

# Perceptions of “Good Work in Nursing” of Experienced Administrators, Educators, and Clinicians From Two STTI Circles

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# Disclosures

- Dorette E. Welk, Faculty Emeritus, Bloomsburg University, PA; Independent Consultant
- Objectives
  - Identify perceptions of “Good Work in Nursing” of experienced administrators, educators, and clinicians who participate in two STTI Circles: Global Member Forum and/or Good Work in Nursing Community
  - Identify implications for workforce planning that address these perspectives
- The author declares no Conflict of Interest of any sort related to this presentation
- The author is receiving no sponsorship or commercial support related to this presentation

# “Good work” is considered

- ...that which is technically proficient and effective as well as morally and socially responsible
- ...that which is excellent, ethical, and engaging as perceived by the individual and others

The GoodWork© Project, Harvard University,  
Dr. Howard Gardner et al.

# The Research Problem



Studies of a nurse's perceptions of good work have not been focused on the nurse's primary practice role in a designated setting (administrator, educator, clinician).

# Methodology



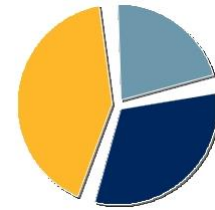
- Qualitative narrative inquiry
- Self-selection with potential for a representative sample from STTI's six global regions; anonymous returns
- Demographics: region, years of experience as an RN, and current role
- Survey was designed in Qualtrics, sent a second time after two weeks

# Survey Contents: GWN



- Demographics + five narrative questions
  - Meaning in own words
  - Agreement with others that it was done
  - Guidelines used to decide if it were done
  - Who decides or sets rules
  - Example in one's own practice

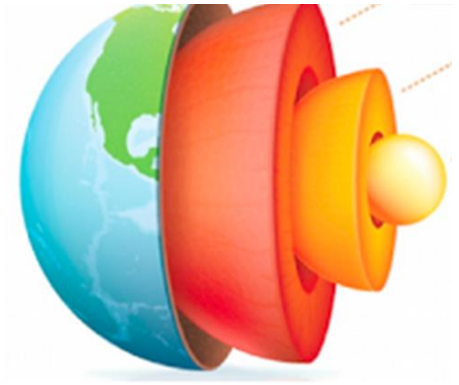
# Final Sample



- 20 RNs who designated themselves as any type of nursing administrator, educator or clinician
- 19 were from the North America region with greater than 15 years

Bogossian et al. (2014); Ingravallo et al. (2014); LeDuc & Kotzer (2009) – “Greater than 15 years” was consistent with “seasoned” or “experienced” designations

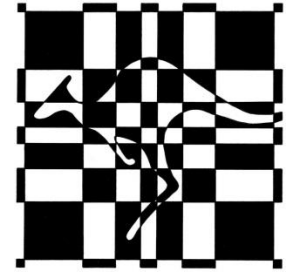
# Analysis



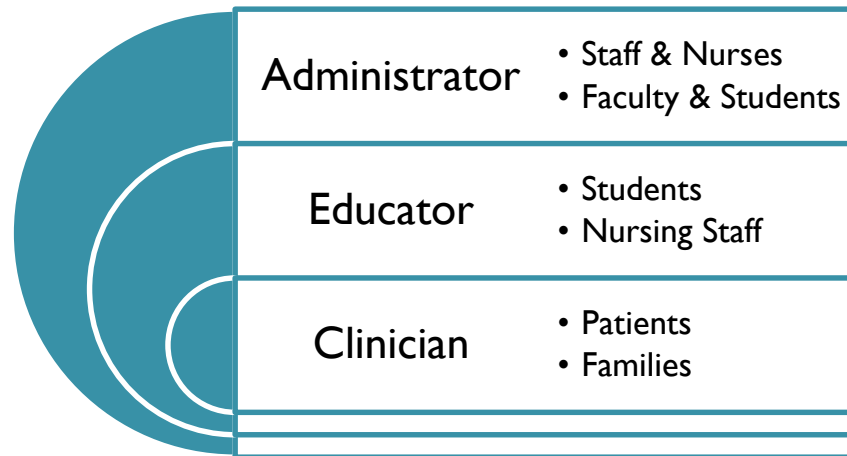
- Content analysis with open coding
- Search for themes, descriptor development, and cross-validation
- Dr. Joan Miller – pioneer of application of GoodWork© to nursing and initiator of the GWN STTI Community – provided expert review and assistance



# Unexpected Finding



View through the “cultural” lens of the role and practice setting related to the most proximal recipient of “care.”



Ingravallo et al. (2014), Horton et al. (2007), Miller (2006)

# Excellence

**Safety underlies all nursing care.**  
**\*\*LeDuc & Kotzer (2009); Kangananiemi et al. (2013)**

Safety

**Responsibility  
and  
Accountability**

Goal-  
Setting

**Goal-setting and achievement are central to meaningful nursing interactions that make a difference. \*\*Pask (2003).**

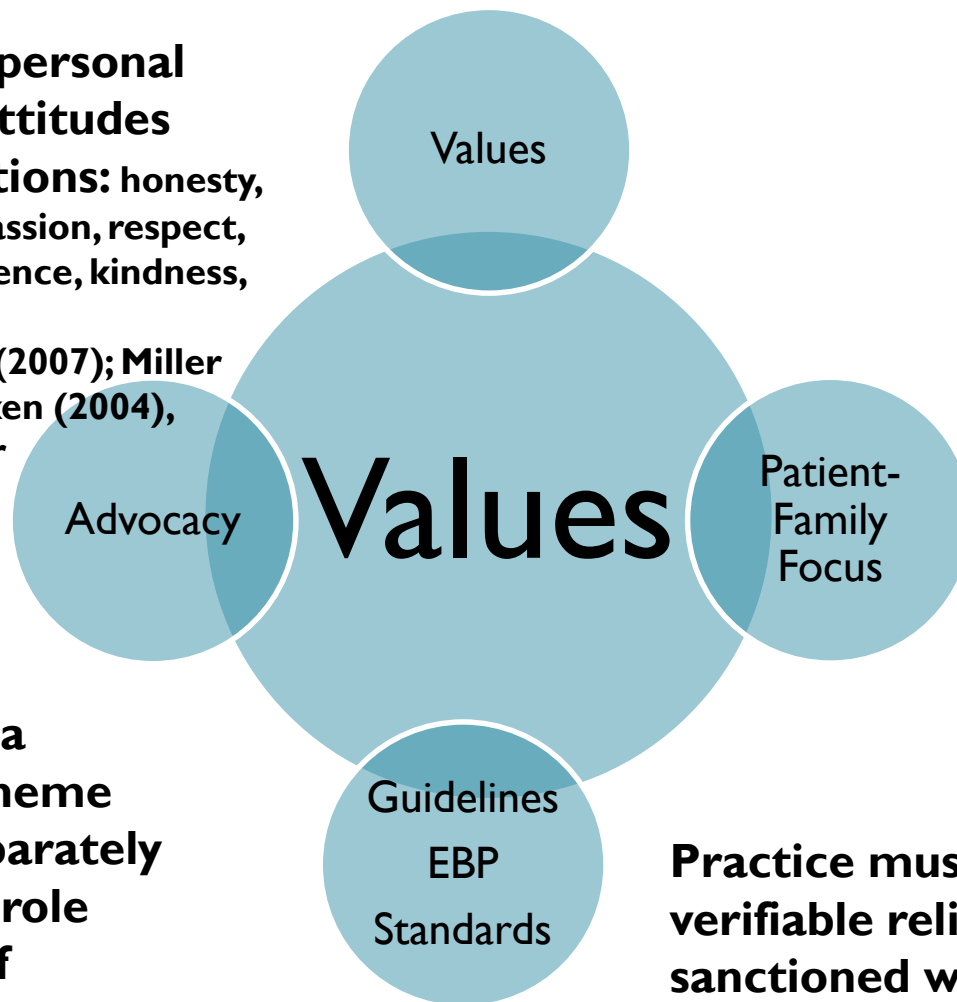
# Ethics

**The nurse's personal values and attitudes influence actions:** honesty, integrity, compassion, respect, humanism, patience, kindness, gentleness

**\*\*Horton et al. (2007); Miller (2006), Verplanken (2004), LeDuc & Kotzer (2009)**

**Advocacy is a consistent theme specified separately as a nursing role regardless of practice setting**

**\*\*Miller (2006); LeDuc & Kotzer (2009)**



**A patient-family focus was noted as central to GWN by educators, administrators, clinicians, and consultants**

**\*\*Christiansen (2008)**

**Practice must be guided by verifiable reliable sources sanctioned within the nursing profession.**

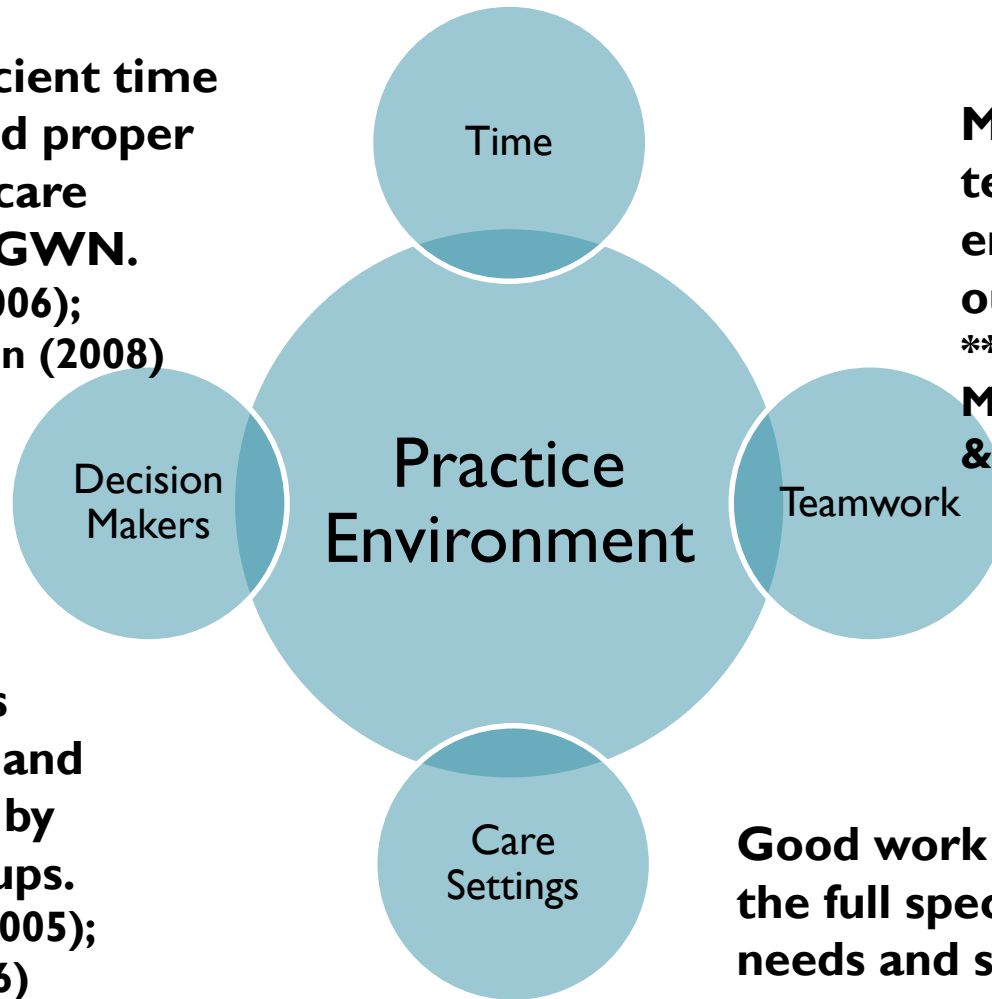
**\*\*Christiansen (2008); LeDuc & Kotzer (2009); Pask (2003)**

# Engagement

**Both sufficient time to care and proper timing of care influence GWN.**

**\*\*Miller (2006); Christiansen (2008)**

**Practice is regulated and evaluated by many groups.**  
**\*\*Goopy (2005); Miller (2006)**

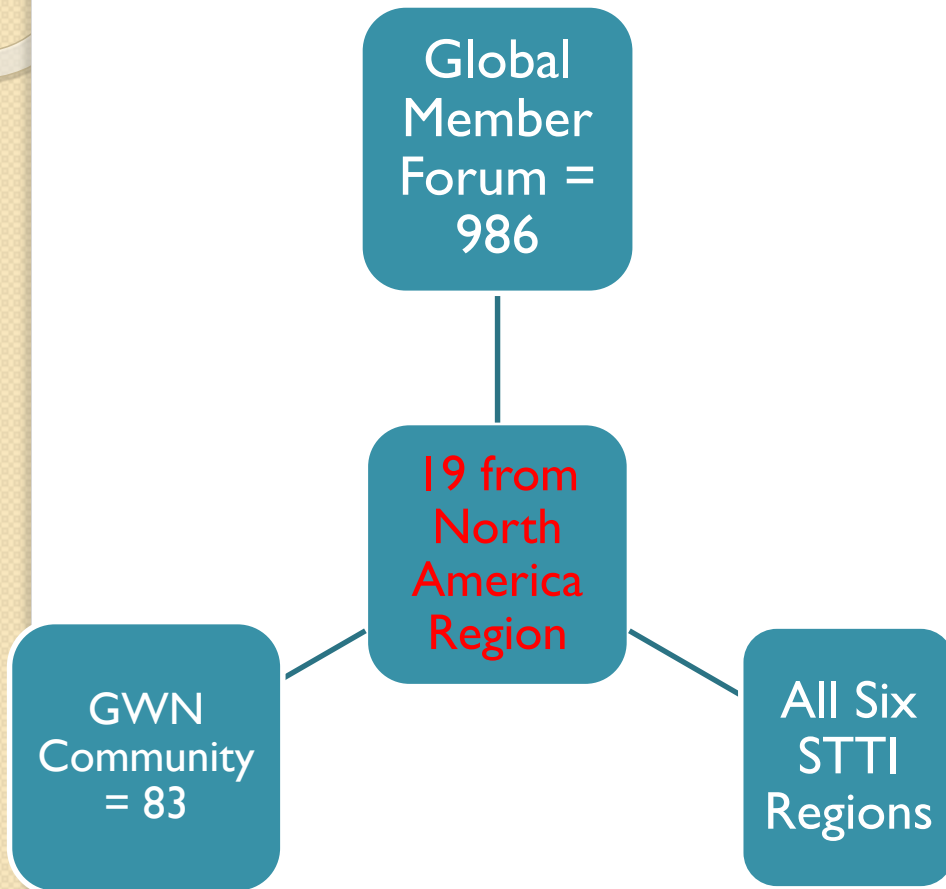


**Multi-disciplinary teamwork enhances outcomes.**

**\*\*Christiansen (2008); Miller (2006); LeDuc & Kotzer (2009)**

**Good work occurs when the full spectrum of care needs and settings are available and engaged.**  
**\*\*Miller (2006)**

# Limitations: Sample Configuration, Years of Experience, Reliance on Email



- STTI stats (2012)
  - 42% have more than 15 years of experience
  - 63% are under 50
- US users who prefer email (2012), by age
  - 16% - ages 18-24
  - 39% - ages 25-34
  - 45% - ages 35-44
  - 55% - ages 45-54
  - 77% - ages 55-64

[www.statista.com](http://www.statista.com)



# Implications for Workforce Planning

- Consider the role and practice setting related to personal values and unique environmental issues when determining ways to promote “good work.”  
E.g.,
  - Administrators (clinical): Capacity to support the nursing staff through continuing education or environment so that patient care may be delivered at the highest quality
  - Administrators (university): Capacity to implement an academic environment and resources to meet the needs of faculty and curriculum excellence
  - Educators: Capacity to provide nursing students and/or nursing staff with a safe environment for the planning and delivery of care
  - Clinicians: Capacity to have sufficient time to assure safe patient care and advocacy

# Workforce Planning

- Consider small group conversations to identify what constitutes good work for those individuals, including things that support it or represent obstacles to achieve it.
- One size doesn't fit all!



# “Good Work in Nursing” - Towards Transformation and Excellence in Global Nursing

- Future research is needed to further identify issues and interventions to build capacities to promote good work in different “cultures” of all sorts: geographical as well as related to role and practice setting.





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## SLIDE 10: Unexpected Finding

Ingravallo et al. (2014): The work setting was the foremost factor significantly associated with participants' opinions and practices about information and consent.

## SLIDE 11 – EXCELLENCE: Responsibility & Accountability (as central)

### **SAFETY**

LeDuc & Kotzer (2009): The societal issues designated as important identified in their study which included “seasoned” nurses were patient advocacy, health promotion, and client safety (p. 283).

### QUOTE

“Making sure the patient is prepared for the procedure...assures physical and emotional safety, seamless to the next point in the system” (Hospital Administrator)

## **GOAL-SETTING (SLIDE 11)**

Pask (2003). When these nurses recognized that they had personally achieved that which they believed a professional nurse ought to achieve, their experience was one of satisfaction in having made a difference.

### **QUOTE**

“The nursing faculty member’s primary goal is to increase the national passing rate...to produce top-notchers.” (Educator, Faculty)

## **SLIDE 12 – ETHICS: Values (as central)**

### **VALUES**

Verplanken, B. (2004): Human relations value congruence appears as an important ingredient of person-organization fit in nursing. (Norway) Represents some support for how values and the capacity to do good work within a particular organization or culture may be linked.

### **QUOTE**

“Good work means that as a nurse one has used not only the best evidence-based nursing knowledge but has done so with integrity, compassion, humanism, and respect for the wishes of the patient.” (Faculty Educator)

## **ADVOCACY (SLIDE 12)**

Miller (2006): The goal or mission of work of experienced nurses was cited as advocating for underprivileged people (p. 475).

### **QUOTE**

“Recognizing a patient is deteriorating before the physician realizes it, advocating for the patient to have the physician take another look at the patient.” (Clinician)

## **PATIENT-FAMILY FOCUS (SLIDE 12)**

Christiansen (2008): Securing fundamental needs to patients and next of kin involves support and instruction as a basic part of nursing care (p. 1650).

### **QUOTE**

“Good Work varies with the work setting, mindfully engaging with the patient and family, or the faculty, or the staff to promote their wellbeing and restoration of health.”  
(Administrator at a university)

## **GUIDELINES/EBP/STANDARDS (SLIDE 12)**

LeDuc and Kotzer (2009): Values are communicated through policies, procedures, job descriptions, competency evaluations, and through unit-based standards of care that reinforce professional role development (p. 283).

### **QUOTE**

“Caring for critically-ill trauma patient...communication is so skilled and you know and anticipate each other’s move. Standardization at its best for the positive outcome for the patient” (Administrator, clinical facility)

## **SLIDE 13 – ENGAGEMENT – PRACTICE ENVIRONMENT**

### **TIME**

Christiansen (2008): Being pressed for time is, regardless of reasons, seldom a working condition that nourishes good work (p. 1649).

### **QUOTE**

“As a home care nurse, we ensure medication reconciliation, provide education, and take time to provide it. Nurses hardly have the time to do this but we make sure we do and we fight to insure that we continue to have the time needed.”  
(Clinician)

## **DECISION MAKERS (SLIDE 13)**

Miller (2006): Experienced nurses employed strategies such as forming teams of decision makers who share similar values or establishing an institutional culture where quality care and patient concerns surpass individual needs (p. 483).

### **QUOTE**

The participants named many decision makers involved in their practices: hospital administration, shared governance models, other nurses, committees or senates, physicians, regulating bodies (accreditation, state approval), insurers, team members

## **TEAMWORK (SLIDE 13)**

Miller (2006): Teamwork and a cohesive work environment were reported by experienced nurses as a support of good work in nursing (p. 478).

### **QUOTE**

“Good work” means supporting co-workers, providing resource to lesser experienced nurses and encouraging them to grow and share their own practice with others.” (Clinician)

## **CARE SETTINGS**

Miller (2006): A work environment that represents a supportive institution for the goals of good work was cited by the experienced nurses as important in their doing good work (p. 478).

### **QUOTE**

“Patients move from one setting to another and their care gets compromised” (A, clinical facility)