EFFECTS OF WORK ENVIRONMENT ON NURSING SATISFACTION

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INTRODUCTION

Background & Significance
- Job satisfaction is an essential factor in the work environment in regards to retention and productivity for nursing turnover (Sellegren, Evkall, & Tomsen, 2008).
- A key contributing factor to nursing turnover & job satisfaction is the inability to communicate effectively (Amos, Hu, & Herrick, 2005).
- American Association of Critical Care Nurses (AACN) established standards for Establishing and Sustaining Healthy Work Environments (2016) to promote a healthy work environment (HWE).
- Promotion of a HWE promotes patient safety, positive outcomes, and improved staff recruitment and retention (AACN, 2016).
- Six Standards include: skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership (AACN, 2014).

MATERIALS AND METHODS

Settings & Demographics
- Four identified Ambulatory Clinics at Children’s Mercy Hospital in Kansas City, MO. Scheduled to implement Lean DMS of daily huddles.
- Convenience sample of Registered Nurses who volunteered to participate from the four identified clinics.
- Baseline survey: 53 nurses were eligible, 24 completed the survey, n=24, or 45%
- Follow-up survey: 52 nurses were eligible, 25 completed the survey, n=25 or 48%
- Design
  - Pre-test, post-test design was utilized using the AACN-HWET to measure characteristics which contribute to nursing satisfaction. Education and training of huddles provided to staff prior to implementing huddles. Baseline survey completed prior to implementation of daily huddles, follow-up survey completed three months after huddles began in each clinic.
- Demographics collected, and a Likert scale was used to assess nurse’s familiarity with Lean DMS huddles.

RESULTS

Experience with Lean Training

AACN-HWET Subscales

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Baseline Mean(SD)</th>
<th>Follow-up Mean(SD)</th>
<th>Mean Difference</th>
<th>p-Value</th>
<th>Cohen’s d</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled Communication</td>
<td>11.71 (2.26)</td>
<td>11.92 (2.04)</td>
<td>+.21</td>
<td>&lt;.001</td>
<td>0.10</td>
</tr>
<tr>
<td>True Collaboration</td>
<td>11.17 (2.48)</td>
<td>11.40 (2.18)</td>
<td>+.23</td>
<td>&lt;.001</td>
<td>0.10</td>
</tr>
<tr>
<td>Authentic Leadership</td>
<td>11.33 (2.42)</td>
<td>11.64 (2.55)</td>
<td>+.31</td>
<td>&lt;.001</td>
<td>0.21</td>
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<tr>
<td>Effective Decision-Making</td>
<td>11.78 (1.92)</td>
<td>11.76 (1.90)</td>
<td>+.06</td>
<td>&lt;.001</td>
<td>0.03</td>
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<tr>
<td>Appropriate Staffing</td>
<td>11.43 (2.95)</td>
<td>11.33 (2.41)</td>
<td>-.10</td>
<td>&lt;.001</td>
<td>0.04</td>
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<tr>
<td>Meaningful Recognition</td>
<td>11.21 (2.34)</td>
<td>11.54 (2.26)</td>
<td>+.33</td>
<td>&lt;.001</td>
<td>0.14</td>
</tr>
</tbody>
</table>

Objectives

- Skilled Communication scores
- True Collaboration scores
- Authentic Leadership scores

among team members as measured by the AACN-HWET 3 months following implementation of the DMS huddles

LITERATURE REVIEW

- HWE has a positive impact on nursing satisfaction and staff retention rates (Duffield, Roche, Blay, & Staas, 2010).
- A vital aspect of HWE is communication (Apker, Propp, Ford, Hofmeister, 2006).
- Transformational Leadership (TL) promotes excellent communication, professional growth, adequate staffing, autonomous practice, reward & recognition (Cassida & Parker, 2011).
- Daily huddles show positive results in communication, coordination of care; efficient & improved quality outcomes from 59.4% to 64.6% (Shunk, Duly, Chou, Jansen, & O’Brien, 2013).
- Daily huddles implemented in each specified clinic for at least three months.
- Limited time for staff to practice principles of DMS huddles.

OBJECTIVES

- DMS huddles will increase:
  - Skilled Communication scores
  - True Collaboration scores
  - Authentic Leadership scores

among team members as measured by the AACN-HWET 3 months following implementation of the DMS huddles

RESULTS

- Staff trained on components: DMS huddles, huddle boards placed in clinics
- Approval obtained from clinic managers for their staff to participate
- Email sent to staff nurses in each clinic providing information on Quality Improvement (QI) Project
- Baseline AACN-HWET and demographic survey emailed to all nurses in identified clinics to complete
- Daily huddles implemented in each specified clinic for at least three months
- Follow-up AACN-HWET and demographic survey emailed to all nurses in identified clinics to complete
- Results analyzed and reviewed
- Results shared with staff in specified clinics

CONCLUSIONS

- Upward trend of scores in a short period of time
  - Skilled communication
  - True collaboration
  - Authentic leadership
  - However, scores were not statistically significant
- Strengths
  - Nursing participation in QI project
  - Ease of completing survey tool
  - Support from nursing leadership on implementation of DMS huddles
- Limitations
  - Short duration of QI project
  - Limited time for staff to practice principles of DMS huddles

RECOMMENDATIONS

- Stakeholders and leadership to continue to support and attend DMS huddles in all clinics
- Nursing leadership need to maintain and sustain the practice of daily huddles continue ongoing coaching support, and mentoring of staff participating in daily huddles
- Continue to have members from the executive management team attend daily huddles on a periodic basis
- Increase staff participation by leading daily huddles
- To maintain sustainability review components of DMS huddles with team members at specified intervals 30, 60, and 90 day intervals and at the 1 year point

REFERENCES


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