University of Nevada, Reno

Collaboration, Training, and Support associated with Mental Health Nurse Job

Satisfaction

A thesis submitted in partial fulfillment of the requirements for the degree of Master of

Science in Nursing

by

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Abstract

Mental health disorders are very prevalent worldwide and require a large work force of mental health nurses in order to provide adequate treatment. Unfortunately, the world is currently facing a shortage of mental health nurses. Considering that poor job satisfaction is one cause of suboptimal recruitment and retention among mental health nurses, this study sought to gather more information regarding mental health nurse job satisfaction. The objective of this study was to determine if there is an association between perception of work environment characteristics of: team collaboration, staff training, staff support, and mental health nurse job satisfaction and intention to stay. By determining if there is an association between these variables, future interventions can target these variables in order to improve mental health nurse job satisfaction and thus increase mental health nurse recruitment and retention. Association of variables was assessed by collecting voluntary questionnaire responses through snowball sampling using a cross-sectional design. After statistical analysis, no significant associations were found between mental health nurse job satisfaction and work environment characteristics of: team collaboration, staff training, and staff support. However, mental health nurses who intended to stay in their current work position rated their satisfaction with their work environments noticeably higher. It was noted that there are several confounding variables such as coping strategies, work-life balance, and age-related issues. In conclusion, there may be several avenues to increasing mental health nurse satisfaction and retention.

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Chapter I

Introduction

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Background

Depression is the leading cause for disability worldwide with a 13% increase in diagnosed cases over the past decade (World Health Organization [WHO], 2017). Unfortunately, many of the individuals with mental health disorders are not receiving the treatment that they need (WHO, 2021). The WHO has set a goal to improve access to quality mental health care by 2030 (WHO, 2013). The lack of care is leading to a detrimental social and economic burden on society (WHO, 2013). It is estimated that it is costing the global economy $1 trillion each year and, on average, governments around the world are only investing less than 2% of their spending on mental health care (WHO, 2017).

A main reason for the lack care is that the world is experiencing a mental health nursing shortage (Andrews & Wan, 2009). With the passage of the Mental Health Parity and Addiction Equity Act of 2008 and the Affordable Care Act, there is expanded coverage for mental health services and a resulting increase in demand (Chapman et al., 2018). Healthcare systems have not sufficiently responded to the demand for mental health care and there are deficiencies in mental health care worldwide (WHO, 2017). There is an average of only 9 mental health workers for every 100,000 people globally (WHO, 2017).

This problem is being amplified by the impact of an ageing mental health workforce (Harrison et al., 2014). It has been implied however, that the problem is not only due to a lack of workers, but due to worker's refusal to work in undesirable work

environments (Redknap et al., 2015). Work environments play a large role in job satisfaction, nurse retention rates, and even improved patient outcomes (Andrews & Wan, 2009). Mental health nursing has been described as "unattractive" due to the lack of a well-defined role of mental health nurses (Harrison et al., 2014). There is a weak professional identity and also a stigma surrounding mental health and psychiatric problems.

Mental health nurses face many stressors while fulfilling their day-to-day duties which can lead to depression, physical exhaustion, emotional draining, and altered levels of wellness (Andrews & Wan, 2009). These stressors have been linked to dissatisfaction and can result in leaving mental health nursing altogether (Andrews & Wan, 2009).

Patients and regulatory agencies have high standards for quality of care by nursing staff (Redknap et al., 2016). Due to the nature of mental health disorders, some patients may need restraints, seclusion, or continuous observation (Zhou et al., 2019). This may greatly increase the workload for mental health nurses. Additionally, some patients may be aggressive or violent towards nurses, creating an unsafe environment (Zhou et al., 2019). These work environment qualities affect job satisfaction and job satisfaction is linked to quality of care (Zhou et al., 2019). Hence, it is vital for organizations to manage work environments in order to attract and retain qualified nursing staff in order to maintain quality of care expectations (Redknap et al., 2016).

The Research Question

Is mental health nurse perception of team collaboration, staff training, and staff support associated with job satisfaction and intention to stay?

Purpose of the Project

The purpose of this study was to examine the association of work environment characteristics of: interdisciplinary team collaboration, staff training and development and staff support and care with mental health nurse job satisfaction and intention to stay.

Significance of the Project

Mental health institutions must intervene to retain staff in order to continue providing satisfactory and regulatory compliant care. There is currently a lack of knowledge regarding desirable characteristics of practice environments and nurse satisfaction specific to mental health settings (Redknap et al., 2015). Input from nurses with the lived experience of working in the mental health field is scarce. This information is crucial for nurse leaders in order to implement changes in their work environments. The findings of this initial study may be useful as a baseline for future studies to examine specific interventions to improve work environments and mental health nurse satisfaction and retention.

Chapter II

Review of the Literature

Background

Mental Health Nursing: Challenges & Advancements.

During the 1950s through the 1980s mental health nursing became more clearly defined and, as a result of the work of many nursing theorists, the importance of compassionate nursing care for positive mental health outcomes has become better understood (Redknap et al., 2015). Expanded knowledge regarding the importance of mental health care led to the passage of legislation that is expected to increase access to care and will require more mental health care workers to meet the greater demand for care (Chapman, et al., 2018). Despite the advances in mental health care, mental health nursing still remains a less desirable career choice (Redknap et al., 2015). Mental health nursing is consistently ranked the least likely choice for graduating nursing students (Happell & Gaskin, 2012). There remains a stigma around mental health nursing and many nurses perceive mental health nursing as being associated with patient violence and threats to personal safety (Slemon et al., 2018).

Staff has varied perceptions of what they expect the work environment to be, which greatly affects their job satisfaction (Redknap et al., 2015). Nursing students who have completed clinical rotations in mental health settings describe the environment as untherapeutic and "terrifying" (Slemon et al., 2020). The students report fearing that their own mental health would suffer just by working in that environment and that they would develop a negative attitude and become emotionally drained (Slemon et al., 2020).

Factors that make mental health nursing less attractive include: workload, uncontained clinical risk, and lack of mental health resources (Redknap et al., 2015).

The Modeling and Role-Modeling Theory considers Maslow's hierarchical list of needs as the motivator for human behavior and explains that nurse dissatisfaction results from unmet needs (Arruda, 2005). These unmet needs can lead to either leaving an organization or leaving the profession altogether. This theory aims to meet the needs of mental health nurses by building trust between the nurses and nurse leaders, allowing mental health nurses to have control over their work environment, promoting each nurses' unique strengths and skill sets, and collaborating to set mutual goals (Arruda, 2005).

Based on this theory, mental health nurses have basic needs of monetary compensation to provide for themselves and their family and of safety and security while they are at work (Arruda, 2015). Higher level needs of mental health nurses include a sense of belonging among coworkers, shared governance and collaboration with leaders and physicians, and meaningful recognition for their work. Self-perception, communication, & decision-making are all important aspects leading to job satisfaction (Petiprin, 2016). Staff who satisfy all of these needs feel fulfilled with their work and are able to be a mentor to other staff members. The various levels that a work environment needs to meet in order for it to obtain optimal desirability is depicted in Figure 1.

Nursing leadership is in a position to initiate change to attract and retain mental health nurses. Leadership can do this by fostering a work environment with characteristics that are desirable for mental health nurses. Mental health nurse role expectations must match their work environment and management expectations in order

for the mental health nurse to fulfill their professional goals and have job satisfaction (Petiprin, 2016).

Desirable Work Environments for Nurses.

Mental health nurses have experienced role stress related to contradictions between what their job expectations are and what resources they have available to them (Hercenlinskyj et al., 2012). Staffing in mental health settings has gotten increasingly complex in regards to determining the appropriate number and skill set of staff required (Redknap et al., 2015). Lower staff to patient ratios is reported to cause less staff burnout and stress (Redknap et al., 2015). Bachelors prepared nurses are also shown to lead to better patient outcomes (Redknap et al., 2015). Thus, number of patients and resources available to safely care for those patients are both vital work environment aspects to consider.

Characteristics of a desirable nursing environment include adequate training, professional specialization, and team collaboration (Lin et al., 2019). Allowing the nurse to have control over their practice, good communication, collaborative nurse-physician interactions, and supportive leadership that cares for its employees are all factors that ensure nurse satisfaction and excellent quality of care (Redknap et al., 2016). Interventions to achieve this type of environment are identified as: nurse participation with committees, praise given for good work, and a clear division of duties (Redknap et al., 2016).

Recruitment of Mental Health Nurses.

Positive experiences with mental health during nursing school are very influential for nurses considering a career in mental health (Alexander et al., 2015). Nursing school

curricula and faculty are the first step in recruiting mental health nurses. Role models at the students' clinical settings are also important in influencing career decisions and can use the time with the student to showcase an environment of safety and teamwork (Alexander et al., 2015). An interactive and supportive team is necessary to retain a new mental health nurse (Alexander et al., 2015). Many new graduate nurses have negative experiences within their first year of practice, but this can be remedied by adequate training or preceptor programs (Hooper et al., 2016).

Effective and Supportive Nurse Leadership.

Leadership has a direct influence on staff. Leaders who are readily available and who give praise to staff are identified as contributing to the staff's sense of value (Redknap et al., 2015). Nurse leadership can enhance their communication by doing daily rounding and by allowing feedback from the staff through suggestion forms (Redknap et al., 2016). Organizations are urged to consider investing in leadership development activities (Redknap et al., 2015). Nurse leaders are also encouraged to provide handwritten acknowledgments of appreciation to their staff, which will increase staff's sense of worth (Redknap et al., 2016).

Mental Health Nurse Involvement in Work Environments.

Maslow identified humans' need to feel secure, needed, and appreciated (Arruda, 2005). One way these needs can be met in a mental health nurse role, is to allow the nurse to be active in committee work (Redknap et al., 2016). Having staff nurses involved in committee work helps them understand why policies are in place and, by including them in the decision-making process, they will develop an increased loyalty to the institution (Redknap et al., 2016). Nurses will feel like they have some control over their work

environment and can influence the way it is managed (Redknap et al, 2015). Nurses may also get a sense of accomplishment from their involvement (Redknap et al., 2015). This may help nurses achieve fulfillment and a sense of their own potential to make a positive impact (Arruda, 2005).

Work environments must allow mental health nurses to express their needs and provide the nurse with unconditional acceptance (Arruda, 2005). Listening to mental health nurses is vital to create a successful work environment.

Summary

The work environment is defined as any organizational component that has a psychological impact on staff and/or affects patient care (Redknap et al., 2015). There are multiple levels of work environment desirability ranging from meeting basic mental health nurse needs up to complete job fulfillment. Based on the review of the literature, there are a multitude of factors that lead to a more desirable work environment and effect overall job satisfaction. The strength of relationship between these variables is unknown. The conceptual framework between these variables is depicted in Figure 2 and the expected association for suitable work environment perception to lead to job satisfaction and intention to stay is shown in Figure 3.

Chapter III

Method

Study Design

  A cross-sectional, questionnaire-based design was used for this study to collect data regarding: team collaboration, staff training, and staff support related to mental health nurse job satisfaction and intention to stay in their current job position. Data was collected for this study through the use of a voluntary survey that was distributed over a 5-week period in February 2021 to March 2021. The survey utilized the indicators of quality nursing work environment (IQN-WE) questionnaire and was distributed to mental health nurses electronically through Qualtrics available to students of the University of Nevada, Reno (UNR). Snowball sampling was utilized to expand the sample size. The survey used Likert style scales to assess workplace quality indicators and mental health nurse satisfaction. Lower scores indicated an unsuitable work environment and job dissatisfaction. Additionally, nurse characteristics and work context items were evaluated by providing open response questions. Survey results were analyzed to compare perceptions of team collaboration, staff training, and staff support and overall job satisfaction and intention to stay.

Study Sample

  A convenience sample was used for this project. Twenty-one mental health facilities were identified in Northern Nevada using the University of Nevada, Reno Counseling Services 2017-2018 community referral resource guide (Counseling Services, 2017). A voluntary, anonymous survey was distributed to personal contacts within these

facilities. Respondents to the survey were asked to identify any other possible participants for snowball sampling. For this project, a nurse was defined as anyone with a license in the United States as a Licensed Vocational Nurse (LVN), Licensed Practical Nurse (LPN), Registered Nurse (RN), or Psychiatric and Mental Health Nurse Practitioner (PMHNP). For participant anonymity, no participant identifiers were included on the survey. This study was approved as exempt by the institutional review board at UNR in January 2021.

Research Instruments

The questionnaire was provided electronically. This questionnaire in this study utilized the professional specialization and team collaboration (7 items), staff training and professional development (9 items), and support and care (12 items) indicators from the IQN-WE instrument developed by Lin et al. (2016). The validity and reliability of this questionnaire was tested and confirmed. Permission was obtained to use this instrument. Responses were collected utilizing a Likert scale ranging from 1 to 4, with 4 indicating the highest level of work environment suitability. Overall work environment satisfaction was rated 1 to 5 with 5 indicating the highest level of satisfaction.

Additionally, the questionnaire gathered information on respondent demographics and intention to stay employed in mental health nursing. Intention to stay was determined by the respondents self-stated plan to remain employed in the mental health field during the subsequent one-year period.

Setting for this Project

A snowball sample was utilized to identify mental health nurses. The nurses were able to access the survey online.

Data Analysis

Indicators from the IQN-WE survey were assigned a number from 1 through 4 with lower numbers indicating job dissatisfaction. Overall work environment satisfaction was rated 1 to 5 with 5 indicating the highest level of satisfaction. Scores were entered into a two-way table and analyzed using a chi-square test. The level of significance used was $\alpha=0.05$.

Chapter IV

Results

Participant Demographics

Data was collected from 65 participants. Distributions of participant demographics are shown in Table 1. Majority of the participants were female (n=51, 78%), with all participants identifying as either female or male gender. In terms of ethnicity, most participants identified as white (n=52, 80%) with the second largest portion identifying as Asian (n=7, 11%). Nearly one-third of participants were aged 35-44 years old (n=20, 31%) with the average age range also being 35-44 years old. Most participants held an RN license (n=47, 72%) and describe their job position as a RN. In regards to experience, 35.4% of participants reported 6-10 years as a nurse and 20% having over 20 years of experience. Finally, 39 participants responded to the question regarding their job plans for the next year and 26 left this question blank. Of the 39 respondents: 16 indicated they would stay in their current position, 18 indicated they would leave for a different position, and 5 responses were unsure of future plans. It is of note that three participants mentioned retirement and nine participants noted plans to attend school to gain a higher level of licensure.

Gender correlated significantly with intention to stay (chi-square test: $\chi^2 = 10.16$, $df = 1$, critical value=3.84). Males were more likely to report plans leave their positions and females were more likely to report plans to stay. No association was found between ethnicity, age, type of nursing license held, or years of experience and intention

to stay.

Work Environment Satisfaction and Intention to Stay

The overall work environment satisfaction averaged 3.40 (SD = 1.40), with the highest possible score of 5.00. As shown in Table 2, the work environment characteristic of professional specialization and team collaboration earned the highest average satisfaction score ($M = 2.79$, $SD = 0.59$), followed closely by staff training and professional development (M = 2.58, SD = 0.66), and support and care (M = 2.48, SD = 0.71). A chi-square test revealed no significant association between satisfaction with these three work environment characteristics and intention to stay. Notably, the participants who reported intention to stay reported increased overall work environment satisfaction (M = 3.88) compared to those with intention to leave (M = 2.47). The intention to stay group also reported higher satisfaction ratings in all three domains than the group with plans to leave their current work environment.

Perceived Work Environment and Individual Characteristics

Participant demographic information was statistically analyzed in comparison to how participants rated their work environment in each of the three domains of professional specialization and team collaboration, staff training and professional development, and support and care. None of the participant characteristics showed significant effect on rating of work environment suitability. Results are displayed in Table 3.

There are, however, several trends in work environment satisfaction are worth mentioning. Firstly, men reported lower scores than women in every category. Second, satisfaction ratings were lowest for LPNs and increased with each higher level of

licensure with APRNs reporting the highest level of satisfaction within each domain. Participants aged 18 to 24 years old reported the higher satisfaction ratings in each domain than any other age group. Lastly, related to experience levels, participants with 20+ years of nursing experience reported the lowest satisfaction scores for the work environment domains of staff training and professional development ($M = 2.12$, $SD = 0.67$) and support and care ($M = 2.06$, $SD = 0.75$).

Chapter V

Discussion

It is generally accepted that work-related stress plays a large role in job satisfaction and modifications to reduce this stress can improve staff retention (Andrews & Wan, 2009). This study sought to examine the association between perceptions of three specific work environment characteristics and job satisfaction levels and intent to leave. The results could then be used to identify areas that may need modification.

Unfortunately, the results of this study did not provide any statistically significant support for the idea that satisfaction with work environment characteristics of: professional specialization and team collaboration, staff training and professional development, and support and care is a valid predictor of job satisfaction and intention to stay in the mental health nursing field. This disagrees with previous studies by Lin et al. (2019) who found satisfaction with work environment characteristics to be significantly related to intention to stay among nursing administrators in Taiwan. However, although not statistically significant, the results are consistent with previous research in the fact that participants with intent to stay reported higher satisfaction ratings on average than participants with intent to leave. Overall satisfaction for participants who reported intention to stay in the current job was noticeably higher than their counter parts (M = 3.88 and M = 2.47 respectively). It is also worth noting that this study only examined three of the eight domains of the work environment that were examined in previous studies. Due to the nature of mental health disorders, some patients may be aggressive or need special interventions which sets mental health nursing environments apart from other nursing specialties (Zhou et al., 2019). It is therefore possible that work

environment characteristics that were not evaluated have a larger effect on job satisfaction in the mental health setting.

One significant finding was the association between gender and intention to stay. Female gender was associated with increased intention to stay and male gender was associated with increased intention to leave. Further analysis revealed that males rated lower satisfaction for all three work environment domains. This supports the claim of lower levels of work environment satisfaction being associated with intention to leave. Previous research in China found no difference between genders and job satisfaction in a mental health setting (Zhou et al., 2019).

Overall, the mental health nurses who reported intention to stay in their current position rated work environment satisfaction higher than their counterparts in all domains. Results, however, may be skewed by the nurses' reasons for leaving their positions. Some participants noted reasons for staying or leaving a position that did not appear to be related to work environment characteristics such as: birth of a child, retirement, fear of leaving a job during a pandemic, or to go back to school. These may be compounding variables and future studies could consider specific reasons for intention to stay or leave. Andrews and Wan (2009) concluded that an individual's ability to cope with stressful work environments and maintain a balanced lifestyle was more predictive of satisfaction and intention to stay than the environment characteristics themselves.

The area with the lowest score of satisfaction among the nurses with intention to leave their current work environments was support and care ($M = 2.18$, $SD = 0.59$). This may suggest that, in accordance with Maslow's hierarchical list of needs, mental health nurses are not having their higher level of needs met (Arruda, 2005). Lin et al. (2019)

reported that support and care was a significant factor for new nurse leaders and their intention to stay. Therefore, this may be an area that nursing leadership can modify in order to improve work environment satisfaction and increase retention.

The results of this study showed no statistically significant differences among work environment satisfaction across varying levels of licensure, although satisfaction ratings were lowest for LPNs and increased with each higher level of licensure. This result may indicate that the work environment is similar among various levels of care in the mental health setting. This result agrees with previous works as it was suggested that nurses with higher levels of degrees were more satisfied due to greater ability to problem-solve (Lin et al., 2019). Lin et al. (2019) suggested that more experienced staff often have more positive thinking patterns.

Lastly, the results did not indicate that duration in mental health nursing positions significantly affected intention to stay in a current work environment. However, comments left by the participants indicated that there may be specific life stage reasons that makes someone more likely to leave a position such as retirement or childbirth. Three participants did report retirement as their reason for their intention to leave their position within the next year. This supports that claim that an ageing mental health nurse force is greatly contributing to a mental health shortage (Harrison et al., 2014). Participants who reported plans to retire were included in the group of nurses with intention to leave and this may have altered results because these nurses reported high satisfaction rating and their reason for leaving is not necessarily directly related to work environment.

In conclusion, based on the results of this study along with findings of previous

studies, it appears that the relationship between work environment characteristics and job satisfaction is more complex than previously conceptualized. The individual's ability to cope with the work environment and create a work-life balance must be taken into consideration when determining job satisfaction and intention to stay. An updated conceptualization can be viewed in Figure 4. Therefore, there are several areas where modifications can be made in order to improve satisfaction and retention.

Limitations

This study used a small convenience sample mainly based in the northern Nevada area and may not be representative of a more diverse population. Also, considering this study was specific to mental health nurses, there may be work environment characteristics that occur exclusively in mental health settings that were not assessed by the IQN-WE. Previous authors have noted that use of restraints, continuous observations, increased workloads, and aggressive patients may be significant stressors in the mental health setting (Zhou et al., 2019).

Twenty-six participants left their future job plans blank and several others gave unclear future plans stating they were unsure. This survey may be strengthened by making future job plans a multiple-choice question so participants can easily indicate if they are planning to leave their current position.

Recommendations

Education

Working in mental health nursing is the least likely choice for nurses (Happell & Gaskin, 2012). It's important to provide positive experiences with mental health during nursing school and to educate about mental health disorders so students have a better

understanding of what to expect. Incorporating effective coping skills and life balance into nursing education would help individuals continue these practices in future employment and have increased longevity in the field (Alexander et al., 2015).

Practice

Participants in this study reported an average overall work environment satisfaction score of 3.40 which indicates that there remains significant room for improvement in practice environments. The support and care domain received the lowest level of satisfaction and warrants increased attention for work environments looking to improve nurse satisfaction. Therefore, nurse leaders should increase their focus on implementing strategies to recognize and encourage mental health nurses, such as handwritten notes and regular praise (Redknap et al., 2016). As leaders in the field, Psychiatric and Mental Health Nurse Practitioners (PMHNPs) are in a unique position to help with staff training and development and can be used to inspire enthusiasm for work in the mental health setting (Alexander et al., 2015).

Research

There was no significant association shown between work environment qualities and job satisfaction, however trends in the data did show higher satisfaction ratings on average reported with intention to stay. Considering that, due to its nature, mental health nursing has some increased work environment stressors, future studies promoting coping skills and life balance related to work stress may be beneficial to determine what methods would be most effective to improve satisfaction and retention.

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Tables

Demographics	n	%	Stay n	%	Leave n	%	χ2	Critical value at α=0.05
Gender							10.16	3.84
Male	14	22			7	50		
Female	51	78	17	33	8	16		
Ethnicity							1.038	7.81
White	52	80	14	27	13	25		
Black or African American	1	1.5	0		1	100		
American Indian or Alaska Native	2	3						
Asian	7	11	2	29	2	29		
Other	3	4.5	1	33	1	33		
Age (years)							4.85	11.07
18-24	2	3	2	100	0			
25-34	15	23	2	13	5	33		
35-44	20	31	5	25	4	20		
45-54	14	21.5	3	21	4	29		
55-64	11	17	3	27	1	9		
65-older	3	4.5	1	33	2	67		
Nursing license							0.16	5.99
LVN/LPN	5	8	1	20	1	20		
RN	47	72	13	28	13	28		
APRN	13	20	2	15	3	23		
Experience (years)							2.81	9.49
0-5	10	15.3	2	20	3	30		
6-10	23	35.4	9	39	5	22		
11-15	8	12.3	1	13	1	13		
16-20	11	17	1	9	3	27		
20+	13	20	3	23	5	38		

Table 1. Participant Demographics and Intention to Stay.

	Stay		Leave					
	M	SD	M	SD	M	SD	χ2	Critical value at α=0.05
							0.08	7.81
Professional specialization and team collaboration	2.79	0.59	3.03	0.67	2.61	0.53		
Staff training and professional development	2.58	0.66	2.72	0.77	2.27	0.55		
Support and care	2.48	0.71	2.64	0.79	2.18	0.59		
Overall satisfaction	3.40	1.40	3.88	1.41	2.47	1.14		

Table 2. Work Environment Satisfaction and Intention to Stay (M=mean, SD=standard deviation).

	n	%	Collaboration		Training		Support		χ2	α
			M	SD	M	SD	M	SD		
Gender									0.03	5.99
Male	14	22	2.49	0.53	2.28	0.53	2.18	0.66		
Female	51	78	2.91	0.66	2.55	0.76	2.47	0.16		
Ethnicity									0.14	12.59
White	52	80	2.79	0.70	2.52	0.77	2.44	0.79		
Black or African American	1	1.5	2.43	0	2.66	0	2.50	0		
Asian	7	11	2.90	0.41	2.3	0.66	2.10	0.48		
Other	3	4.5	3.29	0	2.50	0.39	2.54	0.76		
Age (years)									0.13	18.31
18-24	2	3	3.71	0.40	3.89	0.16	4.0	0		
25-34	15	23	2.79	0.61	2.50	0.50	2.43	0.69		
35-44	20	31	2.73	0.73	2.41	0.66	2.27	0.65		
45-54	14	21.5	2.55	0.54	2.15	0.70	2.12	0.62		
55-64	11	17	3.11	0.80	2.80	0.82	2.48	0.78		
65-older	3	4.5	2.91	0.36	2.33	0.73	2.44	0.67		
Nursing license									0.21	9.49
LVN/LPN	5	8	1.29	0.40	1.06	0.08	1.29	0.18		
RN	47	72	2.91	0.57	2.55	0.68	2.44	0.74		
APRN	13	20	2.94	0.29	2.80	0.33	2.70	0.45		
Experience (years)									0.48	15.51
0-5	10	15.3	3.20	0.63	2.95	0.96	2.90	1.14		
6-10	23	35.4	2.84	0.76	2.41	0.71	2.32	0.67		
11-15	8	12.3	2.57	0.20	2.71	0.08	2.54	0.06		
16-20	11	17	2.93	0.25	2.78	0.60	2.73	0.34		
20+	13	20	2.59	0.58	2.12	0.67	2.06	0.75		

Table 3. Patient demographics and reported perception of work environment domains.
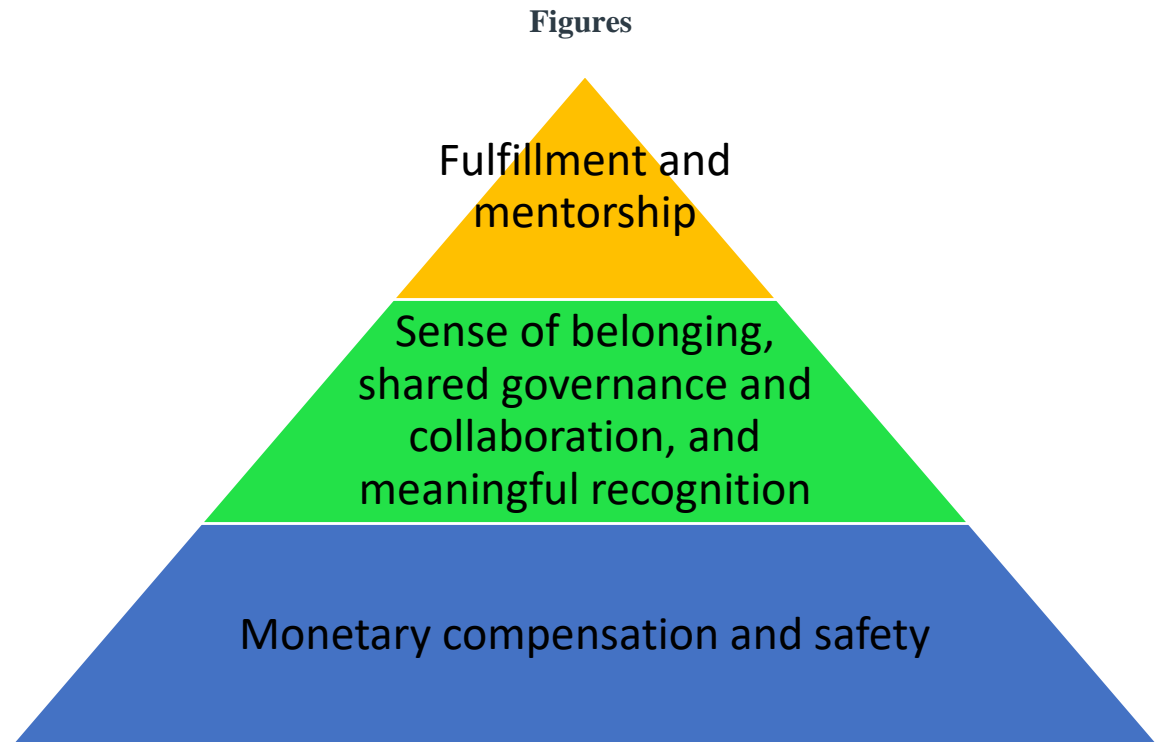
Figure 1. Increasing levels of work environment desirability.
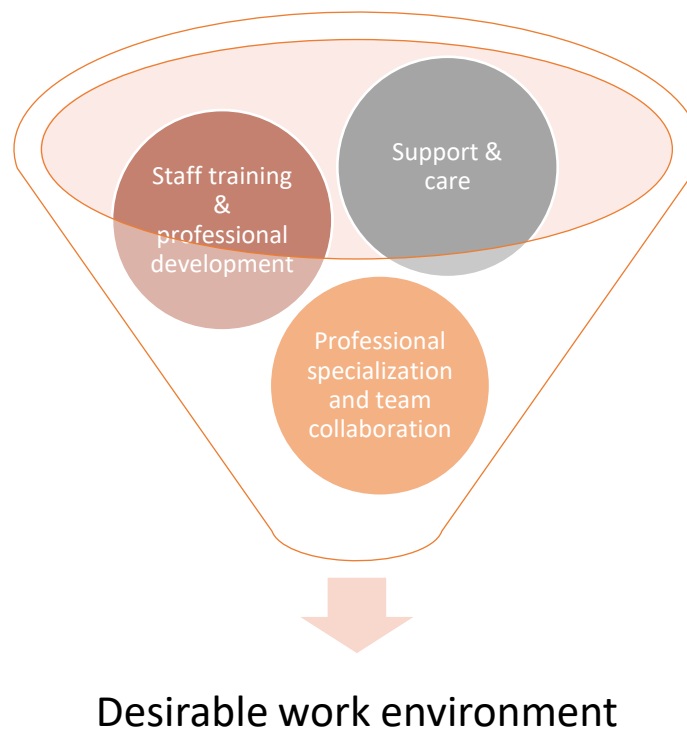

Figure 2. Components contributing to job satisfaction.
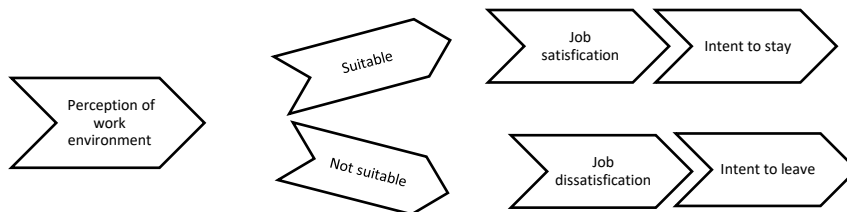
Figure 3. Expected association between perception of work environment and job satisfaction/intent to stay.
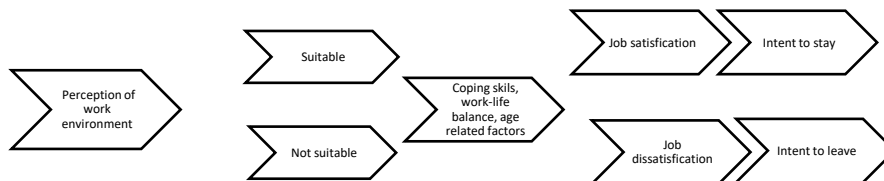

Figure 4. Updated association between perception of work environment and job satisfaction/intent to stay.

Appendix A
IRB approval letter

University of Nevada, Reno

DATE: January 25, 2021
TO: Wei-Chen Tung, Ph.D.
FROM: University of Nevada, Reno Institutional Review Board (IRB)

PROJECT TITLE: [1688377-1] Collaboration, Training, and Support associated with Mental Health Nurse Job Satisfaction
REFERENCE #: Social Behavioral
SUBMISSION TYPE: New Project
ACTION: DETERMINATION OF EXEMPT STATUS
REVIEW TYPE: Exempt
DECISION DATE: January 25, 2021
REVIEW CATEGORY: Exemption Category # 2

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An IRB member has reviewed this project and has determined it is EXEMPT FROM IRB REVIEW according to federal regulations. Please note, the federal government has identified certain categories of research involving human subjects that qualify for exemption from federal regulations.

Only the IRB has been designated by the University to make a determination that a study is exempt from federal regulations. The above-referenced protocol was reviewed and the research deemed eligible to proceed in accordance with the requirements of the Code of Federal Regulations on the Protection of Human Subjects (45 CFR 46.104).

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Reviewed Documents

- Application Form - Exempt Core Application (UPDATED: 01/13/2021)
- Consent Form - Consent Information.docx (UPDATED: 01/20/2021)
- Other - Script for recruitment.doc (UPDATED: 01/20/2021)
- Questionnaire/Survey - thesis survey.docx (UPDATED: 01/20/2021)
- University of Nevada, Reno - Part I, Cover Sheet - University of Nevada, Reno - Part I, Cover Sheet (UPDATED: 01/20/2021)

If you have any questions, please contact Nancy Moody at 775.327.2367 or at nmoody@unr.edu.

NOTE for VA Researchers: You are not approved to begin this research until you receive an approval letter from the VASNHCS Associate Chief of Staff for Research stating that your research has been approved by the Research and Development Committee.

Sincerely,

Generated on IRBNet

Appendix B
Adapted Survey

<u>**Demographics**</u>
What is your gender?
Male
Female
Non-binary/third gender
Prefer not to say

To which racial/ethnic category do you identify with?
White
Black or African American
American Indian or Alaska Native
Asian
Native Hawaiian or Pacific Islander
Other

What is your age?
18-24
25-34
35-44
45-54
55-64
65-older

What is your job title?

What is the highest nursing license you currently hold?
LPN/LVN
RN
APRN

How long have you been a nurse?
0-5 years
6-10 years
11-15 years
16-20 years
20+ years

Please choose a response for each of the following statements that most accurately describes your current work environment

1 Very unsuitable 2 unsuitable 3 suitable 4 very suitable

<u>Professional specialization and team collaboration</u>
The nursing department has power to influence decisions about professional specialization

Has clear division of work among professional teams and can duly implement it

Has designated units responsible for supervising and managing non-nursing work

Has a culture of mutual respect among members of the multi-disciplinary team

Has collaboration mechanisms and good communication among multidisciplinary team

Has mechanisms for adjudicating or mediating different opinions among multidiscipline

Has mechanisms to facilitate cooperation among nursing team members within the unit and between units

<u>Staff training and professional development</u>
Nursing department has concrete direction and strategies for staff training

Hospital provides sufficient resources for nursing staff training and gets concrete results

Has clinical nursing advancement system and mechanisms to promote staff professional ability and regularly assesses and evaluates these

Assists and inspires nursing staff and career development planning and obtains concrete results

Represents diverse nursing professional roles and functions

Represents professional development of nursing practice and provides innovated examples

Patients and families recognize the value of nursing professionals

Medical team and hospital staff recognize the contribution of nursing professionals

Nursing professional development connects with international standards and has strategies for doing so

<u>Support and care</u>
Has nursing administrators participating in major hospital meetings

Incorporates opinions of nursing administrators in major decisions

Supports nursing department and provides necessary resources

Respects nursing department decisions related to Human Resources

Rewards nurses for their good performance and praises them publicly

Has units responsible for supporting and helping nurses deal with various difficulties

Has staff nurses participating in nursing department meetings

Has diverse channels for nursing staff to express their concerns and handles the concerns effectively

Has nursing staff participating in nursing management policymaking

Has flexible nursing scheduling principles that meet diverse needs

Cares about work and life needs of nursing staff

Provides nursing staff support groups or related activities and interventions for stress relief

Overall Satisfaction
How would you rate your overall satisfaction with your current work environment?
Very dissatisfied   dissatisfied   satisfied   very satisfied

Plans for the future
What are your job plans for the next year?