Factors that Contribute to a Quality Nursing Work Environment

Report from the Research Forum held February 21, 2006

Quality Work Environments for Nurses & Nursing Indicators
Presenter: Dr. Linda McGillis Hall

Nursing Indicators – Ontario Perspectives

Background
- The Hospital Reports Research Collaborative’s (HRRC) mandate is to conduct research & engage Ontario hospitals in performance measurement & management activities.
- Balanced scorecard format used since 1998 to develop methods & reports on hospital performance, resulting in a comprehensive set of performance measurement reports.
- Balanced scorecard approach based on 4 quadrants:
  1. Clinical utilization & outcomes (internal processes) e.g., discharge abstracts.
  2. Financial performance e.g., trial balance statements.
  3. System integration & change (learning & growth) e.g., management & patient surveys.
  4. Patient satisfaction (customer satisfaction) e.g., patient surveys.

Indicator Identification for Nursing
- Comprehensive literature review & consultations with nurse leaders across the province of Ontario.
- Findings indicated that the Hospital reports process was supported & those involved liked to have data, which could be compared across healthcare organisations.
- Concern about the potential burden to hospital sites with collecting the data for all of the Hospital Reports in different sectors.

Issues to Consider
- Lack of standardization/consistency of indicators across sectors (limits comparisons).
- Databases do not always provide data elements needed to measure indicators of interest/importance, data as reported are often described as ‘not useful’.
- Methods for integration/linkage of new data resources being developed.

Quality Work Environments for Nursing (QWEN Study)

Goals & Methods
- Provide support & assistance to hospitals as they address work life issues for nurses in Ontario.
- Repeated measures intervention study, examining the impact of the intervention on patient, system quality & nurse outcomes.

Conclusion & Outcomes
- Interventions supported nurses to make small, yet effectual changes in their work environment & changes had a positive impact on nurse perceptions of their work environment.
- Findings highlight the importance of considering variables such as nurses’ work experience, education, work status & age when examining the work environment & work
life of nurses, as well as unit or organizational variables (e.g., ratios, care delivery model, vacancy rates).

Indicators of Nurse Staffing & Quality Nursing Work Environments Study

Goal & Methods
- Critical review of current literature on key indicators related to quality work environments.
- Unit manager survey, nurse surveys, focus groups & interviews with stakeholders.
- Looking at the receptivity to nursing worklife indicators data collection by nurses & managers, burden of data collection, & reliability of data collected.

Conclusion & Outcomes
- Feasibility issues for some sectors e.g., home care & long term care.
- Burden for nurses collecting the data & benefits & challenges of data storage.
- Availability of data & level of data to link (unit).

During the discussion portion of the presentation, several questions from the audience were addressed including:
Do you have any suggestions as to how work environments for nurses can be improved particularly decreasing the work load for nurses without creating an appearance of inefficiency?
- Measuring nurse staffing by hours for patient day is challenging because it’s not the measure we should be using. What we seem to find is people are using multiple methods to figure out staffing.
- Follow up study information and all final study reports are available at: www.nursing.utoronto.ca/lmcgillishall/

Magnet Characteristics: Does One Size Fit All?
Presenter: Dr. Andrea Baumann

The purpose of the New Healthcare Worker: The implications of changing employment patterns in rural and community hospitals is to explore how nursing practice is changing in Ontario rural hospitals. Researchers also examine how new policies (government and organization) affect nursing practice. Sixty-five qualitative interviews were conducted: nurse managers (21) and staff nurses (44) in rural hospitals (defined as hospitals with 100 beds) across Local Health Integration Network (LHIN) 2.

Several conclusions are based on the findings to date:
- Rural Study Data indicate that when using Magnet Hospital criteria need to consider:
  - Variability of form/functions: Organization of healthcare institutions.
  - Interpretation of criteria: Meaning of professionalism, nature of autonomy.
  - Importance of context: Relationships, types of hospitals, access to resources.

Four of the Magnet Hospital criteria are consistent with themes identified in the rural study data, however, the context of the organization needs to be considered when evaluating hospitals and collecting evidence for strategy development.

During the discussion portion of the presentation, several questions from the audience were addressed including:
What might be done from a policy perspective about rural nurses access to basic services and equipment?
• During October to May it is difficult to travel from many of the rural area so we thought the idea of a workshop would work well. Some of these nurses have been in their jobs for 20 years and there isn’t a lot of continuing education.

The Research Forum was hosted by the Nursing Health Services Research Unit (NHSRU), in co-operation with the Ontario Ministry of Health and Long-Term Care (MOHLTC) Research Unit and the Nursing Secretariat. Participants from the MOHLTC Nursing Secretariat were in attendance.

This report was prepared by the NHSRU.

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