Background

- A review of NDNQI scores in 2011 on Four East, a medical/surgical telemetry unit revealed dissatisfaction among RNs in regards to current work conditions, specifically staffing and resource availability.
- Four East scored in the 10th percentile for appropriate staffing and resource adequacy.
- Survey reflects 9% of the time staff felt they had enough time with patients.
- Through unit council, staff meetings, and informal conversations RNs and CNAs verbalized a decrease in job satisfaction, ineffective delegation, lack of communication, and a feeling of decreased accountability among coworkers.

Purpose

- The purpose of this research study was to explore the impact of a structured educational intervention designed to improve a collaborative approach to work flow between RNs and CNAs, on staff (RN and CNA) satisfaction, teamwork, and selected patient outcomes.
- The short term goal was to improve staff satisfaction and teamwork.

Past Practice

- In an ever changing and increasingly complex health care system, nurses are more than ever faced with new challenges that necessitate new ways of thinking.
- The need for collaboration and teamwork among health care professionals is increasingly prevalent.
- The evolution of professional nursing practice came specifically staffing and resource availability.
- The need for collaboration and teamwork among health care professionals is increasingly prevalent.

Methods

Sample Selection and Site

- All full and part time equivalent RNs, CNAs, and unit secretaries employed on Four East were included.
- Inclusion criteria included the following:
  - RNs and CNAs who provided direct patient care or delegated patient care;
  - RNs and CNAs who regularly floated to Four East
- A total of 42 nursing staff members participated.

Intervention: Phase One and Two

- Prior to initiation, IRB approval was granted.
- All staff attended two one-hour mandatory educational sessions.
  - Session One included: the purpose of the project; a review of GENESIS; role clarification; and introduction to basic teamwork.
  - Session Two included: communication, delegation and team building, with an emphasis on team member responsibilities and overall team function within the restructured care strategy.
- Prior to each scheduled session an informational letter was provided to staff members, who were asked to complete two surveys: ‘How Well Are We Working Together’ and NDNQI ‘Adapted Index of Work Satisfaction Task Subscale’.

Phase One

- One CNA was assigned to work with 2-2 ½ RNs for the entirety of the shift.
- A brief report was given to CNAs by their corresponding RNs within the team, outlining the current plan of care and goals for each patient and with the incorporation of GENESIS protocols.
- A secretary algorithm was initiated and utilized to route all patient call lights to the designated individual within the team.

Instruments

- The ‘How Well Are We Working Together’ Survey
  - Developed during the 1990’s by a member of the Lifespan HR team and used in related Miriam Hospital research.
  - Used to measure the concept of teamwork.
  - Survey consists of 10 items with a 5-point Likert response format ranging from strongly agree to strongly disagree.
- RN to RN Interaction Subscale of the NDNQI ‘Adapted Index of Work Satisfaction Task Subscale’ (Stamps, 2007)
  - Widely used NDNQI measure with established reliability and validity.
  - Utilized to measure staff satisfaction.

Results

Pre/Post Scores: ‘How Well Are We Working Together’

<table>
<thead>
<tr>
<th>Item</th>
<th>Pre Mean (n=42)</th>
<th>Post Mean (3 mos.) (n=40)</th>
<th>Change from Baseline</th>
<th>Post Mean (6 mos.) (n=29)</th>
<th>Change from Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3.31</td>
<td>3.95</td>
<td>+0.64*</td>
<td>3.24</td>
<td>-0.09*</td>
</tr>
<tr>
<td>2</td>
<td>3.64</td>
<td>3.88</td>
<td>+0.24</td>
<td>3.21</td>
<td>-0.43</td>
</tr>
<tr>
<td>3</td>
<td>3.55</td>
<td>3.75</td>
<td>+0.20</td>
<td>3.03</td>
<td>-0.52</td>
</tr>
<tr>
<td>4</td>
<td>3.26</td>
<td>3.80</td>
<td>+0.54*</td>
<td>3.26</td>
<td>-0.06</td>
</tr>
<tr>
<td>5</td>
<td>3.12</td>
<td>3.65</td>
<td>+0.53*</td>
<td>3.72</td>
<td>+0.60</td>
</tr>
<tr>
<td>6</td>
<td>3.38</td>
<td>3.73</td>
<td>+0.35</td>
<td>3.93</td>
<td>+0.55</td>
</tr>
<tr>
<td>7</td>
<td>3.00</td>
<td>4.05</td>
<td>+1.05</td>
<td>3.93</td>
<td>+0.43</td>
</tr>
<tr>
<td>8</td>
<td>3.71</td>
<td>4.00</td>
<td>+0.29</td>
<td>3.97</td>
<td>+0.26</td>
</tr>
<tr>
<td>9</td>
<td>3.33</td>
<td>3.80</td>
<td>+0.47</td>
<td>4.21</td>
<td>+0.88</td>
</tr>
<tr>
<td>10</td>
<td>3.29</td>
<td>3.55</td>
<td>+0.26</td>
<td>3.89</td>
<td>+0.60</td>
</tr>
</tbody>
</table>

Range of scores 1-5; 1 = Strongly Disagree; 5 = Strongly Agree
* = statistically significant difference

Pre/Post Scores: Adapted Index of Work Satisfaction, Task Subscale

<table>
<thead>
<tr>
<th>Item</th>
<th>Pre Mean (n=42)</th>
<th>Post Mean (3 mos.) (n=40)</th>
<th>Change from Baseline</th>
<th>Post Mean (6 mos.) (n=29)</th>
<th>Change from Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>5; 6</td>
<td>3.89</td>
<td>4.21</td>
<td>+0.32</td>
<td>3.89</td>
<td>+0.32</td>
</tr>
<tr>
<td>7; 8</td>
<td>3.76</td>
<td>3.72</td>
<td>-0.04</td>
<td>3.76</td>
<td>-0.04</td>
</tr>
<tr>
<td>9; 10</td>
<td>4.03</td>
<td>4.07</td>
<td>+0.04</td>
<td>4.03</td>
<td>+0.04</td>
</tr>
</tbody>
</table>

Range of scores 1-6; Items 1, 3, 4, 5: 1 = Strongly Disagree; 6 = Strongly Agree
Items 2, 6: 1 = Strongly Agree; 6 = Strongly Disagree
* = statistically significant difference

Outcomes and Implications for Practice

- The 2013 NDNQI survey showed improvement in six of the major categories. Post implementation unit based surveys demonstrated a statistically significant improvement and increase in work satisfaction and cohesion in the majority of survey categories. An increase was noted in the two categories driving the inception of the project, staffing resource and adequacy and group cohesion.
- Implications for practice include improved communication, accountability, and efficiency for RNs and CNAs, which may result in improvement in cohesion, retention, and ultimately patient outcomes.