IMPROVING NURSING WORKPLACES FOR HEALTH

Sharing what we learned from the SRNA Quality Workplace Program

"How's work going?" It's a common enough question. And it stands to reason that people who answer, "Good" are more likely to stay in their current jobs. That's the answer that nursing employers want to hear. And soon, more nurses in Saskatchewan may be saying just that, thanks to a new initiative aimed at improving nursing work environments.

Background

A healthier working environment is linked to a healthier workforce. Nurses who rate their facilities as positive environments have fewer absences due to illness, lower rates of musculoskeletal pain, and better self-rated health.[1] Research shows that organizational and managerial support lessen nurse dissatisfaction and burnout.[2] As well, a positive link has been identified between nurses' job satisfaction and patient outcomes. A study conducted in Ontario teaching hospitals showed that patient satisfaction with nursing care was directly related to how satisfied nurses were with their jobs.[3]

A Canadian study of nurses from British Columbia and Ontario found that "the most important characteristics predictive of nurses' emotional exhaustion and satisfaction with their jobs are nurses having control over their work environment, including having sufficient resources, and having effective nursing leadership."[4] Other studies, including two in Saskatchewan, have echoed these findings.[5,6,7,8,9]

I think we're going in the right direction but I think we've got a long road to haul. Like it's just not that easy.

I don't think any of us realized the magnitude of it . . .

We're facing a very pessimistic group and I don't think this group's any worse than anywhere else . . . It's a burned-out staff.

I think it's definitely made a change. But those changes are so hard to put a dollar sign or a ticket on that says 'Okay well this is working because of this.'

- Evaluation Participant Quotes

The Quality Workplace Program: Improving the work environment for Saskatchewan nurses

What is it?

The Saskatchewan Registered Nurses' Association (SRNA) developed the Quality Workplace Program (QWP) to improve nursing work environments in Saskatchewan. A guiding principle of the program is that frontline staff are involved in improving their working conditions. Decision-making is a shared process: frontline staff and management assess the workplace, then plan and implement effective changes together.

Working groups were established at three pilot sites. The groups were comprised of various staff at the site: RNs, RPNs, LPNs, special care aides, management, paramedics, recreation therapists, and unit clerks. Groups met 10 to 12 times over three to four months, and were assisted by an external facilitator. With the aid of a staff survey, working groups identified priority issues at each site, then proposed and implemented actions to resolve these issues.

HEALTH QUALITY COUNCIL

Saskatchewan Health

SASKATCHEWAN RN ASSOCIATION

Process evaluation *answers the questions: What happened during the program implementation? What components were valuable? What could be improved?*

Groups at each of the pilot sites have continued to meet monthly following the end of the formal program.

The three pilot sites—a unit at the Moose Jaw Union Hospital, a unit at the Saskatoon Parkridge Centre, and the Unity and District Health Centre—were identified through a formal selection process, with each representing a different type of health care facility: acute, long-term, and integrated care. The program began in October 2001 at Moose Jaw hospital and in January 2002 at the other two sites.

At each site, working group members attended a two-day alternate dispute resolution (ADR) workshop before their first formal meeting. The ADR workshop combined lectures, discussions, and group exercises to improve group members' problem-solving, conflict-resolution, communication, and leadership skills. The workshops combined activities that encouraged learning, competence, and—another critical element—fun!

The SRNA was the driving force behind the start-up of the QWP. It designed the program in collaboration with nursing leaders, based on principles of community development, primary health care and collaborative problem solving, as well as building on others' experience. The association had input from rural and urban workplaces, unions, a variety of health care services, and from the Provincial Nursing Council's Working Group on Magnet Environments. Saskatchewan Health provided funding to support the development and implementation of the program, including $60,000 for each of the pilot sites.

Measuring the success of the new program

An essential component of the pilot test was to evaluate how the program worked, to understand what worked and what didn't, and to find out what could be improved. The evaluation study was carried out by the Health Quality Council (HQC) of Saskatchewan, under the guidance of the Provincial Nursing Council's Working Group on Magnet Environments. The evaluation had two components: a process evaluation and an outcome evaluation.

Process Evaluation: How was it done?

The process evaluation involved interviews with the QWP facilitator and 20 staff across the three sites, some of whom were not working group members. The interviews took place within six months after the program had begun, following the end of the facilitator's formal involvement with each working group. As well, evaluators reviewed documents and reports prepared by the pilot site working groups and observed feedback meetings with the working groups.

Process Evaluation: What did it find?

Interview participants from all three sites made many positive comments about the impact of the program. They noted there was better communication among staff, between departments, and between management and staff. Staff saw management as more approachable and supportive as a result of management's membership in the working group. The staff shared a growing sense of empowerment, a feeling that they had a voice and could make decisions. They began taking actions to solve problems. Many interview participants noted that the morale in their workplaces had improved.

Sometimes, small changes in an organization can have a big impact on workplace quality. One staff member commented on the short affirmative messages posted by a pilot site working group member in bathrooms and other staff areas: "For that little brief time that they're in the bathroom, or wherever [she/he] has put them, they're thinking something positive." Another site established a wellness draw: staff who participated in a wellness activity could put their name in a box for a monthly prize draw.

The process evaluation identified characteristics that helped the QWP to succeed. The perception of the program as a positive step was one key; staff viewed the program as a way to improve the workplace for both patients and staff. Training in alternate dispute resolution (ADR) gave the working group a common foundation upon which to build: "The alternate dispute resolution training sort of set us on the right foot. So when it comes to resolving issues at the table like that, we were somewhat prepared for it and I think that was huge." The alternate dispute resolution, along with the trained facilitator, provided a mechanism for working through group dynamics, such as setting rules for conversation to make sure everybody had a chance to speak and to listen. Also key were having an external facilitator, the support of management, and representation from all staffing categories on the working group.

The process evaluation also identified a number of challenges. Working group members were challenged to overcome scepticism, and to sell the changes inherent in the program to other staff. On a practical level, there were the challenges involved in attending meetings and feeling pressure to produce results in a short time frame. Process challenges included lack of clarity in goals, uncertainty about how working group members were selected, and feelings of impatience with the time spent on identifying issues rather than coming up with quick solutions. Finally, at the organizational level, there were at times struggles to work as a team—between different levels of staff, between newer and older staff, or between staff and management.

Outcome evaluation: How was it done?

The outcome evaluation compared the three QWP pilot sites with a "control" site, a unit in Prince Albert Victoria Hospital where the QWP was not implemented. We anticipated that the program would improve quality of workplaces for nursing staff. Evaluation activities included staff attitude surveys before the intervention and again one year later, and a patient satisfaction survey before the intervention and again six months later. Data were collected on work-related injuries, staff turnover, sick leave, vacancy, staff mix, and patient length of stay. These data, while indirectly associated with workplace quality, are also affected by numerous other factors.

Outcome evaluation: What did it find?

Overall, the interviews and staff surveys showed modest improvements in perceptions about the quality of workplaces compared to the control site. Improvements that were seen at each site appear to reflect actions taken to deal with specific areas of concern. For example, a priority issue identified at one site was the need for more staff input into client care. The staff survey after one year showed improvements on several of the questions addressing client care: "I participate in identifying clients' needs," and "Therapeutic relationships with clients are established and maintained."

Although the data on changes in patient or organizational outcomes were not conclusive, project organizers recognized while planning the evaluation that the time available might be too short to identify significant changes in outcomes. Having these baseline measures is important, however, as the working groups continue at the pilot sites, even though the formal pilot program is over.

Thoughts for the future

Pilot projects are done to test a model, to find out if proposed methods work and where improvements might be made. The evaluation of the QWP pilot sites yielded promising results.

The process evaluation confirmed the key components of such a program. The model embodies community development principles, in that it enhances the capacity of frontline staff to identify shared problems, and to cultivate the resources, skills, and commitments to implement solutions.

Comments such as the following reflect this:

"I have some new knowledge and skills to help me be a better nurse and to be more like the nurse I would like to be—instead of the old, ready-for-the-shelf nurse I was feeling."

"I learned that people who view themselves as powerless, given an opportunity, can make powerful positive changes."

Other key components for success are the commitment of the working group members, a skilled facilitator, and the alternate dispute resolution workshop.

The process evaluation also highlighted some of the challenges involved in improving work environments. While the QWP brought about change, change can often be uncomfortable. Each working group needs to remember its collective vision for change and to communicate it repeatedly and in a variety of ways with other staff. The program encouraged staff to take responsibility for leadership. This role was sometimes difficult to accept and develop—for both management and staff—as their workplaces have typically used a hierarchical management style. In time, working group members will become more comfortable in their roles. They will need to help other staff feel as though they are part of the team, by involving others in specific tasks, activities, or decisions. Doing so will help expand the program from a "working group experience" to a "unit experience" and beyond.

Moose Jaw QWP Working Group

In summary, the pilot projects resulted in positive changes. Staff surveys showed modest improvements in people's perceptions about the quality of their workplace, potentially the result of program activities. Most of the people interviewed felt more positive about themselves, their co-workers, and their environments. Morale improved; as one participant put it, ". . . it's sort of like there's a pot of gold at the end of the rainbow here now. . . ." But these positive results should be viewed as only the beginning. Change takes time.

Pilot projects in individual units are not enough. The QWP is only one tool in building a culture of high-quality health care workplaces— workplaces that retain staff, improve the quality of care, and raise staff morale. Nurturing such a culture provincially will help Saskatchewan become a place where all health care providers feel welcome, valued, respected—and when asked, "How's work going?" – will answer "Great!"

I think in certain areas there's definitely better morale and there's more of a hopeful attitude that 'Hey things can improve.'

I see people feeling better about their job, feeling more valued in the workplace. I see people . . . more assertive, more positive self-esteem.

I myself feel more confident and comfortable with speaking to my co-workers about any problems that we have.

I just feel more confident about my job now too.

- Evaluation Participant Quotes

Stacey Wagner, RN, Nola Sperle, RN,
Unity Working Group

Recommendations of the Health Quality Council Health Human Resources Project Working Group

Building on the results of the SRNA QWP evaluation and the body of knowledge about high-quality health care workplaces, the Working Group advising the evaluation makes recommendations that centre on five main themes: developing a systems approach, supporting the principles of the program, encouraging collaboration, nurturing leadership, and ensuring long-term evaluation. While we refer in the recommendations to a "lead" role for a particular agency or group, **we in fact envision a collaborative approach,** involving government, regional health authorities (RHAs), unions, professional associations, Saskatchewan Association of Health Organizations (SAHO), educational institutions, Health Quality Council (HQC), and others as appropriate. We hope that action on these recommendations will build on a culture of high-quality health care workplaces in Saskatchewan.

DEVELOP A SYSTEM-WIDE APPROACH

The Working Group recommends that a system-wide approach be used to foster a culture of high-quality health care workplaces throughout Saskatchewan. High-quality health care workplaces must be central to organizational values.

We recommend that:

- **Saskatchewan Health** lead the development of a framework to support high-quality health care workplaces in Saskatchewan, including a vision that encompasses different disciplines and organizations, relevant to and valued by frontline employees.

- **Saskatchewan Health** lead the definition and clarification of roles and responsibilities in moving high-quality health care workplaces forward, and the development of a common accountability framework to measure success.

- **Formal leaders at a regional level** collaborate in the development and dissemination of a provincial accountability framework and monitor and report on the quality of health care workplaces based on a common accountability framework.

Unity QWP Working Group

SUPPORT THE PRINCIPLES OF THE PROGRAM

The Working Group recommends that the principles of the QWP (collaborative problem-solving, open communication, nurturing frontline leadership, a community development approach) be transferred throughout the health care system and applied provincially, where relevant.

We recommend that:

- **All health care organizations within the province** review the findings of the evaluation for applicability to their workplaces.

- **RHAs and Saskatchewan Health** incorporate applicable QWP principles into organizational policy.

- **RHAs, Saskatchewan Health, and SAHO** make it a priority to integrate into workplace strategies participatory action and community development principles, engaging all employees in identifying their own issues and solutions and moving towards high-quality health care workplaces.

Saskatoon Parkridge QWP Working Group

ENCOURAGE COLLABORATION

The Working Group recommends that teams, internal and external to the specific workplace, be strengthened to support programs that impact the quality of health care workplaces, with resources (time, people, and/or money) to support this team environment. Team collaboration is key to ensuring support and participation across union, professional, and organizational sectors. It is important that staff have the time, skills, and support to permit exploring the issues, discussing possible solutions, and collaborating in the implementation of the specific strategies.

We recommend that:

- **RHAs, Saskatchewan Health, and SAHO** continue to promote open dialogue with frontline employees, unions, and managers, involve them as much as possible, and give them time to participate in discussions related to quality workplace issues.

- **RHAs and Saskatchewan Health** provide resources (time, people, and/or money) to enable frontline employees to participate in decision-making relevant to their workplaces.

- **Saskatchewan Health, RHAs, unions, professional associations, and educational institutions** encourage and support collaborative problem-solving within health care workplaces.

NURTURE LEADERSHIP

Leadership and innovation, at all levels in health care organizations, are required to support movement toward high-quality health workplaces. The Working Group recommends that leadership be developed, nurtured, and supported to implement change that is proven to have a positive impact.

Maureen Beisel, RN, Lynne Stade, RPN, Parkridge

We recommend that:

- **RHAs and Saskatchewan Health** direct resources (time, people, and/or money) to the development of leaders, including frontline leaders, within health care workplaces.

- **RHAs, Saskatchewan Health, and SAHO** continue to support innovations that are proven to contribute to high-quality health care workplaces.

- **Saskatchewan Health, RHAs, SAHO, unions, professional associations, and educational institutions** encourage and support leadership skills and awareness, and the management of change and transitions, within health care workplaces.

ENSURE LONG-TERM EVALUATION

Change takes time. Evaluation of change is necessary to know where we are, where we're going, and how far we have yet to go. The Working Group recommends that quality workplace initiatives are evaluated and that the selected evaluation designs be appropriate for measuring short- and long-term change towards high-quality health care workplaces.

We recommend that:

- **HQC** lead the assessment of designs and tools for evaluating the quality of health care workplaces.

- **HQC** provide continued outcome evaluation of QWP pilot sites to establish long-term effectiveness.

- **All health care organizations within the province** engage in evaluating short- and long-term change towards high-quality health care workplaces.

[1] Shamian J, Kerr MS, Laschinger HS, et al. A hospital-level analysis of the work environment and workforce health indicators for registered nurses in Ontario's acute-care hospitals. *Can J Nsg Reg* 2001; 33(4):35-50.

[2] Aiken LH, Clarke HF, Sloane DM. Hospital staffing, organization and quality of care: Cross-Sectional findings. *Int J Qual Health Care* 2002; 14(1):5-13.

[3] McGillis Hall L, Baker GR, Irvine Doran D, et al. A Study of the Impact of Nursing Staff Mix Models and Organizational Change Strategies on Patients Systems and Nurse Outcomes. 2001. Ottawa: Canadian Health Services Research Foundation.

[4] Clarke HF, Laschinger HS, Giovannetti P, et al. Nursing shortages: Workplace environments are essential to the solution. *Hospital Quarterly* 2001; Summer: 50-57.

[5] Remus G, Smith B, Schissel B. Creating Supportive Environments for Registered Nurses in Saskatchewan. 2000. Saskatoon: University of Saskatchewan.

[6] Blegen MA. Nurses' job satisfaction: A meta-analysis of related variables. *Nsg Res* 1993; 42(1):36-41.

[7] Backman A. Job Satisfaction, Retention, Recruitment and Skill Mix for a Sustainable Health Care System: Report to the Deputy Minister of Health for Saskatchewan. 2000, 5-113. Regina: Government of Saskatchewan.

[8] Advisory Committee on Health Human Resources. Our Health, Our Future: Creating Quality Workplaces for Canadian Nurses. 2002. Final Report of the Canadian Nursing Advisory Committee.

[9] Blegen MA. Nurses' job satisfaction: A meta-analysis of related variables. Nsg Res 1993; 42(1):36-41.