

# Effect of a Unit-Based Clinical Outcomes Nurse on Nurse Empowerment and Quality Outcomes





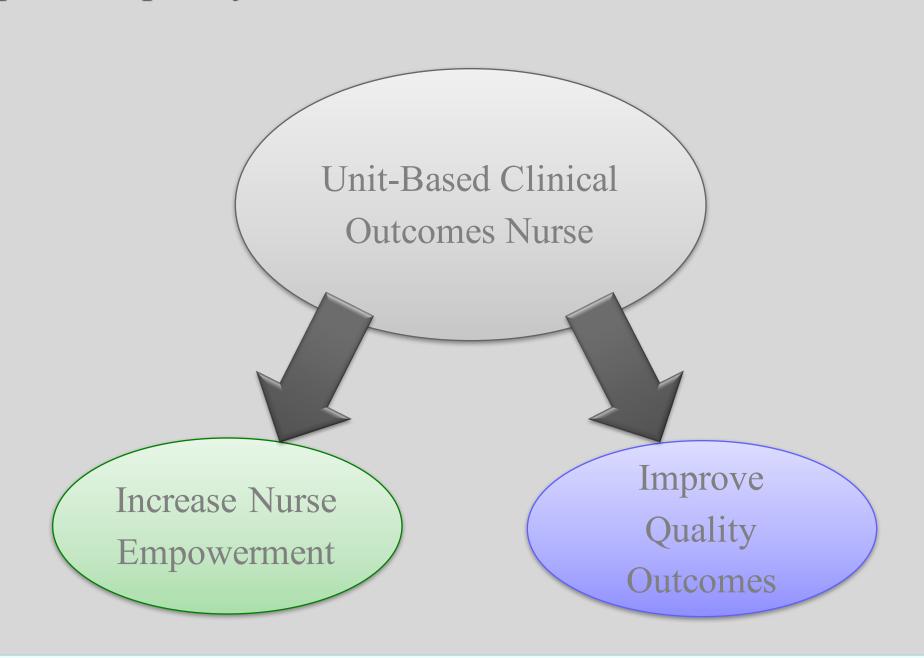
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# Clinical Outcomes Nurse Role

- Decrease rate of catheter-associated urinary tract infection (CAUTI) and central line-associated bloodstream infection (CLABSI), and increase use of the teach-back education method
- Coach nursing staff at point of care regarding systemwide quality initiatives
- Empower staff nurses to apply evidence-based care while improving quality outcomes
- Role evolves based on value-based purchasing and changes in reimbursement structure

# **Project Purpose**

To determine if the new Clinical Outcomes Nurse (CON) model increases nurse empowerment and improves quality outcomes



# Theoretical Background

# Kanter's Theory of Structural Empowerment

- Employees are empowered when given access to lines of support, information, resources, and opportunities<sup>3</sup>
- Workplace structures are more important than personal characteristics in determining an employee's attitude and behavior<sup>3</sup>

Structural empowerment linked to:

- ✓ lower levels of incivility and mental health symptoms among new graduate nurses <sup>7</sup>
- ✓improved interactions between leaders and bedside nurses²
- ✓increased job satisfaction and organizational commitment¹
- ✓increased nurse perception of quality of care<sup>5</sup>
- Limited research linking structural empowerment with patient and quality outcomes, but has been linked to nurse-assessed quality of care and patient falls<sup>6</sup>

# Sample and Setting

# Male 1 (5.6%) Female 17 (94.4%) Education ADN 7 (38.9%) BSN 10 (55.6%) MSN 1 (5.6%) Shift worked Day 12 (66.7%) Night 6 (33.3%) Hours worked per 36 or more 17 (94.4%) Less than 36 1 (5.6%) Years at BHL 0-5 | 15 (83.3%) 6-10 0 (0%) 11-15 2 (11.1%) >15 1 (5.6%) Years as an RN 0-5 | 13 (72.2%) 6-10 0 (0%) 11-15 3 (16.7%)

>15 2 (11.1%)

**Sample Demographics** 

Setting-Baptist Health
Louisville (BHL)519-bed acute care
hospital in suburban
Louisville, KY

Pilot Unit-2 intermediate care floors at BHL

Sample-all staff nurses on these two floors (excluding agency nurses), age range from 22 to 64 years old, with mean age of 40 years old

Return rate-32%-18 of 56 nurses returned completed pre- and post- questionnaires

# Methods

• Teach-back audit with positive reinforcement (WOW cards)

Interventions

- Value-based purchasing poster
- Resource binders
- Coaching staff at point of care
- Foley catheter and central line audits

### Measures

# Conditions for Work Effectiveness Questionnaire-II (CWEQ-II)<sup>4</sup>

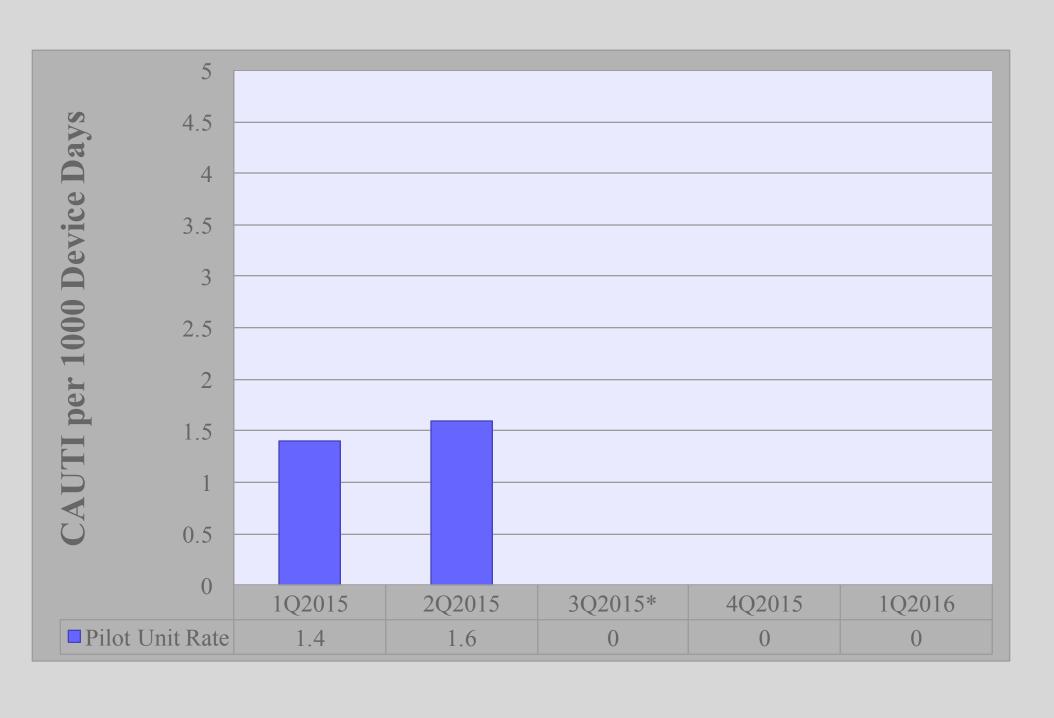
- Based on Kanter's theory of structural empowerment
- ◆ 19-item questionnaire, scored on a 5-point Likert Scale
- ◆ Total possible score ranges from 6 to 30
- Higher score indicates higher level of empowerment

CAUTI and CLABSI Rates-data collected by Infection
Control according to NDNQI guidelines

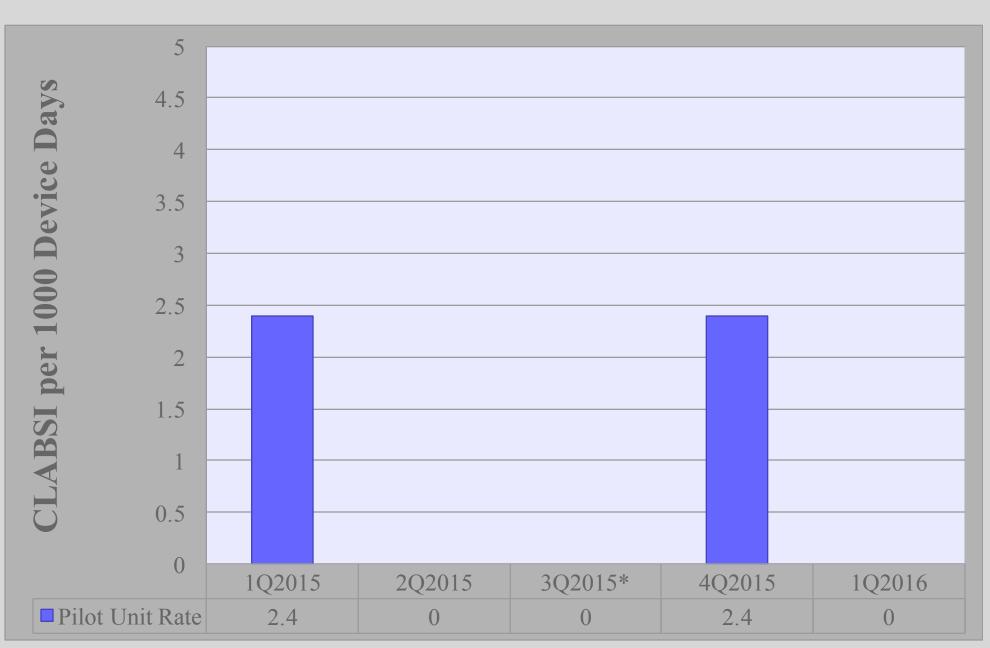
Teach-Back Rates-data collected using BHL electronic report

# Results

Conditions for Work Effectiveness Questionnaire-II Results				
CWEQ-II score	Pre		Post	
Low (score of 6-13)	0 (0%)		0 (0%)	
Moderate (score of 14-22)	11 (61%)		10 (56%)	
High (score of 23-30)	7 (39%)		8 (44%)	
Average score	23 (22.86)	SD=2.42	23 (22.61)	SD=2.3







\*First full quarter with unit-based CON position

# **Project Evaluation**

- No significant change in empowerment scores after implementation of new CON role. This could have been related to the high level of empowerment at the beginning of this study.
- Improvements in quality outcomes were seen after the implementation of the CON role, especially related to use of teach-back. Though there were no statistically significant decreases seen in CAUTI and CLABSI rates, the results are clinically significant in terms of cost and patient care.
- More in depth education on the role of the unit-based CON position may have increased staff empowerment and understanding of the impact of the role on quality outcomes.
- Increased staff input regarding useful project interventions prior to start of project may have improved overall project outcomes.



### Recommendations

- Use CON/quality nurse on all nursing units to improve compliance with quality initiatives and to improve on various nursing and patient-centered processes, potentially increasing staff nurse empowerment through education, and application, of evidence-based patient care
- Expand role of CON to focus on other quality initiatives
- Apply structural empowerment principles to address other quality and patient safety outcomes, such as falls and pressure ulcers
- Use structural empowerment as basis for staff resources
- Study link between empowerment and objective quality outcomes with a larger sample population
- Study correlations between structural empowerment and nurse demographic characteristics with a larger sample population

## Limitations

- Small sample size
- Sample highly empowered and units with low infection rates prior to study