
Patient Outcomes, Organizational Attributes, and Nurse Satisfaction: The Relationship

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Objectives

- Discuss the history of organizational attributes and quality in home care and acute care settings
- Cite the top organizational attributes that home care nurses believe are important to them in giving quality care
- Describe the implications of agency self assessment for these organizational attributes

Nursing Demographics

- Number of practicing RNs: 2.9 million
- Average age: 46.8
- Average earnings: \$57,584
- Employment setting: 56.2% Hospitals
 - 40% in direct bedside care
 - Followed by community/public health and ambulatory centers
- Gender make up: 94.3% women
- Racial make up: 88.4% white

Nursing Executive Watch, January 2006

Nursing Demographics

- Foreign educated: 3.5%
- Highest degree: 34.2% BSN, 33.7% A.D.N.
- RNs under 30 : 8.1%
- Men rose from 5.4% to 5.7% between 2000 and 2004

Nursing Executive Watch, January 2006

National Shortage of Nurses

- In 2002 the shortage of nurses was 6%.
 - The US Department of Health and Human Services, Health Resources and Services Administration (USDHHS-HRSA)
- The US Bureau of Labor Statistics (2005) identifies that nursing employment will continue to increase at a much faster than average rate (27% or greater) through 2014.

Nursing Shortage

- The need for Home Health nurses between 2000 and 2010 will grow at a rate of 36% compared to 27% for all other health care workers during this period Sochalski, 2004
- In 2000, 82% of HHC agencies reported difficulties in attracting registered nurses and 63% reported difficulty in keeping them Ellenbecker and Cushman, 2001

Nursing Shortage

- Factors that have contributed to the current nursing shortage:
 - Downsizing
 - Recruitment
 - Retention (Huston, 2006)
- Workplace dissatisfaction and multiple career options available
 - Requiring the weekends, holidays, and nights that contribute to workplace dissatisfaction are further contributors to the shortage

What are Organizational Attributes

- Items that describe the environment
- SPO paradigm
 - Structure: physical and organizational properties of the setting
 - Process: Series of operations or actions conducting to an end
 - Outcomes: What is accomplished
 - Nurse assessed quality of care
 - Staffs perceptions that they are providing quality care

Kramer & Schmalenberg, 2005

History of the Nursing Work Environment

1981-1983	<ul style="list-style-type: none"> ▪ AAN appointed task force on nursing practice ▪ Original Magnet study conducted (McClure, Poulin, Sovie, and Waldelt)
1984	<ul style="list-style-type: none"> ▪ NWI (Nursing Work Index) developed (Kramer & Schmalenberg) ▪ Factors that have a bearing on job satisfaction and perceived productivity
1988-2002	<ul style="list-style-type: none"> ▪ NWI-R (Nursing Work Index Revised) Aiken & Associates ▪ Linked outcomes with attributes <ul style="list-style-type: none"> ▪ Four attributes include: relationships with physicians, autonomy, control over work environment, and organizational support ▪ Not focused on job satisfaction

History of the Nursing Work Environment

2000 to Current	<ul style="list-style-type: none"> ▪ EOM (Essentials of Magnetism) Kramer & Schmalenberg (2002) ▪ Revised 65 item NWI <ul style="list-style-type: none"> ▪ Developed 37 item DOM (Dimensions of Magnetism) ▪ Eight attributes make up EOM for Acute Care
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Nursing Work Environment

- Acute Care
 - Nursing Work Index Revised
 - Empirical connections of organizational attributes to quality
 - Increased presence of certain attributes correlated to increase nurse satisfaction, decreased mortality rates, decreased needle stick injuries
 - Essentials of Magnetism
 - Magnet and Magnet-like organizations had better patient outcomes

Work Force Studies in Home Health

- Findings from studies in HHC reveal:
 - RNs identified attributes similar to those in the NWI-R (Flynn & Deatrick, 2003)
 - Identified that 80% of RNs agreed or strongly agreed with NWI-R attributes (Flynn, Carryer, & Budge, 2005)
 - Satisfaction study results similar to favored organizational attributes (Anthony & Milone-Nuzzo, 2005; Cushman, Ellenbecker, Wilson, McNally, and Williams 2003)
 - Lack of correlation of attributes and/or satisfaction to patient outcomes

Nursing Work Environment

“For an organizational attribute to be a job satisfier and/or enable quality care, both the valuation of the organizational attribute to be important for job satisfaction and work productivity, and the presence of the attribute in the work environment must be determined. Attributes present but not valued do not contribute to job satisfaction or enable quality care.”

Kramer & Schmalenber, 2004, p. 191

Nurse Satisfaction

- 80% of nurse job satisfaction was explained by being able to provide quality patient care
- Thus, if certain organizational attributes exist within the home care agency that are perceived to allow the nurse the ability to provide quality patient care, then higher nurse satisfaction is assumed

Job Satisfaction

- “Job satisfaction is a significant predictor of turnover, provides a window into the working conditions that nurses face, and is an indicator of the likelihood of loss from the workforce” (Sochalski 2004, p. 20).

RN Satisfaction Among Settings

Setting	Percentage
Home Health	67%
Acute Care	67%
Nursing Home	65%
Ambulatory Care	78%
Community Based Care	76%

Sochalski (2004)

Job Satisfaction

- “Accurately measuring and tracking levels of nurses’ satisfaction can provide an early indicator of a change in the system’s ability to deliver quality patient care”

(Ellenbecker, 2001, p. 462)

Purpose

- To identify the Essentials of Magnetism (EOM) in home health care (HHC).
- Is there a relationship between nurse satisfaction and the EOM for HHC?

Phase I Demographics

- 13 agencies from nine different states
- Represent the West, Southwest, Northeast, Southeast, and Midwest regions
- 260 potential RN participants
 - 106 surveys (41% returned rate)

Mensik, 2007

Phase I Demographics

- Age ($M = 47.62$, $SD = 8.45$)
- Length of time as an RN ($M = 21.05$, $SD = 10.13$)
- Years of experience in home health ($M = 10.38$, $SD = 6.84$)
- The HHC status:
 - 76.9% nonprofit
 - 23% proprietary

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Phase I Educational Preparation

Educational Level	Percentage
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Diploma	11.3%
A.D.N.	31.1%
B.S.N.	43.4%
MSN/MS	13.2%

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Phase I Demographics

- Rank satisfaction on a scale on 1 – 5
 - 1 being lowest; 5 highest amount of satisfaction
- Overall satisfaction for the sample excluding missing data ($N = 90$) was above neutral ($M = 3.80$, $SD = .75$)
 - Proprietary ($M = 3.67$, $SD = .72$)
 - Non-profit agencies ($M = 3.81$, $SD = 1.12$)
- RNs were also asked if they planned to leave their job:
 - 91.9% of respondents stating 'no'
 - 4.7% stating 'yes'
 - 3% missing data

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Phase I Results

Top Ten Essentials of Magnetism in Home Health by Percentage

<i>Organizational Attribute</i>	<i>Percentage</i>
Concern for patient is paramount	89.6%
Supportive nurse managers and supervisory personnel	80.2%
Adequate nurse staffing	79.2%
Working with other nurses who are clinically competent	72.6%
Flexible work scheduling, self scheduling	67.9%
Good RN-MD relationships	60.4%
Nurse Autonomy and accountability	51.9%
Continued competency in nursing practice is stressed	44.3%
Adequate support services	41.5%
In-Service, CE education	38.7%

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Reliability

- The first 50 surveys that were returned to the researcher that agreed to the second survey were included in the test-retest procedure
 - 66% return rate ($n = 33$)
 - The second survey was sent to the participants within an average timeframe of 14 days with a total range of 10 to 18 days
 - Spearman-Brown (.77) indicated a satisfactory level of reliability

Mensik, 2007

Comparison of Staff and HHC RNs*

* Mensik, 2007

Attribute	Staff%	Rank	HHC%	Rank
Working with other nurse who are clinically competent	80.1%	1	72.6%	4
Good RN-MD relationships and communication	79.2%	2	60.4%	6
Nurse autonomy and accountability	73.5%	3	51.9%	7
Supportive nurse manager	69.5%	4	80.2%	2
Control over nursing practice	68.9%	5	13.2%	23

Comparisons of Staff and HHC RNs*

*Mensik, 2007

Attribute	Staff%	Rank	HHC%	Rank
Support for education	66.2%	6	38.7%	10
Adequate nurse staffing	62.5%	7	79.2%	3
Concern for patient is paramount	62.0%	8	89.6%	1
Flexible work schedule	---	---	67.9%	5
Continued competency	---	---	44.3%	8
Adequate support services	---	---	41.5%	9

Phase II Demographics

- 16 agencies and 311 RNs
- 10 states represented the Northwest, Southwest, Midwest, Northeast, and Southeast regions of the United States
- There were two different samples of agencies and RNs for Phase One and Phase Two

Mensik, 2007

Phase II Demographics

- A majority of agencies ($N = 10$) had 15 or less RNs per agency
- Response rate of 40% ($N = 125$)
- Age ($M = 50.30$, $SD = 9.32$) was slightly higher
- Years of RN experience ($M = 22.02$, $SD = 10.76$) was also slightly higher
- Years of home health experience ($M = 10.94$, $SD = 6.77$)

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Phase II Demographics

<i>Educational Preparation</i>	<i>Percentage</i>
Diploma	14.4%
A.D.N.	48.0%
B.S.N.	30.4%
MS/MSN	6.4%

Mensik, 2007

Phase II Results

- There was a difference in results for phase two satisfaction
 - Proprietary ($M = 4.43$, $SD = .72$)
 - Non-profit agencies ($M = 3.81$, $SD = .76$)
- Overall in this phase, slightly more RNs (5.6%) stated that they were planning to leave their agency.

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Phase II Results

Mean Attribute and Satisfaction Results by Status

Attribute	Proprietary M (SD)	Non-profit M (SD)	p
1. Concern for Patient	1.04 (.19)	1.25 (.52)	.04*
2. Adequate Nurse Staffing	1.61 (.83)	2.28 (.83)	<.01*
3. Supportive Nurse Manager	1.18 (.48)	1.46 (.66)	.04*
4. Working with other Nurses who are clinically competent	1.07 (.26)	1.34 (.54)	.01*
5. Flexible Work Scheduling	1.11 (.31)	1.83 (.82)	<.01*
6. Good RN – MD Relationships	1.36 (.62)	1.65 (.68)	.04*
7. Nurse Autonomy	1.18 (.39)	1.39 (.51)	.05*
8. Continued competency	1.21 (.50)	1.55 (.72)	.02*
9. Adequate Support Service	1.46 (.64)	1.76 (.63)	.04*
10. In-Service, CE Education	1.32 (.67)	1.71 (.75)	.01*
Overall Satisfaction	4.43 (.72)	3.81 (.76)	.00*

Note. * $p < .05$.

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Implications

- HHC and staff RNs agree on 7 of the 10 top attributes, but ranked all of the attributes differently
- Control over nursing practice was chosen by only 13.2% of RNs as important and ranked 23rd out of the 37 items
 - HHC setting facilitates more control over nursing practice than the acute care environment
 - HHC RNs do not feel that it as important as the other attributes for providing quality patient care.
 - Research has also suggested that the HHC agencies do not provide a setting conducive to control over practice Tullai-McGuinness, et al., 2005

Implications

- Working with other clinically competent RNs was ranked the highest by staff RNs, but only ranked 4th by the HHC RNs
 - Independent nature of HHC setting as RNs practice on an individual basis
 - Relies more heavily on supportive managers as seen by that attribute ranking 2nd compared to the staff RNs ranking of supportive nurse manager at fourth
 - Other research in the HHC environment has recognized the high importance of supportive managers (Flynn & Deatrick, 2003)
- Autonomy was also ranked differently between settings, whereas acute care RNs ranked it 3rd, HHC RNs ranked it 7th

Organizational Attributes in Your Agency

- How do you assess your environment?
- How do you make improvements?
- Is Nurse Satisfaction important?
- What does this mean for you?

Concern for patient is paramount

- Strategies for enhancing attribute:
 - Structure nursing through a single department with strong, visible, visionary and dynamic leadership
 - Involve nurses in policy decisions
 - Focus meetings around patients
 - Post mission and vision in a highly visible place

AzNA 2003

Supportive nurse manager and supervisory personal

- Attributes
 - Management
 - Day to day management
 - Assist in scheduling
 - Manages patient flow
 - Orient and teaches
 - Gives direct patient care
 - Leadership
 - Empowers RN-Physician relationships
 - Facilitates staff working together
 - Provides resources
 - Instills values
 - Supports autonomous practice

Kramer & Schmelenberg, 2004

Continued competency in nursing practice is stressed

- Attributes
 - National certification is evidence of competence
 - High clinical competence is rewarded
 - Degree education is evidence of competence
 - Support to attend continuing education programs
 - Financial assistance or time off offered
 - Other professional value nurses pursuing education

Kramer & Schmalenberg 2004

Adequate nurse staffing

- Attributes
 - Experience vs New
 - Cohesiveness and teamwork
 - Compromise of safety
 - Enough RNs

Kramer & Schmalenberg, 2004

Adequate nurse staffing

- Strategies for enhancing nurse staffing
 - Develop nurse patient staffing patterns that match the characteristics of a patient population or expertise
 - Maximize patient care through the availability of interdisciplinary support and resources
 - Utilize technology to support nursing and patient care
 - Consider the configuration of nursing expertise when staffing
 - Number of nurses, skill mix, experience, familiarity

AzNA 2003

Adequate nurse staffing

- Strategies for enhancing nurse staffing
 - Build teams of competent nurses
 - Plan for and control the use of new grads or nurses new to home health care
 - Create continuity and homogeneity in patient care assignments
 - Ensure the competence of nurses who work as pool or contract

AzNA, 2003

Adequate support systems

- Attribute
 - Good ancillary and support system help
 - Teamwork

Adequate support systems

- Strategies for enhancing adequate support systems
 - Foster multidisciplinary teams
 - Ensure that nurses have the organizational resources necessary to deliver patient care
 - Implement structures to support coordination
 - Establish decentralized decision making

AzNA, 2003

Working with other clinically competent nurses

- Attributes
 - Experienced staff
 - Enough RNs
 - Professional values

Kramer & Schmalenberg, 2004

Good RN – Physician relationships

- Types
 - Collaborative
 - Willing cooperation based on mutual power
 - Collegial
 - Physicians treat nurses as equals
 - Negative
 - Frustrating and hostile
 - Student-Teacher
 - Physician teaches nurse; RNs teach/influence physician
 - Friendly stranger
 - Formal information exchange only

Kramer & Schmalenberg, 2004

RN-Physician relationship

- Strategies for enhancing relationship
 - Develop clear communication strategies for nurse-physician dialogue about patient care, such as patient grand rounds, interdisciplinary seminars, case conference on complex immediate patient care issues
 - Create committee structures which foster interdisciplinary decision making on patient care practices
 - Foster consistent teams of nurses and physicians working together to develop trust and respect

AzNA 2003

Nurse autonomy and accountability

- Attributes
 - Negative
 - Must get permission first
 - Nurses fear getting into trouble
 - Bureaucratic rules inhibit
 - Positive
 - Positive accountability
 - Evidenced based practice
 - Sanction and support for autonomy
 - Combined spheres of practice

Kramer & Schmalenberg, 2004

Autonomy

- Strategies for enhancing autonomy
 - Create strong, visible nursing leadership in the team and organization
 - Set an expectation of independent nursing action and support nursing actions based on sound clinical judgment
 - Implement strategies to enhance autonomy such as professional enrichment, role modeling of autonomous practice, and collegial support mechanisms
 - Decentralize control over patient care decisions to nurse clinicians and managers
 - Build trust in the clinical setting by supporting nurse actions that may be risky, yet safe

AzNA, 2003

In-service/CE education

- Strategies for enhancing professional development
 - Create strong mentoring and precepting programs
 - Offer continuing education
 - Provide opportunities to participate in research studies and professional subjects
 - Build processes for nurses to share their expertise
 - Offer formal education; i.e.: tuition reimbursement
 - Enhance leadership with programs or funding for leadership and management development
 - Provide incentives to acknowledge nurses who accomplish educational or certification goals

AzNA, 2003

Flexible work schedule

- Strategies for enhancing attribute:
 - Multiple work week possibilities
 - Seek volunteers for call or weekends
 - Seek input from nurses about staffing difficult to fill positions/shifts
 - Allow nurses to develop new methods of shift coverage

Questions

“Not everything that is faced can be changed
but nothing can be changed until it is faced”

James Baldwin