

Measuring Changes in the Nursing Practice Environment

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Sarasota Memorial Health Care System

- Public, not-for-profit hospital
- 868 beds
- Magnet Designation 2003
- 1100 Registered Nurses
- Chief Nursing Officer Jan Mauck

Organizational Restructuring 2005

- Created a Collaborative Council shared governance model
- Restructured the clinical coordinator role from shift responsibility (non-exempt) to 24/7 accountability (exempt)
- Provided education and consultation to develop skillset necessary to lead:
 - Finance, Leadership, Team building = CEO of the unit

Organizational Restructuring

- Put a quality/safety educator in at least a half-time position on every nursing area.
- Responsible for quality & safety monitoring and unit-based education.
- Currently thought to be least successful move in the restructuring

The Nursing Practice Environment

- January 2002: AACN produced white paper describing the hallmarks of the nursing practice environment:
 1. Manifest a philosophy of clinical care emphasizing quality, safety, interdisciplinary collaboration, continuity of care, and professional accountability
 2. Recognize contributions of nurses' knowledge and expertise to clinical care quality and patient outcomes

Hallmarks

3. Promote executive level nursing leadership
4. Empower nurses' participation in clinical decision-making and organization of clinical care systems
5. Maintain clinical advancement programs based on education, certification, and advanced preparation

Focus Group Research 2004

- Nurses angry about not being involved in decisions that directly affect their clinical practice or work environment
- Clinical coordinators voice inconsistency in their role/job duties across the organization- role ambiguity
- Clear need to address safety and quality at the unit level

Hallmarks

6. Demonstrate professional development support for nurses
7. Create collaborative relationships among members of the health care provider team
8. Utilize technological advances in clinical care and information systems

Measuring the Practice Environment

- Practice Environment Scale of the Nursing Work Index (PES-NWI) (Lake 2002).
 - Designed to measure key domains of nursing practice in original magnet hospitals
 - Strong evidence of validity and high reliability
 - 5 subscales:
 - Nurse involvement in hospital affairs
 - Nursing foundations for quality of care
 - Nurse manager ability, leadership, and support of nurses
 - Staffing and resource adequacy
 - Collegial nurse-physician relations
- (Lake 2002)

Measuring the Practice Environment at SMHCS

- 500 non-management Registered Nurses randomly selected to receive invitation to participate
- One year study- 3 measures
- Began in October 2005 with the beginning of shared governance, and within 3 months of restructuring clinical manager role and adding quality/safety position

One year study

- Time point 1 = beginning of restructuring
- Time point 2 = midpoint (6 months later)
- Time point 3 = 1 year mark for changes
- Time point 3... a not-so-latent variable...

Subject Demographics

- Mean# years as an RN= 17.3
- Mean# years at SMH =9.09
- 62% between age 36-55
- 37% AD 35% BSN
- 63% nationally certified
- 46% council members
- 100% performing direct patient care

Results

- Repeated measures ANOVA
- Statistical Package for Social Science (SPSS)
- Within-subjects effects by subscale:
- Nurse involvement in hospital affairs- significant improvement in scores from time 1 to time 3 ($p < .001$)

Results

- Nursing Foundations for quality of care: scores declined significantly from time 1 to time 3 ($p < .001$)
- Nurse manager ability, leadership and support of nurses : scores improved significantly from time 1 to time 3 ($p = .002$)
- Staffing and resource adequacy: scores improved significantly from time 1 to time 3 ($p = .003$)

Results

- Collegial nurse-physician relations: scores decreased significantly from time 1 to time 3 ($p < .001$)

Discussion

- Shared governance appears to be effective in changing nurse's perception of their involvement in hospital affairs
- The nurses clearly respect the clinical manager abilities and support
- Nurses do not feel that quality is where it should be- suggesting that quality/safety position is not effective
- How does a Magnet hospital handle this?

Suggestions for future research

- Retest subjects
- Correlate with employee satisfaction measures
- Restudy
- Conduct focus groups

