



Enhancing The Nursing Workplace

In a recent study of long term care nurses, key organizational factors emerge as most important in supporting a productive work environment.

THE ROLE OF THE PROFESSIONAL registered nurse (RN) in skilled nursing facilities (SNFs) can be complex, involving not only clinical responsibilities, but also the frontline supervision of licensed practical nurses (LPNs) and, frequently, other RNs as well.

Yet, compared with their counterparts in hospitals, supervisory RNs in the skilled nursing environment have less evidence on which to base their “environment-shaping” initiatives, since most of the research related to work environments has been conducted in acute care settings, according to Aiken, Havens, and Sloane (*American Journal of Nursing*, 2002).

In studies involving hospital-based RNs, researchers have consistently demonstrated that the presence of a core set of organizational traits is characteristic of supportive nursing work environments. Moreover, the presence of these supportive traits in hospital work environments is, according to a number of studies, associated with superior nurse and inpatient outcomes, including higher rates of nurse job satisfaction, lower rates of nurse burnout, lower rates of inpatient mortality, fewer adverse events, higher patient satisfaction rates, and superior quality of care.

Expanding The Research

But while this body of research has been essential to the efforts of hospital-based supervisory nurses, it cannot be assumed that the same work environment traits will be similarly supportive for the RNs and LPNs who

practice in nursing facilities. Clearly, to measure the actual level of correlation between SNF- and hospital-based nurses, nurse work environment research needed to be fully expanded into long term care.

Working environments in nursing facilities can be reshaped in ways that support nursing practice.

To that end, a recent study conducted by the New Jersey Collaborating Center for Nursing at Rutgers University, in collaboration with the Health Care Association of New Jersey (HCANJ), set about testing the reliability of the hospital-based results on RNs and LPNs in the long term care environment.

The resulting study, which involved a volunteer sample of 80 HCANJ member facilities, was directed toward three principal goals: 1.) to determine the extent to which core work environment characteristics, known to support the practice of hospital-based nurses, is important to RNs and LPNs in SNFs; 2.) to assist frontline, supervisory nurses to prioritize workplace initiatives by identifying which core work environment traits are most important to nurses practicing in SNFs; and 3.) to facili-

tate further research by evaluating the applicability of the Nursing Work Index-Revised (NWI-R), the survey instrument used in the evaluation of hospital-based nurses, as a measure of a supportive work environment for SNF-based nurses.

The Survey Instrument

Specifically, the “importance” scale of the NWI-R asks respondents to rate, on a scale ranging from 1 (strongly disagree) to 4 (strongly agree), the degree to which each item depicting a work environment trait is important in supporting their practice in a SNF (Aiken, Patrician, “The Revised Nursing Work Index,” *Nursing Research*, 2000). The 49-item NWI-R has already demonstrated reliability and validity in a number of surveys that looked at nurses employed in hospitals and home health care.

For the long term care study, frequency distributions for each item on the NWI-R were conducted separately among RNs and LPNs in the sample in order to identify those items for which 80 percent or more of respondents from each group either “agreed” or “strongly agreed” were characteris-

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tic of a work environment trait important to supporting their practice. The 80 percent criterion was selected because it represents the acceptable proportion of inter-rater agreement for an index of content validity, according to Polit and Beck (*Nursing Research: Principles and Methods*, 2004).

Results Of The Study

Among the 241 RNs in the New Jersey sample, at least 80 percent either agreed or strongly agreed that 42 of the 49 items (83.7 percent) on the NWI-R represented a work environment trait important to the support of their practice. Averaging item scores across all RNs in the sample, a total of 48 of the 49 items had a mean importance score of 3.11 or higher, indicating that, on average, these 48 items depicted work environment traits that were relevant and important to RNs practicing in SNFs.

Among the 164 LPNs in the sample, however, ratings differed somewhat from those of the RNs. There were only 30 of the 49 items (61 percent) on the NWI-R that 80 percent or more of LPNs agreed were important to supporting their practice. Averaging item scores across all LPNs in the sample, a total of 44 of the 49 items had a mean

importance score of 3.0 or higher. Overall, there was considerable agreement among SNF-based RNs in the study that work environment traits depicted on the NWI-R were important to the support of their practice. This finding indicates that the NWI-R may, indeed, be an applicable measure of a supportive nursing work environment in long term care settings.

Key Similarities

Despite differences between RNs and LPNs in the percentages of items that were rated as important to their practice, there was remarkable agreement between the two groups of nurses regarding work environment traits they considered to be most important. Of the 10 organizational traits receiving the highest importance ratings by RNs in the sample, six traits also received the highest importance ratings among LPNs. These included:

- 1.) High standards of nursing care are expected by the administration;
- 2.) A chief nursing officer who is highly visible and accessible to staff;
- 3.) Not being placed in a position of having to do things against my better judgement;
- 4.) Patient assignments that foster continuity of care;

5.) A nurse manager who is a good manager and leader; and

6.) Written, up-to-date nursing care plans for all patients.

This agreement between RNs and LPNs may help frontline supervising nurses to target the enhancement of these specific workplace traits as priority initiatives toward creating work environments that support nursing staff in the SNF environment.

In addition to continuity of care and updated patient care plans, several other priority workplace traits identified in this study can be directly influenced by the activities of supervisory RNs.

Placing staff in a position of having to do things that are against their better judgment can be prevented by a variety of supervisory actions, including eliciting staff participation in patient-level and organization-level decisions, actively listening to staff concerns, and negotiating win-win solutions to conflicts. Moreover, supervisory nurses are in a strategic position to advocate for their staffs by effectively communicating staff ideas and issues to the next level of management.

The practice of professional nurses, which includes the supervision of LPNs and other clinical staff, requires

Patient-Centered Care Not A Panacea

Doctors and other health care providers may want to exercise some caution when it comes to adopting the increasingly popular patient-centered approach to care, according to a recent study from the University of Iowa and the *Annals of Behavioral Medicine*.

The study reveals that while some patients prefer the patient-centered style and respond very well to it, some, especially older patients, are significantly less likely to follow doctors'

orders or feel satisfied with their care when physicians adopt a patient-centered style.

Instead, the study's authors contend, patients are most satisfied with care and most likely to follow treatment plans—like taking medication or making diet changes—if they see a doctor whose attitudes toward patient-physician roles are in line with their own.

"There's really a sizable subset of patients with whom the patient-centered approach is going to backfire,"

said Alan Christensen, professor of psychology in the University of Iowa College of Liberal Arts and Sciences, who collaborated with three colleagues on the study. "There are patients who strongly believe it's the physician's job to make decisions."

Christensen suggests that if those people are matched with a physician who wants patients to be more engaged, the physician could end up putting too much responsibility on the patient's shoulders and not giving ➤

competencies in leadership and management. Moreover, the professional nurse in the supervisory role can be instrumental in using these competencies to create supportive nursing work environments on their units. The work environment traits rated as most important by nurses in this study are modifiable; most can be enhanced through the decisions and initiatives of frontline supervising nurses.

Regarding executive practice, nurse administrators in long term care can also make critical contributions to creating supportive work environments. Administrators' expectations of high standards of nursing care "set the tone" for the organization and encourage the pursuit of excellence in care.

Actions that communicate and ensure high standards of care might include such activities as careful employee selection, dynamic in-service training with rigorous competency testing, performance-based salary increases, continuing education opportunities, incentives for specialty certification, adequate staffing ratios, and extensive quality improvement programs.

To support frontline supervisory nurses in their crucial work, nurse administrators can ensure that man-

agement development programs are available and that reasonable management workloads that provide the time for nurse supervisors to effectively coach and support their staff are established.

What It Means

Despite the ongoing and escalating nursing shortage, work environments in nursing facilities can be reshaped in ways that support nursing practice and, presumably, enhance nurse and patient outcomes. Findings from the New Jersey study may be useful in prioritizing and guiding such efforts. By creating and sustaining supportive nursing work environments, frontline nursing supervisors and administrators may be improving nurses' job satisfaction and, simultaneously, enhancing quality outcomes for the vulnerable, older patients who reside under their care.

The importance of the supervising nurse in creating a supportive environment is highlighted by the finding from this study that the presence of a good nurse manager and leader is a workplace trait that is highly valued among RNs and LPNs alike.

Recognizing that leadership and management skills are essential competencies in the role of the professional

nurse, all RNs, and in particular supervising nurses, should engage in ongoing efforts to refine this skill set.

Attendance at management development programs, continuing education courses, and identification of a leadership mentor are just a few examples of important strategies that can enhance management and leadership skills.

Lastly, it is important to note that the findings of this study also indicate an essential role for nursing administrators in supporting the practice of nurses in long term care. Being "visible," "accessible," and expecting "high standards of nursing care" are administrative characteristics that the nurses in this study identified as critical to the quality of their work environments.

Significantly, both RNs and LPNs in this study rated the administration's expectation of high nursing care standards as the No. 1 most important work environment trait.

Additional research is needed to determine the effects of the supportive work environment traits. Toward that end, a multistate study of patient safety and quality care is currently being conducted by collaborating research teams from the schools of nursing at the University of Pennsylvania and Rutgers College of Nursing. ■

them enough direction. "So they leave the appointment feeling confused about what they're supposed to do, or with information overload."

The study participants were asked to complete surveys reflecting health care-related attitudes, satisfaction with the care given, and adherence to treatment recommendations.

According to the researchers, older patients are more likely to prefer a doctor with a more traditional "doctor-centered" or "paternalistic" style—someone who spends less time explaining a condition and seeks little patient

input when it comes to treatment decisions. "We know from other research that, in general, when people's expectations aren't met, the psychological reaction can be to try to restore control by doing your own thing, or even doing the opposite of what you're told," Christensen said.

Patients at the other end of the spectrum—those highly engaged, patient-centered individuals treated by doctor-centered providers who prefer less patient involvement—fell in the middle in terms of satisfaction with care and following doctors' orders, accord-

ing to the study. A statement from the University of Iowa asserts that these data are a first step toward understanding how patient and provider attitudes toward care might be explicitly assessed and incorporated into the health care delivery process.

For example, a brief assessment instrument that can validly and reliably assess a patient's role preferences could allow providers and health care systems the opportunity to tailor the health care delivery approach to best suit a particular patient's orientation.

—Meg LaPorte