EFFECTS OF WORK ENVIRONMENT ON NURSING SATISFACTION

Kandy B. Morgan, MS, RN, CGRN
University of Missouri – Sinclair School of Nursing

Sinclair School of Nursing
University of Missouri Health

INTRODUCTION

Background & Significance

- Job satisfaction is an essential factor in the work environment in regards to retention and predictor for nursing turnover (Sellegren, Ekvall, &Tomson, 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)

LITERATURE REVIEW

- HWE has a positive impact on nursing satisfaction and staff retention rates (Duffield, Roche, Blay, & Stasa, 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, Dulay, Chou, Janson, & O'Brien, 2013).

PICOT

In nurses working in specified Ambulatory Clinics at Children's Mercy Hospital (P) how does integration of daily management system (DMS) huddles (I) compared to the current communication practices (C) increase nursing job satisfaction scores regarding communication as reported on the American Association of Critical-Care Nurses Healthy Work Environment Tool(O) over a three-month time period?

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

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.

Summer 2016
- 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

Fall 2016
- 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

Spring 2017
- Results analyzed and reviewed
- Results shared with staff in specified clinics

RESULTS
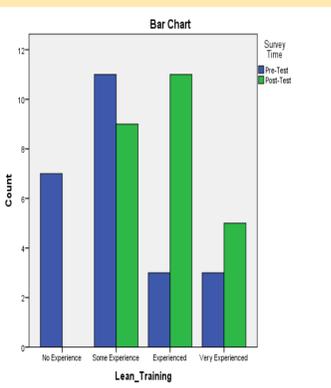
Experience with Lean Training

Subscale	Baseline Mean(SD)	Follow-up Mean (SD)	Mean Difference	p-Value	Cohen's d
Skilled Communication Questions: 1,6,14	11.71 (2.26)	11.92 (2.04)	+ .21	.732	0.10
True Collaboration Questions 2,10,15	11.17 (2.48)	11.40 (2.18)	+ .23	.728	0.10
Authentic Leadership Questions 5,13,18	11.13 (2.42)	11.64 (2.55)	+.51	.482	0.21
Effective Decision Making Questions 7,11,16	11.70 (1.92)	11.76 1.90)	+ 0.6	.908	0.03
Appropriate Staffing Questions 3,8,12	11.43 (2.95)	11.33 (2.43)	-. 10	.898	0.04
Meaningful Recognition Questions 4,19,17	11.21 (2.34)	11.54 (2.26)	+.33	.618	0.14

AACN-HWET Subscales

- Descriptive statistics *n* =24 baseline survey, *n* =25 follow-up survey. Total participants *n* = 49.
- Nominal level data analysed with Pearson's Chi- square of independence . Cohen's *d* magnitude of effect size .2, .5, .8 corresponding to small, medium, and large respectively.
- Ordinal data analysed with Mann- Whitney U Test. Level of significance set at p ≤ .05

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 sustainment review components of DMS huddles with team members at specified intervals 30, 60, and 90 day intervals and at the 1 year point

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