A QUALITY IMPROVEMENT PROJECT: JOB SATISFACTION OF NURSES IN
HOME HEALTH CARE
by
Diane Hollie

JOHN SCHMIDT, DNP, Faculty Mentor and Chair
JUDITH TRESCHUK, PhD, Committee Member
PAMELA SPIVEY, MSN, MBA, Committee Member

Patrick Robinson, PhD, Dean, School of Nursing and Health Sciences

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Abstract

Purpose: The purpose of the quality improvement project was to explore if a formal preceptorship orientation program would minimize the low job satisfaction rate of registered nurses at a home health agency.

Design: The design included a pre and post evaluation completed by nurses that participated in the preceptorship orientation. Upon completing the preceptorship orientation, the new hires were given the McCloskey-Mueller Satisfaction Scale (MMSS) survey.

Methods: Following a 40-hour preceptorship training for preceptors using the One-Minute Preceptor model, any nurse who had started within 1 year of the project received a formal orientation with the trained preceptors for 4–6 weeks, depending on their experience. Twenty-five nurses participated in the survey. The data were analyzed using Statistical Package for the Social Sciences (SPSS), version 20.0.

Findings: The findings showed a pre-orientation mean of 2.76, moderately dissatisfied; the post orientation mean was 4.0, moderately satisfied. The quality improvement project showed a direct correlation between improvement in nursing job satisfaction and participation in a formal orientation.

Conclusion: The quality improvement project needs to be duplicated on a larger scale within the home health care arena to evaluate if outcomes could be duplicated. Currently, the findings indicate an improvement regarding nursing job satisfaction post orientation.

Clinical Relevance: The project is relative to nursing practice because it aimed to improve nursing job satisfaction, which could impact clinical patient care and patient outcomes.

Key Words: job satisfaction, home health care, Center for Medicare and Medicaid Services, (CMS), five star program
Dedication

This is dedicated to my family and my sister, Barbara Coursey, who supported me throughout my doctorate in nursing practice, (DNP) experience. Their financial, emotional, and spiritual support cannot be overstated during my entire DNP journey.
A Quality Improvement Project: Job Satisfaction Of Nurses In Home Health Care

The home health agency used in this quality improvement project has been in business for over four years. In order to attract nurses, the agency has tried sign-on bonuses and referral incentives, but with little success. The low job satisfaction rate has affected consistent patient care and patient satisfaction. The cost of replacing the nurses has been mentally and financially taxing for the agency. The purpose of this article is to describe the importance of a formal orientation and to show the orientation’s impact on registered nurses (RNs) job satisfaction.

Background

The home health agency spends a substantial amount of money and time for newly hired nurses. According to the Center for Medicare and Medicaid Services’ (CMS) scoring system, the scores are low in terms of the quality of patient care. On the CMS website, the agency has a rating of 2 stars; the average rating for agencies in Illinois is 3.5 stars. At the time of the project the agency had never implemented an orientation program for newly hired RNs and have never utilized a structured preceptorship program.

According to the Human Resources Department at the home health agency, exit interviews conducted in fiscal year May 2013 through April 2014 showed that 68% of 32 nurses left the agency because of lack of support from nursing management while acclimating to their new role in home health care. Thirty percent of nurses left the agency because of low wages and the minimal benefits offered to employees. Two percent fell under the category of unknown. On the exit interview survey, 82% of the nurses stated they could have benefited from a formal orientation. The average stay for new hires is approximately 3 months.

According to the Human Resources Department at the home health agency, exit interview surveys from fiscal year May 2014 through April 2015 showed that 67% of 28 nurses left because of lack of support from nursing management. Human resources records showed that
33% of nurses left because of low wages and the minimal benefits offered to employees. One percent fell under the category of unknown. The exit interview showed that 70% of the nurses stated they could have benefited from a formal orientation. The statistical data has thus not changed much over that past two fiscal years. The high turnover rate has affected the nurse–patient ratio and the quality of patient care. Due to the high turnover rate, the agency has had to turn down patient admissions from referral sources, such as hospitals, nursing homes, and clinics.

During this time of nursing shortage, it is imperative for the health care industry to do all it can to maintain nurses and create an environment of safety and quality (Wallen et al., 2010). Investment in education and best practices within nursing would enhance patient safety and result in better outcomes related to patient care. Investing in solutions to address nursing-related concerns would lead to greater job satisfaction and lower job turnover rates.

**Intended Improvement**

The intended improvement was to increase nursing job satisfaction. The literature has shown that the RNs job satisfaction rate effects patient outcomes, quality of care, and patient satisfaction scoring (Kieft, DeBrouwer, Francke, & Delnoij, 2014; Lang et al., 2014). The home health care nursing shortage is steadily on the rise. By 2020, the growth in home health care is projected to increase from 6.5% to 9% of the total RN population (Luo, Lin, & Castle, 2013). As the need for home health care RNs grows, it is imperative to address job satisfaction within home health care. The correlation between safety in the context of patient care and best nursing practice is a growing concern in the home health care arena (Foust, Vuckovic, & Henriquez, 2012).

The advantages of a structured preceptorship program include improved job satisfaction, improved job retention, and improved patient satisfaction. A multilevel evidence-based practice
preceptorship program improves nursing job satisfaction and promotes a positive regard and buy-in to the company (Wallen et al., 2010). The project is significant to nursing as evidenced by the American Association of Nursing (AACN, 2006), DNP Essentials, II, III, V, and VI. Essential II is organizational and systems leadership for quality improvement and systems thinking. Essential III is clinical scholarship and analytical methods for evidence based practice. Essential V is health care policy and advocacy in health care. Essential VI is inter-professional collaboration for improving patient and population health outcomes. The projects interventions and methods were based on best practice and standards specific to home health care. Outcomes should improve regarding patient satisfaction scoring on the CMS website over time as the new policies and interventions are implemented.

**Quality Improvement Question**

Will newly hired RNs at a home health agency have a higher job satisfaction rate if a formal preceptorship orientation program is implemented over a span of 4–6 weeks, compared to a low job satisfaction rate among RNs at the home health agency over the previous year that did not have a formal preceptorship orientation?

**Method**

The DNP project consisted of an analysis of nursing job satisfaction for new hires at the home health care agency. The DNP project utilized a non-experimental, quantitative design. The project focused on nursing job satisfaction post preceptorship orientation of newly hired RNs. The anticipated sample size was based on the number of newly hired registered RNs at the time of the project (n = 25). The orientees consisted of RNs who had worked for 1 year or less at the home health agency. Exclusion will include any nurse hired in a leadership role.
The methods for selecting and training preceptors included years of experience, a formal interview regarding the role, and selection by the director of nursing and human resources. The preceptor was trained for 40 hours in preparation for the preceptorship role. The One-Minute Preceptor model was used. The identified gap is a lack of substantial literature regarding home health care preceptorship programs. Factors that influence preceptorship, such as work load and remuneration, were determined by the home health agency.

**Setting**

The preceptors’ training took place at the home health agency. The preceptors participated in a weekly meeting with the DNP student to discuss progress and to receive redirection as needed regarding orientating the new hires. The orientation of new hires took place 1 week in the office and 3–5 weeks in the field with the assigned preceptors. The DNP student facilitated the 1-week training in the office with the orientees at the home health agency. The orientee training included the following: an introduction to the orientation program; CMS rules and regulations regarding compliance with the Medicare program specific to clinicians; state and federal requirements regarding the clinical perspective of home health care; and the specific aspects of home health care clinical charting. Upon completing the preceptorship orientation, the new hires were given the McCloskey-Mueller Satisfaction Scale survey at the home health agency in a dedicated private room, free of office staff interference. The setting was ideal for the protection of participants’ physical well-being and to avoid creating conflicts among co-workers.

**Ethical Issues**

All participants signed the approved consent form. The surveys were completed anonymously and confidentiality was maintained. The Institutional Review Board (IRB)
committee deemed that the quality improvement project did not meet the federal regulations’
definition of human subject research; and that no IRB review and oversight would be needed.
The DNP project leader understood the importance of referring to the IRB should any ethical
concerns arise. Human resource information was stripped of names, and pertinent information
was maintained in a confidential manner. The dignity and autonomy of the participants were
maintained at all times. The survey was administered to the participants in a private setting at the
home health agency.

**Intervention**

The One-Minute Preceptor model is widely used in hospitals and acute care settings. This
tool consists of five steps that help the preceptor enhance the skills and critical thinking needed
in the clinical setting. Neher, Gordon, Meyer, and Stevens (1993) list the five steps as follows:

Step 1: Get a commitment.

Have orientee present his/her plan or intervention for the problem.

Ask: What do you think should be done first?

Step 2: Probe the supporting evidence.

Establish the knowledge base for the decision in step 1.

Ask: What do you think should be done first?

Ask: Why were these choices made?

Step 3: Teach general rules.

Provide correct information or provide locations of resources.

Tell: Provide locations of resources and expectation for knowledge or review.

Step 4: Reinforce what was right.

Provide positive feedback to promote confidence and self-esteem.

Tell: Provide specific information regarding what was done.

Step 5: Correct mistakes.
Provide specific information regarding necessary improvement.
Tell: Improvement needed and rationale.

The preceptors’ training covered the following modules over a 40-hour training process.

The orientation of preceptors included following five objectives:

- Orient the class to the quality improvement project and engage in dialogue regarding what preceptorship mean to the individual.

- Review the job function of a preceptor and introduce the One-Minute Preceptor model, which will be utilized to guide the project.

- Conduct an evaluation of skill sets and define the attributes of precepting experience needed for the role. Review the policy/procedures and the agency’s clinical standards regarding the importance of teamwork and cohesiveness.

- Conduct performance reviews. Explain how to assess patient acuity and prioritization.

- Role plays various scenarios regarding stress management and cultural competency related to home health care.

The following week the orientees began the orientation by the trained preceptors. Each preceptee was given a self-skills evaluation tool to complete for the preceptors to evaluate their experience and level of education. All objectives were completed in a 4–6-week time frame, depending on the need of the new hire. All objectives were completed on the orientation skills checklist, regardless of the orienteer’s experience, to ensure the standards set by the agency were maintained.
Preceptors and nurses should be on the same schedule during the orientation process (Twibell et al, 2012). The interventions were implemented via the orientation process for new hires and the training of preceptors within the agency. The interventions should include the following:

- assessing learning needs and setting goals; developing and implementing a learning plan;
- teaching time management and prioritization in providing care to a patient population;
- evaluating clinical competence and documenting learning and clinical progress;
- teaching and promoting clinical reasoning, critical thinking, and problem solving;
- providing constructive feedback and coaching; evidence-based professional nursing practice; facilitating social interaction and fostering assimilation to the organization’s culture; and collaborating with the clinical nursing team to promote positive orientation outcomes (Robinson, 2015, p. 1).

**Results**

The project was implemented at a home health agency with low nursing job satisfaction rates. In order to improve nursing satisfaction, a preceptor program was implemented by the DNP leader. All participants were provided a comprehensive skills check list and best practice procedures specific to home health care. Thirty nurses participated in the orientation program, and thus 83% participated in the questionnaire. All the participants were women ($n = 25, 100\%$). Their nursing experience ranged from 2 to 20 years. Their educational background was as follows: 60% had an Associate degree, 36% had a Bachelor of Science degree, and 4% had a Master’s of Science degree. Hours, flexibility, days, week pay, weekend pay and weekends off, from the MMSS questions 4, 5, 6, 8, and 10, produced a mean score of 4.0, which is moderately satisfied (see Table 1). Satisfaction with extrinsic rewards, such as vacation, salary, and benefits
from MMSS questions 1, 2, and 3 produced a mean of 3.84, which is neither satisfied nor dissatisfied (see Table 2).

Table 1

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<th>Mean</th>
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<th>Skewness</th>
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Table 2

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Job satisfaction was measured before and after the orientation of the newly hired RNs. The before score for the RNs was moderately dissatisfied (Mean = 2.760, SD = 0.926). After the formal orientation, the RNs’ job satisfaction improved to moderately satisfied (Mean = 4.04, SD = 0.676). The correlation between job satisfaction and participation in the formal orientation showed an improvement in job satisfaction post participation.
Outcomes

The organization elected to continue with the DNP project. The change was well received due to the positive outcomes. The goal of the DNP project leader is to transform the nursing leadership staff into an effective team. Future orientations will be done by the agency’s staff that have been trained to precept new nursing employees.

Dissatisfaction among nurses within home health care is due to many variables. The major variables that are found repeatedly in the literature include lack of support, minimal orientation, not feeling appreciated, and lack of competency related to patient care (Baker, 2011). Heightened job stressors are correlated with low job satisfaction among home health care RNs; the literature showed the correlation between low job satisfaction and patient outcomes (Farquharson et al., 2013). Inappropriate workloads and lack of support affect the efficacy and safety provided to patients by home health care RNs (Schmidt & Diestel, 2013). Despite the autonomy and direct one-on-one care afforded by home health care, patient acuity and support is a major concern (Castaneda & Scanlan, 2014).

Summary

Overall, the quality improvement project was a success. The nurses’ satisfaction scores improved. After the orientation, the nurses verbalized that they felt they have a sense of buy-in within the company. They felt more committed to the job and that their concerns were addressed. The post conference with the stakeholders was positive. The stakeholders were on board with allowing the orientation process to continue for new hires in the future and with training more preceptors if necessary. The director of nursing and management staff seemed pleased and on board with implementing the new policy and standard of a 4–6-week orientation program for all newly hired RNs.
Limitations

One limitation of the project was the small sample size. The sample size just made the quota of a minimum of 25 newly hired RNs who were willing to participate in the McCloskey-Mueller Satisfaction Scale Survey. The limited time frame to evaluate the nursing job satisfaction after a formal preceptorship orientation was also a concern. Another limitation was that the only inclusion criteria was that the nurse had been hired within a year of the project.

Interpretation

The project leader believes the home health agency is willing to make the necessary changes to improve the nursing job satisfaction among its nurses. The feedback from the survey and the implementation of interventions relevant to improving nursing job satisfaction improved the nursing retention rate at the home health agency. A multilevel evidence-based practice preceptorship program improves nursing job satisfaction and promotes a positive regard and buy-in to the company (Wallen et al., 2010).

Conclusion

The project can be generalized to other home health care populations because of the nationwide issue regarding nursing job satisfaction. Job satisfaction within nursing is a nursing practice problem and is not limited to the home health care arena. It is the responsibility of all nurse leaders to take on the challenge of improving job satisfaction. The DNP’s role is pivotal and needed in the area of nursing satisfaction. Today’s consumers require a higher level of expertise regarding health care skills and knowledge (Castaneda & Scanlan, 2014). The DNP’s role will be instrumental in the design and implementation of interventions based on nursing science, expertise and evidence-based practice.
Clinical Resources


References


Appendix A

Permission to use form:

This gives permission to Diane Hollie to use the McCloskey/Mueller Satisfaction Scale (MMSS) for the purpose as stated in the request dated 03/05/2015.

The instrument may be reproduced in a quantity appropriate for this project.

Signed:

Sue Moorhead, Associate Professor, College of Nursing

Date: March 13, 2015