

Exploring the Relationship of Collaborative Function Focused Care Research to Measures of a Healthy Work Environment

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Purpose

This poster highlights potential positive relationships between collaborative Function Focused Care (FFC) research efforts and healthy work environment (HWE) parameters in acute care.

Significance

- Relationships between healthy work environments (HWE), nurse satisfaction, and patient safety are well documented.
- Healthcare leaders seek methods supporting quality care and HWE.
- The AACN (2005) and the IOM (2010) identified collaboration as an essential standard in HWE.
- Evidence-based practices stem from scholarly research.
- The FFC pilot study embodied:
 - Interprofessional team building.
 - Interdisciplinary education.
 - Staff engagement.
 - Culture change.
 - Collaborative efforts to enhance patient care.

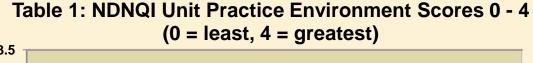
Design

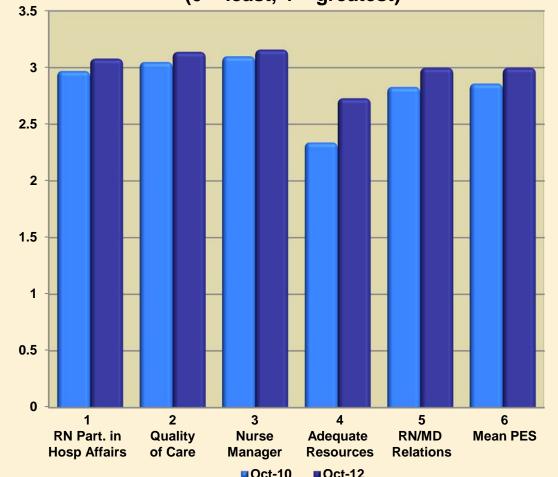
- Secondary data analyses are presented from a pilot study confirming feasibility and a preliminary positive effect for FFC nursing interventions on an acute trauma unit (pending publication).
- An IRB approved single group pre/post measure design compared baseline, three and, nine-month surveys.
- Additionally, National Database of Nursing Quality Indicators[®] (NDNQI) nurse satisfaction scores were measured at baseline and nine months post intervention.



Methods

- 41 of 47 acute surgical/ trauma staff were contacted and 70% consented.
- 66% of the remaining sample completed the study.
- Investigators performed environmental assessments, multidisciplinary team education, and mentoring of unit staff.
- Unit leadership supported functional interventions with:
 - Early mobility.
 - Provision of assistive devices.
 - Sleep promotion.
 - Electrolyte management.
 - Adequate nutrition.
 - Sensory aid.
 - Family engagement.
- Baseline, three, and nine-month measures included surveys pertinent to the first FFC study, as well as NDNQI and Press-Ganey data.
- Related outcomes from the first study (pending publication) included increases in time spent on patient FFC activities, and in time and vigor for nurses' own home exercise routines.
- Secondary analysis of NDNQI nurse satisfaction data included:
 - Practice Environment Scores (PES).
 - Enough help to lift/move (EHL).
 - Enough time with patients (ETP).





Qualitative Outcomes

- "Many times when I come in for night shift, my patients have ambulated 2-3 times during the day."
- "I think it is good for them physically and builds their self-esteem..."
- "I compliment them (patients) on their efforts."
- "The less you do, you will get weaker, and you will have more pain."

Barriers/Limitations

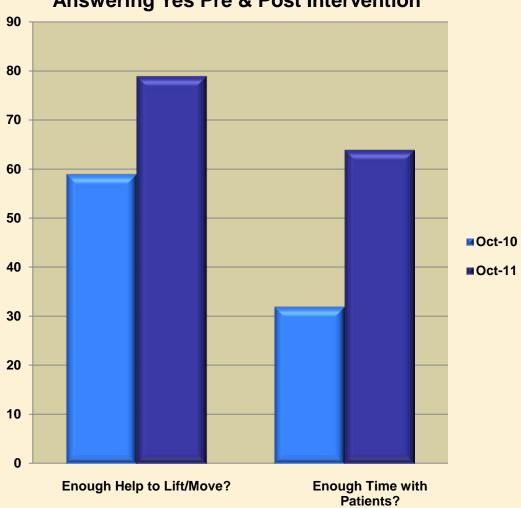
- Small size/convenience sampling
- Limited ability to control for other variables (such as staffing and acuity)
- Potential impact related to translocation of trauma unit during study period



Measurable Outcomes

Baseline PES, EHL, and ETP, scores improved from baseline to 9 months post intervention. (See Tables 1 and 2).

Table 2: NDNQI EHL and ETP % RN's Answering Yes Pre & Post Intervention



Conclusions

- Data analysis suggests potential relationships between collaborative FFC research activities and related nurse satisfaction measures.
- Literature supports connections between nurse satisfaction, patient safety and HWE.
- Relationships between scholarly FFC research and HWE warrant further investigation.

References

Author.(2005). AACN standards for establishing and sustaining healthy work environments: A journey to excellence. *American Journal of Critical Care*, *14*(*3*), 187-197.

Author (2012). NDNQI® National Database of Quality Indicators: Frequently asked questions. Accessed at: https://www.nursingquality.org/FAQPage.aspx

Institute of Medicine. (2008). Retooling for an aging America: Building the health care workforce. Washington, DC. The National Academies Press.

Resnick, B. (2010). Function of older adults in acute care: Optimizing an opportunity. In M.D. Foreman, K. Milison & T. T. Fulmer (Eds.), Critical Care Nursing of Older Adults: Best Practices (3rd ed., pp. 209-238). New York: Springer.