

**Relational Coordination:  
The Perceptions and Experiences of  
Student Nurses and Nursing Faculty in  
a Hospital Setting**

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# Disclosure

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- **Author**

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- **Objectives**

- **Describe the theory of Relational Coordination.**
- **Explain the impact of Relational Coordination on the learning environment for students in a hospital setting.**

- **Conflict of Interest**

- **I have no conflict of interest to disclose.**
- **I have not received any sponsorship or commercial support.**

# The Theory of Relational Coordination (RC)

- **Relational Coordination**
  - **“co-ordination carried out by front-line workers with an awareness of their relationship to the overall work process and to other participants in that process” and builds upon the concepts of communication and collaboration**

**(Gittell, 2000, p. 518)**

# The Theory of Relational Coordination (RC)

- **Relational Coordination**
  - **Necessary in organizations that have task interdependence between employees, rigid time constraints, and uncertain and unpredictable work environments**
    - **Airline industry**
    - **Healthcare**

**(Gittell, 2003, 2009)**

# The Theory of Relational Coordination (RC)

- **Initially developed in the airline industry**  
(Gittell, 2000)
  
- **Further developed in**
  - **Surgical care (Gittell, 2000)**
  - **Medical care (Gittell, et al., 2008)**
  - **Long term care (Gittell, et al., 2008)**
  - **Care across the continuum (Weinberg et al., 2007)**
  - **Criminal justice system (Bond & Gittell, 2010)**

## Communication Aspects of RC

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- **High quality communication can lead to high quality relationships**
  - **Frequent**
  - **Timely**
  - **Accurate**
  - **Problem solving**

**(Gittell, 2009)**

## Relationship Aspects of RC

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- **Shared knowledge**
  - **Necessary to achieve mutually agreed upon outcomes**
- **Shared goals**
  - **Creates a bond between healthcare providers**
- **Mutual respect**
  - **Integral to effective coordination between interdependent teams**

**(Gittell, 2009)**

## Purpose of the Study

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- **The purpose of this descriptive, exploratory study was to describe and measure faculty and student nurses' experiences and perceptions of relational coordination during their most recent clinical experience in a hospital setting.**



## Aims

- **Measure and describe student nurses' and faculty perception of RC:**
  - **With select healthcare providers**
    - **Staff nurses**
    - **Unlicensed assistive personnel**
    - **Nursing faculty**
    - **Student nurses**
  - **Within select clinical environments**
    - **Traditional**
    - **Precepted**
    - **Dedicated Educational Unit (DEU)**

## Research Questions

- **What is the student nurse's experience and perception of RC with peers, staff nurses, UAPs and faculty while participating in a traditional, precepted or DEU clinical environment in a hospital setting?**
- **What is the nursing faculty's experience and perception of RC with peers, staff nurses, UAPs and faculty while participating in a traditional, precepted or DEU clinical environment in a hospital setting?**

# Study Variables

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- **Independent Variables**
  - **Clinical environment**
    - **Traditional**
    - **DEU**
    - **Precepted**
- **Dependent Variable**
  - **Relational coordination**

# Data Collection

- **Use of Survey Monkey**
- **Quantitative**
  - **Gittell's RC survey (2009)**
    - **7 questions: 4 questions regarding the aspects of communication and 3 questions about the aspects of relationships**
    - **Cronbach's alphas ranging from 0.71 to 0.84**
- **Qualitative**
  - **Open-ended question**
    - **Please write a description of what it was like to be a student nurse or faculty member on this unit.**

# Standard Relational Coordination Scores

- **Within group scores**
  - **Typical score range from 4 – 4.5**
  - **Less than 4 is weak**
  - **Greater than 4.5 is strong**
- **Between group scores**
  - **Typical scores range from 3.5 – 4**
  - **Less than 3.5 is weak**
  - **Greater than 4 is strong**

**Gittell (2008)**

## Quantitative Results: Participant Demographics (Total n = 112)

	Faculty		Students	
	N	%	N	%
Gender				
Male	1	7.1	14	15.9
Female	13	92.9	74	84.1
Degree Program				
ADN	7	50	39	44.3
BS	7	50	49	55.7

### Massachusetts Registered Nurses (N=93,566)

- Female 93%
- Male 7%

(Data reported in Health Profession Data Series: Registered Nurses 2012)

# Quantitative Results: All Participants (n = 112)

- **Mean Relational Coordination Scores With Respect to:**

Role	N	Total RC Score	SD <sup>a</sup>
Nursing Faculty	101	4.15	0.81
Staff Nurses	101	3.98	0.68
Unlicensed Assistive Personnel	98	3.30	0.93
Student Nurse	100	4.10	0.63

## Quantitative Results

- Mean Relational Coordination Dimension Scores for Each Workgroup Rated by its Own Members (Within group scores)**

RC Dimension	Faculty (N=14)	Student (N=88)
Frequent	3.15	3.67
Timely	2.92	3.93
Accurate	3.67	3.91
Problem solving	3.29	3.98
Shared goals	3.27	4.10
Shared knowledge	3.69	4.36
Mutual respect	3.71	4.25
<b>Total RC Score</b>	3.42 weak	4.08 typical



## Quantitative Results

- **Mean Relational Coordination Dimension Scores for Faculty (N = 14) With Other Work Groups (Between group scores)**

Role	RC Mean	SD
Faculty	3.42	1.10
Student	4.20 strong	.25
Staff Nurse	4.01 strong	.39
UAP	3.12 weak	1.07

## Quantitative Results

- **Mean Relational Coordination Dimension Scores for Students (N = 88) With Other Work Groups (Between group scores)**

Role	RC Mean	SD
Student	4.08	.68
Faculty	4.27 strong	.72
Staff Nurses	3.97 typical	.72
UAP	3.33 weak	.91

# Student RC Scores by Clinical Environment



# Qualitative Findings

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- **The research question**
  - **“What was it like being a nursing instructor or nursing student on the particular hospital unit the participant was serving on.”**
  
- **Twelve nursing instructors and 73 students responded to the question.**

# Qualitative Findings

- **Student's experience on a traditional unit**
  - **Students' experience with communication varied widely.**
  - **Students on a traditional unit, however, were much more likely to describe negative communication interactions with staff and UAPs.**
    - **Eight students described completely avoiding staff nurses on traditional units because "attempts to talk with her were unsuccessful and she is not student-friendly."**
    - **Another student opined that communication was "often frantic, often chaotic, often terrifying due to the complexity and the lack of knowledge and the overwhelming amount of information that the student nurse has to learn."**

# Qualitative Findings

- **Students experience on a traditional unit.**
  - **“Sometimes the nurses try to be welcoming and sometimes I feel like an intrusion.”**
  - **“Nurses can be very good with students or extremely rude.”**
  - **“Being on the same unit was essential to being so successful.”**
  - **“ I worked with staff nurses that attended the same college and that allowed the nurse to understand my goals.”**

## Qualitative Findings

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- **Students experience on a precepted unit**
  
- **Students spoke positively about communicating with preceptors.**
  - **Students working with preceptors felt that they were “generally engaging and open to talking with students about the experience and patients that they are assigned to.”**

# Qualitative Findings

- **Students Experience on a dedicated educational unit (DEU)**
  - **“The DEU has made me more confident with my technical skills as a nurse and has given me the opportunity to apply the knowledge I learn in the classroom. I feel like I am making connections between lecture and clinical that some of my peers not in a DEU do not always get.”**
  - **One student felt that being active as a learner was key to a successful experience: “I was exposed to many experiences, but most were because I took the initiative to ask for opportunities. You have to advocate as a student for what you want to get out of the experience.”**



# Qualitative Findings

- **Relationships and Communications**
  - **The relationships and communication influenced the student learning.**
  - **The type of clinical environment affected the relationships and communication and in turn the student learning.**
- **Repeat Exposure**
  - **Repeated clinical experiences on the same unit with the same staff enhanced the student's learning.**

## Key Findings

### ■ Quantitative

- **The mean RC score reported by nursing faculty for their own workgroup is 3.42. Less than 4 is considered weak relational coordination for within group scores.**
- **The mean RC score reported by nursing students for their own workgroup is 4.08. 4 - 4.5 is considered typical for within group RC scores.**

# Key Findings

## ▪ Qualitative

- **Subthemes that emerged in the coding process that impacted the students' learning included:**
  - **the unit environment**
  - **the faculty and staff nurse workload**
  - **the number of experiences on the same unit.**
- **Themes**
  - **Communication**
  - **Relationships**

## Key Findings

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- **Qualitative**
  - **Effective communication and more positive relationships were more often described in DEU and precepted environments.**
  - **Students who were on the same traditional unit for more than one semester reported a more positive experience.**

## Implications for Practice

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- **Effective or more positive communication was more commonly experienced by student nurses in a precepted or DEU learning environments.**
- **Students did describe developing positive relationships with staff nurses and UAPs in traditional learning environments when they were on that same unit for two consecutive semesters and when the staff on that particular unit was also a graduate of the student's nursing school.**

## Implications for Education

- **It is an important finding in this study to note that students on traditional units did have positive experiences when they were on the same unit for consecutive semesters.**
- **Nursing faculty should develop educational experiences that provide this opportunity.**
- **DEU and precepted experiences provide a positive learning environment.**

## Implications for Policy

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- **This study indicates that both nursing faculty and student nurses are experiencing ineffective communication in some learning environments with other health care providers.**
- **Policies should be developed that establish guidelines for effective and respectful communication.**

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