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Utilization of evidence based practice principles to implement organizational values

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UTILIZATION OF EVIDENCE BASED PRACTICE PRINCIPLES TO IMPLEMENT ORGANIZATIONAL VALUES

By

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DEDICATION

I would like to dedicate this thesis to my understanding and loving family. My husband Ted has been so selfless in supporting me over these past two years. My son, Jim, has made me proud by upping the stakes and competing with me for the most A's while he also attends college. Their love and support have been so important to me throughout this educational endeavor and has sustained my ability to complete this journey. To Bandit, my faithful companion, who loved me unconditionally and patiently waited hours at a time while I typed away at this Thesis. I also must thank my identical twin sister Theme, my mother, Georgia and niece Stephanie. They were empathetic when I could not make it to family get-togethers, often during my final months. They were eager to offer their assistance or just a sympathetic ear to hear my struggles during this whole process.

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ABSTRACT

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Nursing job satisfaction is related to nursing retention. During this current nursing shortage, nursing leaders need to investigate ways to improve work environments to increase nurse satisfaction. Research has shown nurse job satisfaction greatly impacts the quality of patient care and nurse retention. This research project implemented a nursing model of practice that included organizational values that could be linked to improved job satisfaction. A nursing model derived from The Whole-Person Caring Model (Thornton) and using principles of Shared Governance, Empowerment and Crucial Communication was the independent variable used to measure changes in nurses' perceptions of work environment and job satisfaction. In addition principles of Transformational Leadership theory guided the intervention.

The study was a sub-study of a larger action research project and used a pre-experimental one group pre/post study design, a nursing model of practice and principles of Transformational Leadership Theory to measure improvement in job satisfaction in a group of nurses at a large acute care medical center. The hypothesis tested in this sub-study was that the job satisfaction of nurses who

experience the transformational leadership education intervention, crucial conversation training and empowerment trough shared governance will be greater following the implementation of these interventions compared to their job satisfaction prior to the educational intervention. Based on the results of the Adapted Perceived Nursing Work Environment Study pre/post survey and the NDQNI survey there was a change in job satisfaction post work environment transformation demonstrating that utilization of a nursing practice model inclusive of evidenced based practice principles for organizational values can make a difference for nurses.

CHAPTER I

INTRODUCTION

The healthcare industry is facing a critical shortage of nurses, who are the largest group of healthcare providers in the industry. Susan Taft, a noted expert in organizational behavior and health care systems, wrote a commentary that best described the current nursing shortage. She wrote: "A barrier to action is -- and has been -- the failure of institutions to recognize the value of nurses and to invest in them as critical, irreplaceable resources, while short-term solutions are implemented, and long-term nursing measures go to the back burner" (Taft, 2001). Nurses have become dissatisfied with their work environment in the face of increasing patient acuity, high patient ratios, stringent professional regulations and expectations for good quality of care within limited capacity of time (Bolton & Goodenough, 2003).

This thesis is a stub-study of a larger action research project in which a large urban New England Acute Care Hospital applied Transformational Leadership theory, Shared Governance and Crucial Conversation skills in an attempt to influence nursing job satisfaction.

Magnitude of Nursing Shortage

In a 2004, a Health Resources and Services Administration (HRSA) Survey of registered nurses found that out of an estimated 2,421,460 registered nurses (RN) employed in nursing, 56.2 percent (1,360,956) were employed in

hospital settings at that time compared to 59 percent (1,300,323) employed in hospitals in March of 2000. HRSA projections indicate that the current baseline supply of approximately 168,000 FTE RNs needs to increase by 9 percent to meet the estimated demand of FTE nurses by 2020. If the current downward trend continues, in 2020 only 64 percent of the demand for FTEs will be met. Dr. David I. Auerbach, et.al estimated that the demand for U.S. RNs will increase to 340,000 by the year 2020. Based on the difference between the nursing demand and the next replacement of nurses there will be a deficit of 1.1 million nurses by 2020 (BLS Occupational Handbook, 2006-2007).

Nursing Shortage Impact

The nursing shortage has had a major impact on healthcare quality resulting in increased medical errors and compromised patient safety (IOM, 1999). Buerhaus et al., (2004) conducted a nursing survey asking nurses for their perceptions about the severity of the nursing shortage. The results showed that most RNs felt that the shortage had affected the quality of patient care. Most cited increasing acuity of patients and decreasing time nurses could spend with their patients as reasons for increased complication rates in post operative patients. With the nursing shortage, 70% of the nurses felt there were more delays in responding to patient call lights, telephone calls, less communication among staff and an increase in patient complaints about nursing care (Buerhaus et al., 2004). An estimated 20,000 people die each year because they have checked into a hospital with an understaffed nursing department (Aiken, 2002).

Factors Contributing to the Nursing Shortage

Imbalances between the supply and demand for qualified nurses will continue to impact the nursing shortage. When considering reasons for the nursing shortage, including issues related to health care legislation and policy, quality of health care, nursing education, practice, research and leadership the Nursing Tri-Council, with representatives from the American Association of Colleges of Nursing, the American Nurses Association, the American Organization of Nurse Executives and the National League for Nursing found they could not isolate any single factor (AACN Position Statement, 2001). A lack of job satisfaction results from stressors arising from an increase in patient acuity and a lack of evidence based practices to support suggested changes in practice. In the absence of sufficient evidence based practices, the nursing shortage poses a dangerous cyclical phenomenon. According to the Nursing World Survey (2004), 88 percent of nurses reported that health and safety concerns influence both their decision to remain in nursing and the kind of nursing work they choose to perform.

Kimball and O'Neil (2002) identified a broader set of factors contributing to the nursing shortage: an aging workforce, mismatch diversity, more options for women, a generation gap, consumer activism, a ballooning healthcare system and a corporate war for young talent. In their Health Care Human Crisis report (2002), funded by the Robert Wood Johnson Foundation, Kimball and O'Neil suggested the underlying issue driving the nursing shortage was that the model of nursing practice currently in use in most settings has not progressed with the

sophistication of the nursing profession. The model of servitude with little autonomy has been embedded within nursing practice for generations.

A significant challenge emerging for nursing leaders is how to ensure implementation of nursing practice models rooted in evidence based practices that can increase job satisfaction and improve nurse retention in the face of this serious nursing shortage. Experts believe that focusing on the problem of the nursing shortage will not be the most useful approach. Rather, the profession must focus on the solution by creating new models of nursing that transform nursing practice (Kimball & O'Neil, 2001). Kimball and O'Neil focused on four strategies to increase job satisfaction, and recruit and retain nurses: 1) recreating new nursing models, 2) creating cultural change within the work environment that will promote autonomy, 3) empowerment at work and 4) making changes in nursing education to attract the next generation of nurses.

Job Satisfaction

The current health care environment can be identified as a fundamental factor contributing to the dilemma of poor nurse retention and job dissatisfaction. In recent years, downsizing, mergers and restructuring of acute care institutions prompted many layoffs of nurses (Decker et. at, 2001). These changes can create feelings of despondency and job dissatisfaction and influence a nurse's decision to remain or leave nursing. As the environment of care continues to change and reorganize, a certain amount of formal hierarchical control remains. Traditional hospital organizations that maintain rigid control do not support an alliance between administrators and clinical partners. Nursing policies are often

instituted by administration without nursing contributions. When there is a lack of organizational teamwork, and disregard for a nurse's viewpoint, nurses become distrustful and dissatisfied (Peterson, 2001).

Dissatisfaction often leads to nurses leaving their jobs, a fact that contributes to the ongoing nursing shortage. An initial step in resolving the problem of dissatisfaction involves nursing leaders, nurses and other employees realizing their roles and responsibilities in reforming existing organizational climate. These groups must be able to work together to create a firm foundation of trust with shared values. Within this new organizational climate, a design team, including staff representation, would join together in the decision making process. Decentralization of authority and accountability occurs when a newly formed self-directed work team is able to trust their design leader as well as each other. It is clear that work environment is a factor that plays a role in attracting and retaining nurses by supporting nursing practice, thereby increasing job satisfaction (Blelch, 2004).

Specific Aims

Without effective efforts to retain qualified RNs and improve job satisfaction, the nursing shortage will continue. Fawcett and Russell (2005) detail the phenomenon of Conceptual-Empirical-Theoretical- System-Based Nursing Practice in which they encourage the use of clearly articulated conceptual models of nursing to provide a purposeful, systematic process for nursing practice. Considering Kimball and O'Neil's broad recommendations to increase nurse retention and Fawcett and Russell's evidence that the implementation of a

nursing model has the potential to improve nursing practice, this study seeks to answer the question "How will the introduction of a nursing model that promotes the organizational values of trust, caring, communication, shared governance and empowerment alter the nurse's work environment perception related to job satisfaction?

CHAPTER II

REVIEW OF LITERATURE

The purpose of this literature review is to examine what is known about the phenomenon of nurses' job dissatisfaction, to state the root causes presented in the literature and to identify empirical indicators found in the literature that could be used to measure the effect of a work environment transformation on nurses' job satisfaction. The literature review began with a query of CINAHL EBSCO search engine for "nursing shortage" which yielded 6488 responses. The search was further delimited by using the terms "nurse job satisfaction" yielding 1648 responses. The detailed empirical search yielded a large body of research that revealed many root causes of job satisfaction. These causes can be synthesized into three groups of variables that include trust and caring, shared governance, and empowerment and communication.

Trust and Caring

The traditional role of the professional nurse has historically been to comfort, advocate and care for patients and their family members. It is clear, however, that nurses need to feel they themselves are cared for by administrators so they can adopt an attitude of caring for their patients (Veronesi, 2001). There is a large body of research related to the importance of nurses caring about patients yet failing to care for themselves and one another. One problem with the work environment of nursing is observed by Veronesi (2001)

who noted that hospitals are evolving into technical-warehouses. He claims that idealism is being replaced with cynicism caused by heavy patient loads, short staffing and inadequate pay. Aiken's 2002 research demonstrated there was a significant link between nurses who experienced emotional exhaustion, greater job dissatisfaction and higher patient/nurse ratios. Nurses employed in hospitals with higher patient ratios exhibited higher burnout and job satisfaction scores. Findings in the study indicate that nurses with an 8:1 patient to nurse ratio would be 2.29 times more likely to become emotionally exhausted and dissatisfied with their jobs compared to nurses with lower patient care ratios (Aiken, 2002).

Veronesi found there was a need to redesign the nursing care delivery system, and subsequently formed a leadership team that was guided by three principles: 1) maximize caregiver time at bedside, 2) assign caregivers roles with a reasonable workload, and 3) provide consistency for caregivers in order for them to practice. Veronesi (2001) concluded that a caring philosophy starts with leadership, and observed an increase in nurse retention and staff member job satisfaction when nursing leaders practiced this caring philosophy (2001).

Only recently have the paradigms of caring started to shift, to focus on the significance of creating a caring work environment for nurses. The major theme of Watson's conceptual model of caring is described as a human-to-human process; one that claims nurses must maintain a therapeutic relationship with their patient (Mendyka, 2002). Watson's Transpersonal Caring-Healing Framework has six principles described as: 1) caring and healing is conscious within a single caring moment; 2) the person doing the caring and the one

receiving the care are interconnected; 3) the process of caring and healing are communicated to the patient, 4) consciousness of caring and healing exists between nurse and patient even without verbal articulation; 5) caring and healing exists through time; and 6) caring and healing is dominant over physical illness and treatment. Watson stresses the importance of the practice of self-care by the practitioner. The practitioner who is able to center themself is more accessible and effective in caring for patients.

Trust is a fragile value that can be a powerful catalyst for a healthy environment. Williams' 2006 report conveys that establishing trustworthy leadership requires a work environment in which organizational fairness and trust are practiced. Trust must be reciprocal; RNs have to trust their leader while nurse leaders must, in return, trust their clinical nurses to do their jobs efficiently and effectively. When the value of trust is earned, the net result within a culture of trust can be measured in terms of nurse satisfaction which often results in an increase in nurse retention (Williams, 2006).

The work relationship between a manager and their staff must be built on trust. Using a grounded theory, Roy (2000) found that the values of trust and caring were essential to a functional relationship between nurses and their administrators. Roy (2000) argues that relationships between nursing administration and staff can be improved by using the appropriate nursing process of relational self-organization. Relational self-organization imparts the belief that administration cares for, trusts, and empowers nursing staff to practice without stringent hierarchical control. Nurses then have opportunities to

participate in decision making and to effectively communicate with their administrations.

Trust is established when two specific parties, the nurse manager and the nursing staff member, have the ability to experience benevolence while maintaining their work integrity. Nursing leadership has a moral obligation to establish, preserve and avoid abuses of trust within the work environment. Nurse Managers have the power to create work environments where staff can be trusted and, in turn, staff come to trust in their administration (Farella, 2000). Nurse Managers who lead by example are perceived to embody the values of sincerity and are trusted by their staff. Crow (2002) identified specific goals needed to establish trust within an organization by paying attention to initial conditions of mistrust. By establishing trust within an organization, Crow found job satisfaction and retention increased. The values of trust and caring identified in the above reviewed research indicates that trust and respect contributed to job satisfaction and should be considered in work environment redesign.

Shared Governance

The organizational legend of doing things the way they have always been done contributes to job dissatisfaction throughout an organization. Sproat (2001) indicated that effective leadership within an organization occurs through a multifaceted approach. Porter-O'Grady writes that research studies identify several recurrent nursing themes relating to a toxic work environment, two of which are a lack of ability to participate in their decision-making processes which affect practice, and the negative nature of relationships that exist between

hospital administration, physicians and nurses. Shared governance was introduced over 10 years ago as a concept that supports operationally collaborative partnerships between nurses and management. Operational collaborative relationships provide both parties with the common goal of offering evidence-based, best practices and high quality nursing care (Porter-O'Grady, 1992). Porter-O'Grady (1992) was instrumental in articulating the principles and processes for the implementation of shared governance within nursing. Leaders who subscribe to shared governance principles reenergize their staff to address the challenges of a profession faced with ever changing practices (Porter-O'Grady, 2003).

The nature of shared governance focuses on collaboration and trust; it often brings along an increase in job autonomy and reawakens a nurse's passion for nursing practice by creating new leaders. This increased autonomy often leads to greater professional identity in healthcare settings and can result in greater job satisfaction and nurse retention (Firth et. al, 2006). In shared governance, administrators must acknowledge the nurse's authority for their practice, while nurses need to take accountability for their patient care. In 1999, the Institute of Medicine (IOM) report on safety in healthcare systems recommended the implementation of safe practices that should include clinical interdisciplinary committees, communication, and collaboration within a joint decision making process (IOM, 1999). Shared governance supports clinical interdisciplinary practices and house-wide communication, while also allowing

also nurses to join in the decision making process, thus increasing job satisfaction.

Green and Jordan (2004) wrote about common denominators between shared governance and work place advocacy that provided strategies for nurses to gain control over their practice and job satisfaction. Through their research, these authors recognized that nurse advocacy and the implementation of shared governance equally strengthened collaborative relationships between administration and nurses. Hess (2004) reported that shared governance possessed characteristics promoted by Magnet Hospitals such as, nurse empowerment and authority within the clinical track for policy making. Hess's report indicated that hospitals who had implemented shared governance showed a significant increase in nurse retention and that shared governance was an essential element providing guidance to improve the nursing shortage. The American Nurses Credentialing Center (ANCC) Magnet program's core criteria advocates for nurses' control and participation within their own practice but fails to call it shared governance. Shared governance promotes an interdisciplinary team approach which becomes essential for evidence based practices to be instituted (Porter-O'Grady et. al. 2006).

Empowerment

Laschinger et. al (2003), using Kanter's theory of workplace empowerment, tested the relationship between organizational empowerment, commitment and trust and job satisfaction. After surveying 412 nurses, they

concluded that organizational environments that empowered and trusted their employees had higher scores in employee retention and job satisfaction. Jackson (2004) addressed the issue of "wounded healers" and indicates that the majority of nurses feel powerless, unsupported and discouraged because of an insensitive, hierarchical administration that does not fully value or empower their nursing staff. Nursing educators have a critical role for honoring holistic roots. From a theory perspective, these holistic roots can be traced to Florence Nightingale's holistic integrated pursuit of professionalism in nursing (Koloroutis, 2004). DuGas & Knor (1995) believed that the major theme of Nightengale's conceptual model was specific to nurses and could be applied only to the nursing profession. Professional nurses are empowered to assess, diagnosis, initiate care plans, intervene and evaluate the care of a patient (Koloroutis, 2004). Healthy environments facilitate the socialization process that empowers new nurses to create and promote a healing environment for their patients and their colleagues. By incorporating ideas from Florence Nightingale and establishing "Nightingale units," autonomy for professional practice and complementary alternative modalities can convey a holistic psycho-physiologic self-regulation approach to health for both nurses and their patients. Kuokkanene et. al, (2003) found that nurse empowerment correlated strongly to job satisfaction, increased level of job commitment and increased nurse retention. One researcher suggests nurse leaders must clean up toxic work environments to empower and support the body-mind-spirit of their staff nurses (Jackson, 2004).

Another study investigated the relative influences of nurse attitudes, context of care, and structure of care on job satisfaction and intent to leave. In this study, nurse empowerment correlated strongly with job satisfaction and job commitment (Larrabee, et al., 2003). Larrabee and colleagues (2003) observed that the major predictor of intent to leave was job dissatisfaction and the major predictor of job satisfaction was psychological empowerment. Predictors of psychological empowerment were nurse-physician collaboration and other related factors such as hardiness, transformational leadership style, and group cohesion (Larrabee, et al. 2003).

Spreitzer and Quinn (2001) identified five principles for employee empowerment and leadership development in order for organizational change to occur. Their five disciplines for unleashing workforce empowerment for organizational change are as follows: openness with trust, security with support, empowering with one's own journey, maintaining visions with challenges, and guidance with control. Spreitzer and Quinn (2001) found that in order to create change within an organization, an employee must take an active part. Empowerment must be nurtured within oneself; a person cannot make another individual feel empowered. When reshaping the future of a company, not only should an employee's commitment be to make changes for today, but also to leave a legacy. A vital and crucial element for organizational change is safety. An administration that provides support when mistakes are made instead of retribution encourages an element of psychological safety. Administrators that address mistakes as educational opportunities create an organizational

environment of empowerment (Spreitzer & Quinn, 2001). There are two specific barriers to workplace empowerment: a lack of clarity and centralized decision making. In settings containing these barriers, the lack of transparent work environments impedes mutual collaboration and trust within the organization (Spreitzer & Quinn, 2001).

Communication

Effective communication is a fundamental element of nursing that is crucial to the provision of quality patient care. Conversely, authoritative hierarchical structures create fragmented professional accountability and ineffective communication (Triola, 2006). The American Association of Critical Care Nurses (AACN) endorses respectful and collaborative behaviors that promote effective communication to prevent toxic work environments that adversely jeopardize patient outcomes and job satisfaction (AACN, 2004). Farella (2000) documented an association between nurse managers and nurse satisfaction observing that nurse managers who supported their nursing staff by defusing negative situations between physician-to-nurse communication increased nursing job satisfaction (Farella, 2000).

The Joint Commission on Accreditation Healthcare Organization (JCAHO) states that 80% of sentinel events are due to the lack of communication (2003). The well documented safety research done by the Institute of Medicine (IOM) reported that adverse events involving healthcare providers were primarily due to communication errors (IOM, 1999). The IOM's national report changed the way healthcare professionals and managers talked about medical injuries caused by

miscommunication. Berwick and Leapein (2005) reported correlation between communication and job satisfaction. Five years after "To Error is Human" was published, 98,000 people continued to die each year from non-collaborative environments and medical injuries (Berwick & Leapein, 2005). Two strategies mentioned in the safety report that produce job satisfaction remain neglected: teamwork and safer collaborative cultures (Wachter, 2004).

The three contributing behaviors manifested by nurse managers, considered to be essential to job satisfaction have been reported as communication, visibility, and verbalized commitment of leadership (Sproat, et. al, 2001). Hayburst and colleagues (2005) investigated job satisfaction by examining the perceptions of nurses who left their unit and those of nurses who remained on their unit. Research findings showed job satisfaction among nurses was positively correlated to perceived social support from nursing leaders (Hayburst et. al., 2005). Increased job satisfaction occurred when nurse managers practiced nurturing leadership styles, a willingness to address issues, receptive communication, supported their staff and maintained a physical presence on the unit (Hayburst et. al., 2005).

A national study recently found that less than 10% of nurses, physicians, clinical staff and administrators neither communicate effectively nor address inappropriate colleague behavior (Maxfield, et. al., 2007). The survey indicated that more than 84 percent of healthcare physicians and 62 percent of nurses did not voice their concern when faced with other providers taking shortcuts, thereby putting their patients in dangerous situations (Maxfield, et. al., 2007). The 62% of

nurses who did not voice their concerns scored higher in job dissatisfaction. Further, the study indicated that the 10 percent of healthcare workers who raised crucial concerns about other healthcare workers experienced more job satisfaction and expressed greater commitment to their jobs. Survey results identified several crucial concerns, seven of which were: (1) broken rules, (2) mistakes, (3) lack of support, (4) incompetence, (5) poor teamwork, (6) disrespect and (7) micromanagement (Maxfield, et. al., 2007). One major theme that emerged from this research was that it is imperative for hospitals to create a workplace climate where nurses feel it is safe to communicate serious concerns. Some of the benefits obtained through a supportive environment are reduction in nurse and physician turnover, increased job satisfaction and improvement of communication by healthcare professionals and their administration (Maxfield et. al., 2007).

In summary, this review of the literature helped to explore common causes of job dissatisfaction in nursing. The variables of interest that emerge include caring, trust, empowerment, communication and shared governance. Evidence would suggest that finding a nursing practice model that encompasses all of these variables may be a logical solution to the problems of job dissatisfaction and higher turn-over.

Theoretical Framework

The implementation of a nurse practice model in this study was guided by the principles defined by Transformational Leadership Theory, which suggests that the leader of change must have a vision that is disseminated throughout an organization by followers. In this case, the change involved the integration of the organizational values of communication, teamwork, empowerment, caring, and respect. The leader and principal investigator of this study adopted the role as nurse leader to implement a vision and advocate for nurses. Using this theoretical principal the leader implemented the nursing practice model described below.

Adapted Whole Person Caring Model

The interventional nursing model used was derived from the Whole-Person Caring Practice Model (Thornton, 2005) and is a conceptual model that has been tested for its utility in integrating organizational values among nursing staff, improving patient satisfaction and improving nurse retention (Thornton, 2005). The symbol of "person" in the Whole-Person Caring Model is represented as a diamond. A diamond has many facets that are inseparable and interrelated. Likewise the social/relational, the emotional, the mental and the physical aspects of who we are are inseparable and interrelated. The spiritual self is viewed as the essence of self and is the foundation or base of the diamond from which all else arises (Thornton, 2005). The key concepts of the model are therapeutic partnering, self care and self healing, optimal whole body nourishment, and transformational healthcare leadership and caring are sacred practice.

Implementation of these concepts through a structured educational program has resulted in increasing nursing and patient satisfaction and creating a healing environment. The Whole-Person Caring Model is an interdisciplinary spiritually based framework derived from nursing theory with a comprehensive healing foundation. Not evident in the Whole-Person Caring Model, but critical for job satisfaction, were strategies to implement Shared Governance and Crucial Conversations. Integration of shared governance was built on evidence based practice principles conveyed to the researcher through personal communications with Dr. Tim Porter-O'Grady. Evidence based practice skills of crucial conversation were learned by the principle investigator who became a certified instructor in crucial conversation.

CHAPTER III

METHODOLOGY

Hypothesis

The hypothesis tested in this sub-study is that the perceived job satisfaction of nurses who experience the transformational leadership education intervention will be significantly greater following the implementation of the intervention compared to their perceived job satisfaction prior to the educational intervention. The educational intervention includes the implementation of an existing nurse practice model with components of crucial conversation training and empowerment through shared governance

Design

The original action research study was designed to use Transformational Leadership Theory (Bass,1990) to implement a nurse practice model that incorporated the organizational values of trust, communication, caring, shared governance and autonomy. This pre-experimental single group pre/post sub-study was part of that larger action research project in a New England Acute Care Hospital. This sub-study aimed to measure the impact of the work environment transformation on the perceived job satisfaction of registered nurses.

Sample

Subjects were invited to participate in the study by a letter (Appendix A). Consent was implied when completed surveys were returned via an enclosed returned stamped envelope. In order to ensure anonymity, subjects were asked for their mother's maiden name. The questionnaire was distributed to a convenience sample of 312 nurses working at the hospital on March 7, 2006; 170 nurses returned completed surveys for a response rate of 54 percent. Following the completion of the intervention, the same survey was distributed to 300 nurses working at the hospital on March 19, 2007. Seventy-five nurses returned both pre and post test completed surveys for a response rate of 25% and were used as the sample for data analysis.

Variables

The following table lists the study variables which collectively are the independent variables of organizational values and the dependent variable job satisfaction.

Table 1: Definition of terms and link to job satisfaction

Definition of Terms	Link to Job Satisfaction
Trust and Caring: is described as a human to human process characterized by confidence in the fairness and ability of the process	A lack of caring by administration for their employees leads to a decrease in the quality of patient care and job satisfaction. A lack of trust between nurses and their administration leads to job dissatisfaction and a decrease in job retention. Leaders who lead by example and who remain visible are trusted more by their staff.

Table 1. Continued.

Empowerment: to give nurses a sense of confidence in the power of their professional practice	A lack of empowerment does not provide an opportunity for autonomy in clinical practice; this causes job dissatisfaction.
Communication: A collaborative environment that respects, encourages and promotes exchange of ideas	A lack of open communication prevents healthcare workers from voicing their concerns and 80% medical errors are caused by a lack of communication.
Shared Governance: Operationally collaborative partnerships between nurses and management allowing nurses to have a role in decision making	A lack of teamwork does not provide the healthcare provider an opportunity to be part of the clinical interdisciplinary team. This results in nurses who cannot join in the decision making process.

Instrument

Adapted Perceived Nursing Work Environment Survey. Perceived Nursing Work Environment Survey (PNWE) (Choi, et al, 2004) was adapted for use in this study to measure the nurse's perception of work environment. The original instrument was a 42 item measure which was reported to measure a participant's perceived professional practice (2004). PNWE instrument's construct validity was determined by comparing the scores between nurses in magnet and nonmagnet hospitals (Choi, et al, 2004). The survey was modified for this study by the addition of survey questions from both a psychological empowerment instrument developed by Spreitzer and Quinn (2001) and by Bass and Avolio's Multifactor Leadership Questionnaire (1993).

Psychometric Properties

The Adapted Perceived Nursing Work Environment Survey tool was a 29 item questionnaire using a 1-5 Likert response scale, where 5 was strongly agree

and 1 was strongly disagree. Because the tool was created for the purposes of the larger study to measure change in each of the model elements a confirmatory factor analysis was done to establish construct validity of the tool. The analysis of the questionnaire was strong on 2 factors; Factor 1 had an Eigenvalue of 2.98 and Factor 2 had an Eigenvalue of 1.18 demonstrating two strong subscales. The researcher felt these factors represent subscales measuring the independent variables of caring and trust (Q1-15) and communication (16-21). There were also individual items that measured empowerment (Q22-25) and shared governance (Q26-Q29). Because the variable of interest for this thesis was job satisfaction the measure was scored as a summed scale which together reliably measured job satisfaction based on a Chronbach alpha of 0.76.

The National Data Nursing Quality Indicator (NDNQI®) RN Satisfaction Survey. The second measurement tool was the existing National Data Nursing Indicator RN satisfaction survey. This is a nationally used tool, to measure indicators of job satisfaction and adopted for annual use by the organization. These indicators have empirical support by a review panel of nurse experts who determined the validity of said indicators as measures of nursing practice. The tool uses a list of nursing-sensitive quality indicators to measure nurse satisfaction in participating hospitals nationwide. The indicators used for this current study were the overall job satisfaction indicator and the individual items measuring satisfaction with caring including job enjoyment, satisfaction with nursing tasks and satisfaction with decision making.

Procedure

The use of Transformational Leadership Theory in this study describes a process of integrating work environment transformation from a charismatic leader through a group of followers who implement change. The implementation was a 4 step, 2 phase process.

Phase 1. Phase one was directed toward the Transformational Leadership Team with the expected outcome being their ability to internalize the values of empowerment, trust, caring, and teamwork. In a series of educational programs, the Transformational Leadership Team was presented with the organizational values as the basis for work environment redesign . The Transformational Leadership Team then practiced these values and became examples to their peers in order to modify organizational values at the unit level. Work schedules were arranged by the approval of the nurse managers to allow the Transformational Leadership Team to meet for two hours bi-weekly during the study months. The Transformational Leadership team was randomly selected by the hospital administrator from a group of clinical educators at the study center. Consistent with Transformational Leadership Theory, the premise was that the culture change within the organization would begin with the leadership team and would then be disseminated to produce change at the unit level. This 4 step process for Phase One included:

Step 1: Introduction of the Whole-Person Caring Model. The implementation process, called the Transformational Leadership Program, started when the leadership team attended the first phase of implementation of

the Whole Person Caring Model. The Transformational Leadership team attended a two day educational seminar taught by Lucia Thornton, President Elect American Holistic Nursing Association. During this two day seminar, the chosen participants were introduced to the Whole-Person Caring Model concept and practice. The same participants were later certified as the Transformational Leaders. The three phases of Thornton's Whole-Person Caring course involved 1) focusing on Self-Healing and Self-Care, 2) personal integration of key concepts of the Whole-Person Caring model, and 3) integrating Whole-Person Caring concepts into the workplace.

The initial two day program helped awaken participants to healthy lifestyle practices. Participants were provided with tools to enhance their own well being and initiate principles for healthier work and patient care environments. Self-assessment of personal values such as awareness of ethical conflicts/issues in the clinical setting was discussed and ethical/moral decisions based on beliefs were examined. This phase of the program was conducted by Lucia Thornton, the models original author. This maintained the integrity of the original assumptions of the nursing model. This initial workshop focused on self care and self healing concepts and practices. The assumptions of the model would suggest that if the leaders were reenergized they would be able to use this energy to create an environment of caring at the microsystem level within the organization and bring it back to their management units. Success of the program would be evidenced by the Transformational Leadership members

enhancing their own work environments; for example, creating a sunshine fun, holding pizza parties and decorating bulletin boards with positive affirmations.

Step 2): Integration of a Shared Governance Model. Step 2 of Phase One was guided by Dr. Timothy Porter-O'Grady who was consulted via phone and email for advice about how the researcher should proceed with nurse managers and her presentation for the specific department councils. Next a power-point presentation on Shared Governance was developed and presented to the Transformational Leadership Team. The Transformational Leaders started the Shared Governance Councils depicted in Figure 1 by scheduling informational meetings within their departments and encouraging peers to sign up for the different councils. In addition to diffusion of the value of shared governance by the Transformational Leadership Team, the principal investigator presented 22 informational sessions throughout SMC's in-house departments.

After Shared Governance was implemented within each nursing department, co-chairs were elected for the Strategic Council, Quality Council, Nurse Practice Council. These representatives from each department; Strategic, Quality and Nursing Practice were elected and invited to the SMC Hospital's Councils. The Transformational Leadership Team was instrumental in convincing the administration to pay for employees 1½ hours to attend council meetings. Figure 1 on the next page depicts the unit based councils and the hospital wide councils.

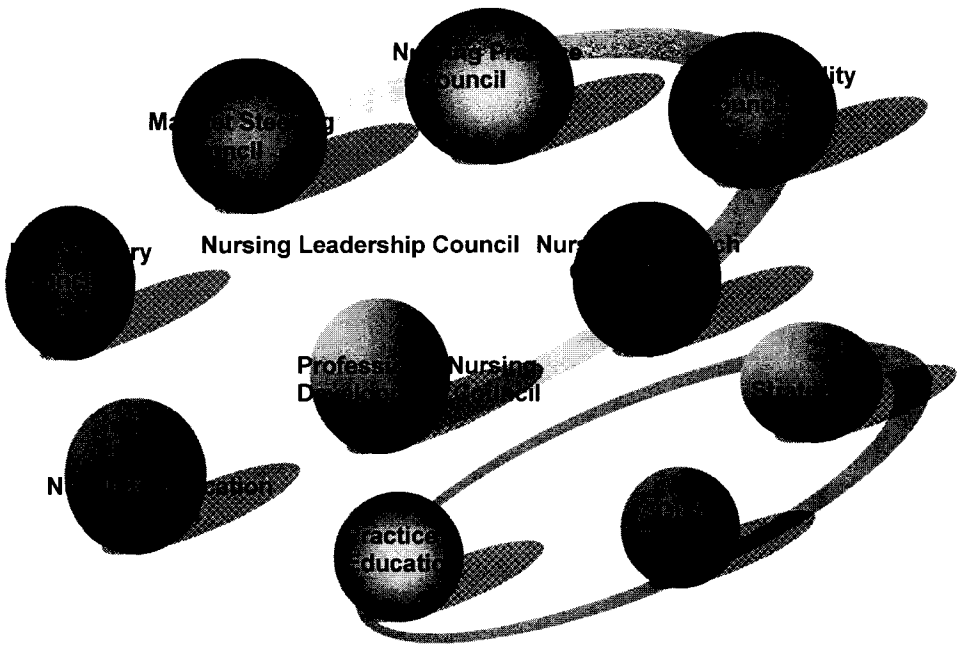

Figure 1: Proposed Shared Governance Structure

Step 3) *Integration of Principles of Empowerment*

Dr. Gretchen Spreitzer was contacted for her consultation via phone and email regarding implementing empowerment principles into the work environment. Figure 2 on the next page represents Speitzer's five principles related to empowerment (personal communication, 2006). The Transformational Leadership Team was educated about the principles and asked to implement the principles in practice.

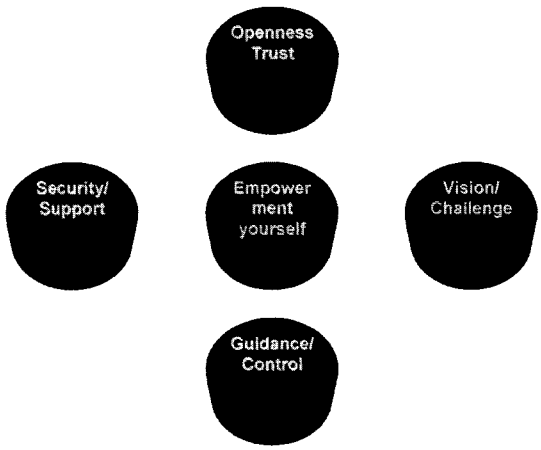

Figure 2: Five Principles of Empowerment

Step 4) Integration of Crucial Communication. Step 4 of the procedure began when the principal researcher of this study attended a three day seminar to learn Crucial Conversations and became certified to teach Crucial Conversation skills. The Transformational Leaders and the nursing managers were then taught about the Crucial Conversations skills and techniques in two separate two-day seminars. After presenting these concepts through PowerPoint presentations, practice skills and work studies, the Transformational Leaders went to their respective nursing departments to implement these practices with their co-workers. This phase took 16 weeks to implement.

The researcher met bi-monthly with the Transformational Leadership Team to continue imparting the Whole-Person Caring Modules given to her by Thornton. Further informational sessions were sent to the researcher via email and telephone consultation with Thornton. Integration of organizational values into the work environment were continued by the researcher who took a leadership role in educating, instructing, consulting and assisting the Transformational Leadership Team with the implementation of the model.

Meetings between the researcher and Transformational Leaders included PowerPoint presentations that introduced evidence based practice principles regarding the organizational values to be implemented.

The Transformational Leaders were asked to consider patient values and to incorporate them into their care, even when they differed from their own personal values. Discussion and suggestions made by Transformational Leaders were incorporated into how they would present this information to their peers in their participating departments (Phase 2). Other practices incorporated were decision-making skills that would support colleagues having ethical and clinical issues, and moral decision-making while continuing to be aware of patient and family rights.

Phase 2. In phase 2 the modified Whole- Person Caring model, which now included principles of shared governance, empowerment principles and crucial conversation skills taught to the Transformational Leaders, was disseminated throughout the organization by the leaders with ongoing support by the principal investigator. The Transformational Leaders, in each of their departments, promoted activities to improve relationships among their peers and provide feedback for positive behavior. An example of this was the "good will vote" which consisted of each staff member voting on a specific staff member who demonstrated teamwork and a positive attitude. Staff members were nominated and rewarded with a gift each week. This activity continues to this day.

The Transformational Leaders guided their peers through the process of shared governance implementation. After the informational sessions regarding shared governance were held, the Transformational leaders initiated unit based councils that included all staff members. Unit-based elected staff members became representative of their departments to participate within the hospital wide councils. The communication between individual units and departments are now more effective.

The principles of Transformational Leadership Theory provided an opportunity for nurses to become part of the clinical decision making process in their units; showed nurses that they could make a difference within their departments by empowering themselves to take an active role in clinical decision making; and provided skills for effective communication when difficult conversations arose. The leader guided the Transformational Leadership team to become true leaders within their departments by reenergizing their work environment and thereby that of their peers. They demonstrated important leadership characteristics by leading by example while incorporating the best practice principles into their own daily routines. They served as role models so their peers could observe and emulate their positive behavior.

Human Subjects Protection

The proposed study was reviewed for human subjects' approval at the hospital and was rated as exempt by IRB reviewers (Appendix B).

Data Analysis

Data were analyzed using STATA 9.0. Data analysis began with simple measures of central tendency. The data were then analyzed using unpaired t-test to evaluate if the inclusion of the organizational values of caring, trust, communication, shared governance and empowerment within a nurse practice model improved nursing job satisfaction over time. Hypothesis testing was completed using the unpaired t-test The level of significance was set at $p < .05$.

CHAPTER IV

RESULTS

Adapted Perceived Work Environment Survey

The summed score of the adapted Perceived Work Environment Survey was used as a measure of job satisfaction. The mean score of job satisfaction prior to the implementation of the nursing model was 109.79 (SD 7.15, range 92 - 124). After implementation of the nursing model the mean job satisfaction score was 118.84 (SD 5.58, range 104 -129). The mean difference (9.04, SD .49) was not significantly different than zero p,.05 (t= 18. 35,df=74) so the hypothesis that the job satisfaction of nurses who experience the transformational leadership education intervention, that included the implementation of an existing nurse practice model with components of crucial conversation training and empowerment through shared governance would be significantly greater following the implementation of these interventions compared to their job satisfaction prior to the educational intervention can not be accepted.

Item by Item Analysis

An item by item analysis was completed to see if the work environment transformation improved any single organizational value. Table 2 presents mean pre and mean post test value for each item. Unpaired t-test was used to evaluate if the mean difference between pre and post test is significantly different than zero. The data was analyzed using a two tailed test, significance of $p<.05$.

While there was improvement in most measures, the only significant measure was an improvement in communication item # 21.

Table 2 Item by Item Ttest-Analysis Adapted Perceived Work Environment Survey

	Individual Item analysis	Pretest m(sd)	Post-test	Mean Diff.
Q1	I generally look forward to going to work	4.05 (.91)	4.42 (.74)	.37
Q2	Nursing is a rewarding career	3.94 (.67)	4.38 (.63)	.44
Q3	In nursing, it is important to have a professional interaction with colleagues	4.01 (.45)	4.45 (.50)	.44
Q4	Caring is the central feature of nursing	4.36 (.65)	4.44 (.55)	.08
Q5	A competent nurse is someone who has respect for peers,patients,themselves	4.2 (.49)	4.52 (.55)	.32
Q6	My colleagues & I get along well together	4.0 (.55)	4.49 (.64)	.48
Q7	I am trusted by my work colleagues	3.92 (.48)	4.42 (.61)	.51
Q8	Nurses &physicians work together equal partnership&collaboration to serve patient	3.5 (.89)	3.72 (.55)	.22
Q9	I trust my work colleagues	3.92 (.65)	4.01 (.53)	.09
Q10	I am encouraged by my work colleagues	3.90 (.59)	4.12 (.49)	.21
Q11	I encourage my work colleagues	3.97 (.49)	4.10 (.50)	.13
Q12	My work colleagues are usually respected as individuals at work	3.78 (.59)	3.98 (.41)	.2
Q13	I am usually treated with respect at work	3.78 (.59)	3.98(41)	.2
Q14	I feel I am valued at work	3.85 (.56)	4.33 (.64)	.48
Q15	My agency has a genuine concern for employee safety	3.45 (.90)	3.72 (.55)	.27
Q16	I read most of the hospital's newsletter that I receive	3.64 (.58)	4.09 (.49)	.45
Q17	I usually know in plenty of time when important things happen	3.64 (.58)	4.09 (.49)	.45
Q18	I usually hear about important changes through rumors rather than management communication	3.46 (.90)	3.73 (.55)	.26
Q19	I generally feel informed about changes that affect me	3.53 (.92)	3.82 (.70)	.29
Q20	It is easy to get answers to questions about personnel policies	3.62 (.58)	4.08 (.51)	.45
Q21	The hospital's communications are never up to date	3.52 (.87)	2.98 (.91)	-.54**
Q22	I am satisfied with the quality of care that I provide for my patients	4.01 (.95)	4.4 (.73)	.38
Q23	The work that I do is very important to me	3.92 (.71)	4.38 (.63)	.46
Q24	I create a healing environment for patient by being fully attentive in their presence	3.53 (.81)	3.85 (.42)	.32
Q25	I am confident about my ability do job	3.88 (.51)	4.37 (.63)	.49
Q26	I have significant autonomy in determining how I do my job	3.6 (.83)	4.01 (.65)	.41
Q27	I have considerable opportunity for independence& freedom in how I do job	3.54 (.90)	3.82 (.70)	.28
Q28	I have a great deal of control over what happens in my department	3.53 (.92)	3.82 (.72)	.29
Q29	I have significant influence over what happens in the department	3.59 (.84)	4.04 (.65)	.44

**This item was reversed coded and the resulting mean difference was significantly greater than 0 at $p<.05$.

NDNQI

The results of the NDNQI RN Satisfaction Survey in 2005, prior to the implementation of the nursing model were compared to those collected in 2006 and to the national average for nurses. The results of these data are interpreted by percentage change. The results from this case hospital presented in Table 3 revealed 45.33% of nurses were satisfied with the overall tasks of nursing (this included factors such as satisfaction with care they deliver, time to provide direct patient care, time to communicate with nursing service personnel about direct patient care) prior to the implementation of the model and 43.96 were satisfied with tasks post intervention. 43.03% of nurses indicated that they were satisfied regarding their overall opportunities for decision making prior to the intervention and post intervention only 42.95% of nurses. 50.35% reported overall job enjoyment prior which increased to 50.77% post intervention; this compares to national results of 47.21%, 46.94%, and 53.81% respectively.

Table 3: Adapted Index of Work Satisfaction

	SMC 2005	**SMC 2006**	**NDNQI 2006 Average**
Task	45.33	43.96	47.21
Participate in decision-making	43.03	42.95	46.94
Job Enjoyment	50.35	50.77	53.81

By looking at individual items of the survey index, change may have resulted in a decrease in satisfaction with their time for patient care. A change in percentage was reported from 53.91% to 52.05%. There was also a small decrease in their satisfaction with their ability to participate in decision making from 46.11% to 45.90%. Finally there was a small decrease in reported

satisfaction with their jobs from 60.9 to 59.55. These results are presented in Table 4.

Table 4: Work satisfaction Individual-focused Items

	SMC 2005	SMC 2006	NDNQI 2006 Average
Time for patient care	53.91	52.05	54.36
Participate in decision-making	46.11	45.90	49.74
Satisfied with my job	60.9	59.55	62.63

CHAPTER V

DISCUSSION

Results from both the Adapted Perceived Work Environment Survey and the NDNQI suggest that there was no significant improvement in job satisfaction in this study. The Adapted Perceived Work Environment Survey was designed to specifically measure the organizational values that were incorporated into the work environment while the NDQNI measured overall job satisfaction and associated variables related to job satisfaction.

Conclusions

Based on the literature review the variables that impact job satisfaction among nurses include caring, trust, empowerment, communication and shared governance. Furthermore, in the literature there exist a number of models that can be implemented within the environment to modify nursing practice. The empirical indicators suggest that while many nurses may be satisfied with their work, adjustments to improve specific variables including empowerment, communication and feeling cared for should be made.

While there were no statistically significant changes in job satisfaction there were specific successes of this project that anecdotally may indicate that the project improved the work environment. For example, the implementation of unit based shared governance councils throughout the hospital was an initiative that fostered improved communication and increased involvement in decision

making. Another achievement of the Transformational Leadership Team was their ability to procure financial compensation for all nurses attending department council meeting. Specific to the study environment the empirical indicators suggest that while many nurses are satisfied with their work, there could be adjustments to these variables, specifically to time issues.

Currently, the Transformational Leadership Team continues to provide leadership among their peers. The team meets to discuss relevant issues relating to their work environment and best practice principles as well as implementing changes necessary to promote autonomy, empowerment and teamwork. The Transformational Leadership Team indicated their interest in the procurement of Magnet status as they continue to go forward in their commitment and dedication to change their work environment and to incorporate the best evidence based principles and practices.

Limitations

There were several limitations to the study. It is likely that the Transformational Leaders who experienced the Transformational Leadership Certification, crucial conversation certification and became facilitators for shared governance experienced an increase in job satisfaction. However, most of the nurses within this study did not become certified in crucial conversations, nor in the Transformational Leadership course. As change agents, the Transformational Leaders were trusted by their peers and became facilitators for the implementation of values discussed. In understanding change, however, cultural assumptions were not identified and survival anxiety was heightened by

participating nursing departments. Long time psychological defenses continue to be embedded within the organizational culture. When best practices were introduced some of the nurses within the study were dissatisfied with the disconfirmation of past practices. Adaptation to some new environmental circumstances i.e. shared governance caused the staff to deny its validity and produced dissatisfaction.

Another limitation was the low response rate by nurses who completed both the pre and post test measures. There could be evidence of self selection bias. The nurses who completed the surveys were those nurses who had the highest job dissatisfaction.

The results of this study may also have been influenced by the hiring of a new (C.E.O) during the transformational leadership process. The new C.E.O initiated parallel changes throughout the organization during the study period. Some of the changes were specific to the study variables. For example, a new communication process through Town Meetings was developed. Fortunately these practices are consistent with the organizational values introduced in this study which based on current evidence should improve nurse job satisfaction.

Second, a new Chief Nurse Officer (C.N.O.) was hired during the implementation phase of this research. The philosophy practiced by this new C.N.O. is one of caring and mutual respect for all employees. He leads by example. Again this is consistent with the organizational values implemented in this current study. The fact that the principle investigator was employed by the

agency in which the work was done may also have inadvertently biased some of the findings.

Finally, pre-experimental designs naturally contain inherent flaws and prevent the acquisition of interpretable statistical results. There may have been an increase in job satisfaction that cannot be truly measured using a single group, non-randomized design.

Future Research Implications

The results of the evaluations of the process indicate that the journey of work environment transformation is not quite over. Continued C-T-E practice principles need to be instituted and there needs to be continued reinforcement of the ones already implemented at this large New England Community Hospital. Plans are currently underway to apply for Magnet Status which will give the leader of this project an opportunity to continue the work started during this study period.

In summary, if, as the evidence suggests, the organizational values of caring, trust, communication, shared governance and empowerment are key to improving job satisfaction, then nursing job satisfaction may improve in this organization over time. Future longitudinal studies that use job satisfaction as a measure of work environment modification should be encouraged.

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APPENDICES

APPENDIX A

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SURVEY ANNOUNCEMENT

The Whole Person Caring Model
Implementation of the Transformational Leadership Program

March 7, 2006

Dear Nurse Colleagues,

I am currently a graduate student working on my master's degree in the Clinical Nurse Leader Tract at the University of New Hampshire. I am conducting a research study on nurses employed by Saints Memorial Medical Center about their perceptions of their work environment. You are selected for participation in this research study. If you decide to participate please complete the survey that is enclosed.

This survey will take approximately 10 minutes to complete. It is anonymous and confidential. The information that you will provide will be stored securely in a locked drawer. Your insight and participation in this study will identify key aspects that will be addressed within the Transformational Leadership Program. The information provided by you will be evaluated and may lead to the development of management strategies to improve working conditions and retention of nurses at Saints Memorial Medical Center.

The object of this study is to gather data about your perceptions of what is needed to transform Saints Memorial Medical Center's environment to a healthier environment for the retention of nurses. Thank you in advance for your participation. If you would like a copy of the final study please send me your contact information. There will be a follow-up survey to evaluate the response to the Transformational Leadership Program. I anticipate the study will be completed March 2007.

Sincerely,

Catherine Z. Curtis RN BSN
Critical Care Nurse Educator
Graduate Student
Department of Nursing
University of New Hampshire

APPENDIX B

To whom it may concern,

The RN Survey data collection by Catherine Curtis "Perceived Nursing Work Environment" survey was reviewed for human subject protection. It was determined that the protocol was exempt from IRB review because subjects cannot be identified.
All confidentiality protocols were adhered to throughout the data collection process.

Sincerely,

Helene Heffernan MSN, RN, ANCC, CNAA
Assistant Vice President, Patient Care Services
Saints Medical Center
1 Hospital Drive
Lowell, MA 01852

APPENDIX C

Perceived Nursing Work Environment Survey at Saints Memorial Medical Center

1. As an RN what degree do you hold: **Diploma**___ **ADN**___ **BSN** ___**MSN**___**Other**____
2. How long have you been working for Saints Memorial Medical Center? _____
3. How **old** are you? _____ Are you: **Female** _____ or **Male** _____
4. How many other departments did you work in prior to your present position? _____
5. Mother's Maiden name: _____ (This information is necessary to correlate pre and post test scores and to insure participant anonymity).

For each questions please indicate the extent to which you strongly agree or strongly disagree for the following questions regarding your present work environment.

Question	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
1. I generally look forward to going to work					
2. Nursing is a rewarding career					
3. In nursing, it is important to have a professional interaction with colleagues					
4. Caring is the central feature of nursing					
5. A competent nurse is someone who has respect for themselves, the profession and patient					
6. My colleagues and I get along well together					
7. I am trusted by my work colleagues					
8. Nurses and physicians work together in equal partnership in collaboration to serve the needs of the patient.					
9. I trust my work colleagues					
10. I am encouraged by my work colleagues					
11. I encourage my work colleagues					
12. My work colleagues are usually respected as individuals at work					
13. I am usually treated with respect at work					
14. I feel I am valued at work					
15. My agency has a genuine concern for employee safety					

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16. I read most of the hospital's newsletters that I receive					
17. I usually know in plenty of time when important things happen					
18. I usually hear about important changes through rumors rather than management communication					
19. I generally feel informed about changes that affect me					
20. It is easy to get answers to questions about personnel policies					
21. The hospital's communications are never-up-to-date					
22. I am satisfied with the quality of care that I provide for my patients.					
23. The work that I do is very important to me					
24. I create a healing environment for my patients by being fully attentive when I am with them.					
25. I am confident about my ability to do my job					
26. I have significant autonomy in determining how I do my job					
27. I have considerable opportunity for independence and freedom in how I do my job					
28. I have a great deal of control over what happens in my department					
29. I have significant influence over what happens in my department					
30. Please feel free to comment on how you perceive your current work environment is at present:					

Thank you for participating and taking the time to fill out this survey. Please return your completed survey via the enclosed self addressed envelop no later than March 24, 2006.