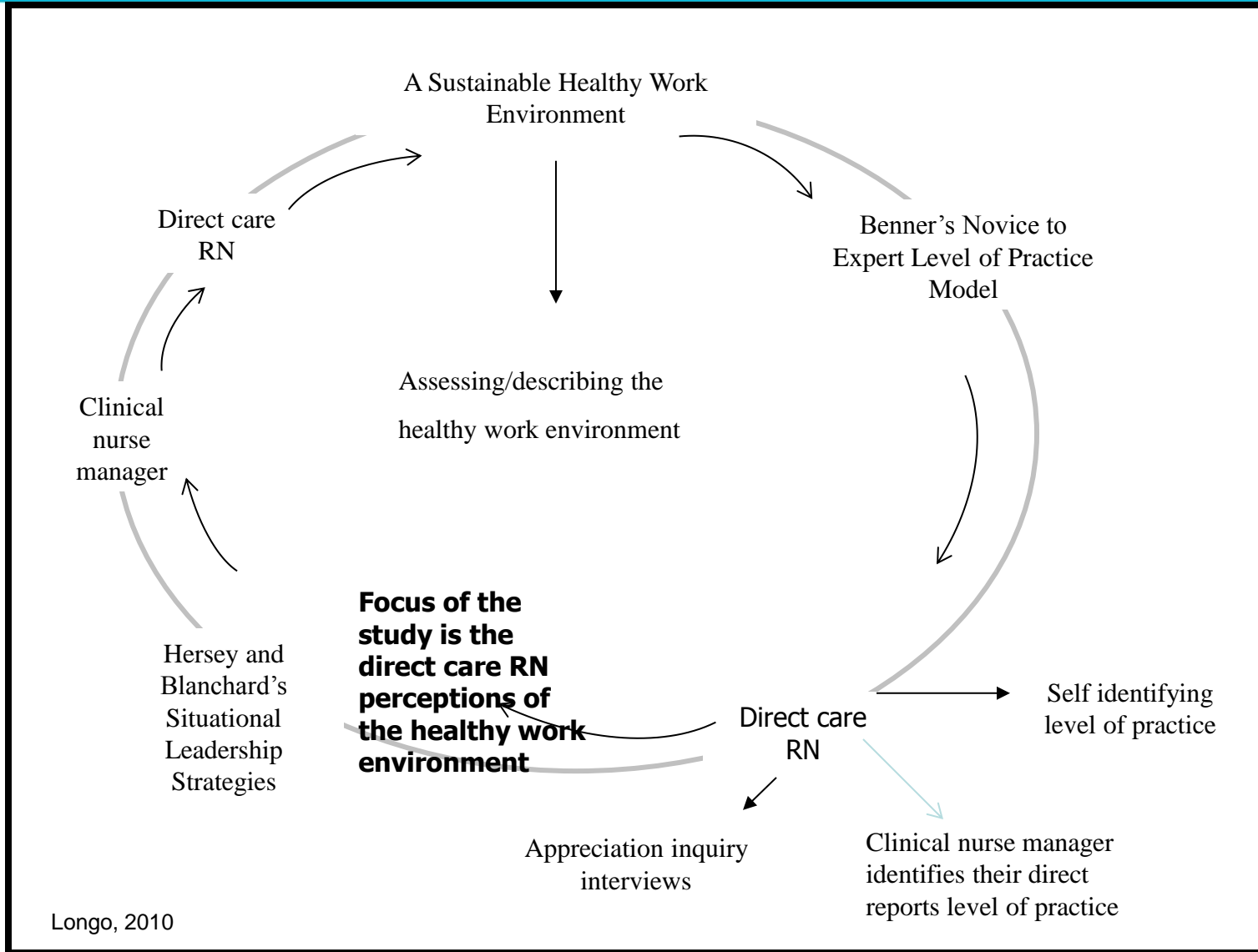
The American Association of Critical Care Nurses standards for establishing and sustaining healthy work environments

Situational Leadership Model as a means of developing management strategies for the clinical managers to use

Barden, C. E. e. (2005). *AACN standards for establishing and sustaining healthy work environments*. Aliso Viejo, California: American Association of Critical-Care Nurses.

Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park, California: Addison-Wesley.

Blanchard, Ken. (2000). *Situational Leadership®II: Teaching others*. The Ken Blanchard Company
Item#13538. V051602.



Definition of the healthy work environment

- American Association of Critical Care Nurses (six standards)
 - Skilled Communication
 - Effective Decision Making
 - Authentic Leadership
 - True Collaboration
 - Meaningful Recognition
 - Appropriate Staffing
- Registered Nurses of Ontario: Healthy Work Environment Best Practice Guidelines
- International Council of Nurses: A Call to Action for Positive Practice Environments

Literature to date

- Strong level of evidence that manager behaviors affect the work environment and job satisfaction
- Nurse satisfaction affects patient safety
- Shrinking labor pool
- Cost of RN turnover

(Kovner, 2007; Kovner et. al., 2007; Kramer and Schmalenberg, 2008; Tomey, 2009; Manojlovich, 2005; Milisen et. al., 2006).

Literature states the WHY

Importance of leadership to establishing the work environment

- Strengthening interpersonal relationships
- Organizing nursing work
- Leadership style related to lack of empowerment, communication and willingness to change

(Utriainen and Kyngas, 2009; Coomber & Barriball, 2006; Saver, 2009; McGillis and Doran, 2007)

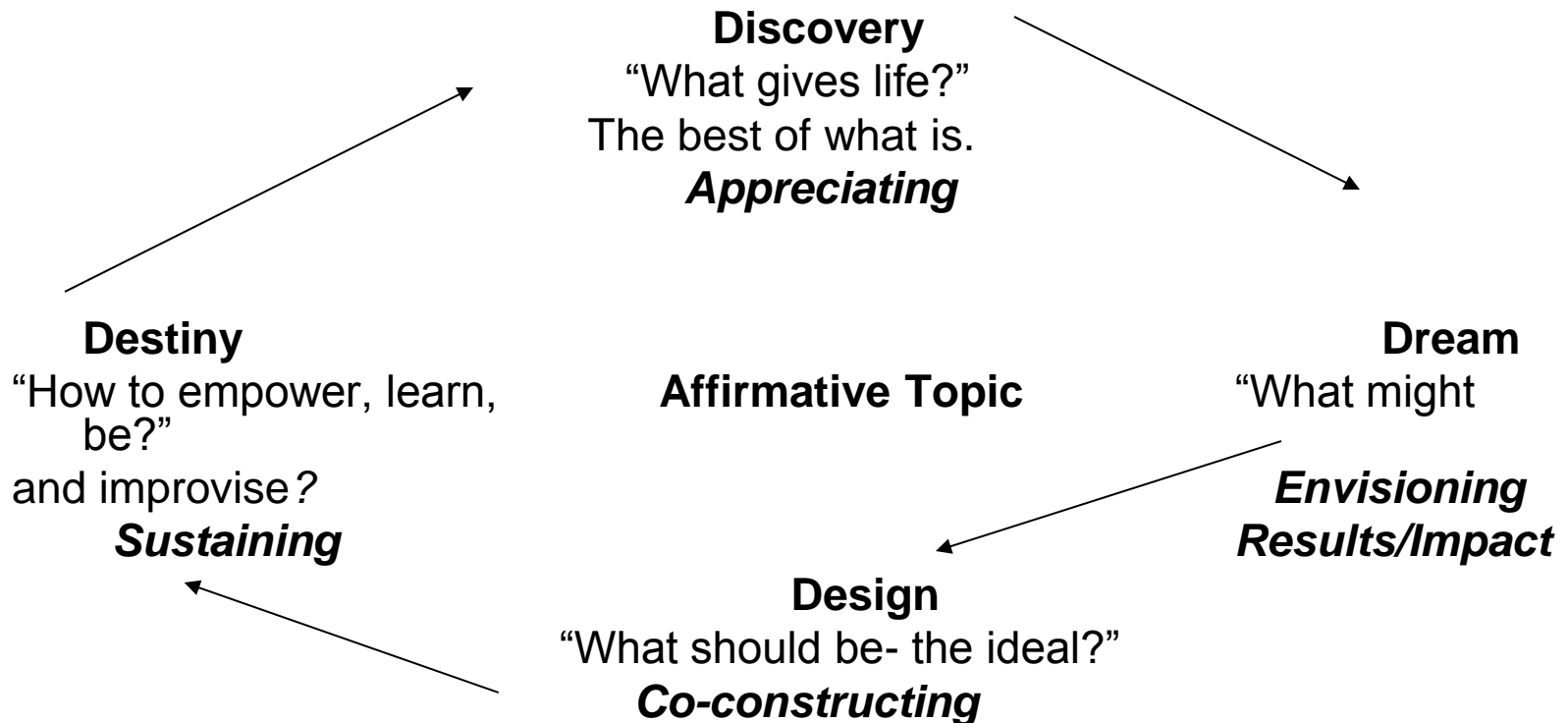
Mixed method research design

Qualitative-Quantitative

- Theoretical thrust
- Core component
- Supplementary component
- Induction

(Morse, Niehaus, Wolfe & Wilkins, 2006).

Appreciative Inquiry 4-D Model as presented by David Cooperrider



(Cooperrider, D. and Whitney, D., 2004)

Research Design Qualitative

“What attitudes and beliefs do you have about the standards of the healthy work environment within your own work setting?”

“Based upon your perceived level of practice, what do you believe to be the most important standard for your own work satisfaction?”

“What is the most important standard that affects patient outcomes?”

“What would you like to tell say that we didn’t ask?”

Research design quantitative

1. Provided with an explanation of the study including operational definitions of AACN's six standards and Benner's five levels of practicing nurses.
2. Completed a data collection tool comprised of identifying demographics
3. Self-identified their level of practice based upon Benner's (1984) model of five levels of practice
4. Completed a tool rank ordering the importance of the six standards of the HWE in their own work environment: skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition and authentic leadership.

Clinical Managers were asked to identify their direct reports
level of practice

Site/Participants/Inclusion/Exclusion

- Free standing pediatric hospital providing quaternary care
- Two heme/onc/bmt units
- Included Direct care RNs; SRU and Cl. Mgrs. excluded
- Exclusion criteria: Direct care RNs on leave during the time of data collection

Limitations: Results are not generalizable to areas outside the study units due to small sample size at only one study site

Demographics

Total number of potential study participants for both study units: 137
67 direct care RNs participated

66% of the RNs are between the ages of 20-29.

21% work straight days 2% straight evenings

5% straight nights 20% rotate shifts.

58% of all who participated in the study work twelve-hour shifts.

The majority of direct care RNs are RNIs (34%)

13% RNIIIs, but only 1.5% RNs at the RNIII level.

89% of the study participants earned a Bachelor of Science Degree.

11 direct care RNs are certified

40% are in their first RN position

73% have worked less than 5 years

Nvivo Result Rankings

HWE standards

% of HWE rankings

Skilled communication	46.09
True collaboration	37.36
Effective decision making	1.61
Meaningful recognition	9.17
Appropriate staffing	34.74
Authentic leadership	10.64

Nvivo Results Overall

Theme: Skilled communication

As noted in many of the examples, all levels of practicing RNs identified communication being critical for both patient and nurse satisfaction. The RNs often made suggestions on how to increase communication or change a current process of communication as a way of providing evidence of the importance of this particular standard of the healthy work environment.

Quantitative results

The quantitative results confirmed the qualitative findings of skilled communication being the most important standard regardless of level of practice with $p = .445$, $\alpha = 0.05$ and confidence interval = 95.

Quantitative results

47 of the 67 direct care RNs who participated chose skilled communication as either their number one or number two choices for a cumulative 70%.

Independent t-test of the six standards of the healthy work environment and RN level of practice revealed no significant differences

Independent t-test of the six standards of the healthy work environment and Age of direct care RN revealed no significant differences.

Ranking of Skilled communication by all study participants

Ranking	Frequency	Percent	Valid	Cumulative
1	25	18.2	37.3	37.3
2	22	16.1	32.8	70.1
3	5	3.6	7.5	77.6
4	8	5.8	11.9	89.6
5	6	4.4	9	98.5
6	1	0.7	1.5	100
Total	67	48.9	100	

Direct care RN self-identified level of practice according to the Benner Model's definitions

	Level of practice	Frequency	Percent	Valid	Cumulative
	Novice	11	8	16.2	16.2
	Ad Beginner	13	9.5	19.1	35.3
	Competent	14	10.2	20.6	55.9
	Proficient	22	16.1	32.4	88.2
	Expert	8	5.8	11.8	100
	Total	68	49.6	100	

Clinical manager's perceptions of their direct reports using the same tool

Level of practice	Frequency	Percent	Valid	Cumulative
Novice	22	16.1	17.3	17.3
Ad Beginner	19	13.9	15	32.3
Competent	36	26.3	28.3	60.6
Proficient	39	28.5	30.7	91.3
Expert	11	8	8.7	100
Total	127	92.7	100	

Nonparametric correlation of RN level and Clinical manager level of practice

			RN level	Cl. Mgr. level
RN level	Correlation coefficient			
	Sig (2-tailed)		0	
Number of participants			68	61
	Correlation coefficient		0.73	1
Cl. Mgr. Level	Sig (2-tailed)		0	
Number of participants			61	127

Implications for the Use of the Situational Leadership Model

The patient satisfaction data is evidence of the families desire for skilled communication

The RNs repeatedly note the need for skilled communication as the being the most important.

Thus both the RNs and the patients/parents agree on the importance of skilled communication

Shared mental model = Opportunity

Use of Learning styles

Recommendations

Focus is developing techniques for skilled communication to be used by all disciplines as well as patients/parents

- Situational leadership
- Purposeful rounding
- Motivational interviewing
- Team STEPPs
- Use of technology

