Title:
The Dynamic Effect of Work Relations on Nurses' Well Being and Patient Safety

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Session Title:
Rising Stars of Nursing Invited Posters - Group 1
Slot (superslotted):
RSG STR 1: Thursday, September 25, 2014: 9:45 AM-10:30 AM
Slot (superslotted):
RSG STR 1: Thursday, September 25, 2014: 2:30 PM-3:15 PM

Keywords:
Disruptive behaviors, Nurse Well being and Patient safety

References:
1. Garardi, D. (2007). Conversations that matter- the road to patient safety. Progress in Cardiovascular Nursing, 18(1), 63-63. 2. Institute for Safe Medication Practices: Results from ISMP Survey on Workplace Intimidation, 2003. http://www.ismp.org/Survey/ survey results/Survey0311.asp 3. John, O. P., & Srivastava, S. (1999). The Big Five trait taxonomy: History, measurement, and theoretical perspectives. In L. A. Pervin & O. P. John (Eds.), Handbook of personality: Theory and research (2nd ed., pp. 102-138). New York: Guilford. 4. Rosenstein A.H. (2002). Original research: nurse-physician relationships: impact on nurse satisfaction and retention. Am. J Nurs, 102(6), 26-34. PubMed PMID: 12394075 5. Rosenstein AH, O'Daniel M. (2005). Disruptive behavior and clinical outcomes: perceptions of nurses and physicians. Ant TNurs, 105(1):54-64. 6. Rosenberg, M. (1965). Society and the adolescent self-image. Princeton, NJ: Princeton University Press. 7. Schwartz, S. H., Melech, G., Lehmann, A., Burgess, S., Harris, M., Owens, V., (2001). Extending the Cross-Cultural Validity of the Theory of Basic Human Values with a Different Method of Measurement. Journal of Cross-Cultural Psychology, 32, 519- 542, doi: 10.1177/0022022101032005001 8. Zohar, D. (2000). A group-level model of safety climate: Testing the effect of group climate on microaccidents in manufacturing jobs. Journal of Applied Psychology, 85(4), 587-596. doi:10.1037/0021-9010.85.4.587 9. Kandel, D. B., Davies, M., & Raveis, V. H. (1985). The stressfulness of daily social roles for women: Martial, occupational and household roles. Journal of Health and Social Behavior, 26,64-78. 10. Frone, M. R., Russell, M., & Cooper, M. L. (1992). Prevalence of work-family conflict: Are work and family boundaries asymmetrically permeable? Journal of Organizational Behavior, 13, 723-729. 11. Vinokur, A. D., Pierce, P. F., & Buck, C. L. (1999). Work-Family Conflicts of Women in the Air Force: Their influence on Mental Health and Functioning. Journal of Organizational Behavior,20, 865-878. 1999. 12. Greenslade, J. H., & Jimmieson, N. L. (2007). Distinguishing between task and contextual performance for nurses: development of a job performance scale. Journal of advanced nursing, 58(6), 602-611. Doi: 10.1111/j.1365-2648.2007.04256.x 13. Podsakoff, P. M., MacKenzie, S. B., Moorman, R. H., & Fetter, R. (1990). Transformational Leadership behaviors and their effects on followers' trust in leader, satisfaction, and organizational citizenship behaviors. The Leadership Quarterly, 1(2), 107-142.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT	TIME ALLOTTED	FACULTY/SPEAKER	TEACHING/LEARNING METHOD	EVALUATION/FEEDBACK

		OUTLINE				
	Example Critique selected definition of the term, "curriculum"	**Example** Definitions of "curriculum" Course of study Arrangements of instructional materials The subject matter that is taught Cultural "training" Planned engagement of learners	**Example** 20 minutes	**Example** Name, Credentials	**Example** Lecture PowerPoint presentation Participant feedback	**Example** Group discussion: What does cultural training mean to you?
	To identify mechanisms that explain the dynamic effect of disruptive behaviors from peers and supervisors on nurses' well being and patient safety.	The poster presentation will overview background, purpose, goals, methods, anticipated outcome results, and conclusion /	60 minutes	Bernadette Carroll RN, MS, BSN, NEA-BC Inbal Nahum-Shani PhD, MA, BA	Poster Presentation	Poster Presentation viewers feedback

	implications for nursing				
To shed new light on when nurses are most vulnerable to the adverse effect of disruptive behaviors.	The poster presentation will overview background, purpose, goals, methods, anticipated outcome results, and conclusion / implications for nursing	60 minutes	Bernadette Carroll RN, MS, BSN, NEA-BC Inbal Nahum-Shani PhD, MA, BA	Poster Presentation	Poster Presentation viewers feedback

Abstract Text:

TITLE: The Dynamic Effect of Work Relations on Nurses' Well Being and Patient Safety. Author: Bernadette Carroll RN, MS, BSN, NEA-BC

BACKGROUND: In 2008, the Joint Commission issued a sentinel event alert related to the significance of intimidating and disruptive behaviors in healthcare settings. The presence of these behaviors may lead to medical errors (Rosenstein et al., 2005; Institute for Safe Medication Practices: Survey on workplace intimidation, 2003; Gerardi, 2007), poor patient satisfaction (Rosenstein, 2005, Gerardi, 2007), increase costs of care (Gerardi, 2007) and an increase in turnover among qualified clinicians, administrators and managers (Rosenstein et al, 2005; Rosenstein et al, 2002).

PURPOSE: To investigate the time varying effects of disruptive and supportive behaviors targeted at nurses by focusing on consequences pertaining to both the nurse and the patient. It is hypothesized that disruptive and supportive behaviors directly affect the health and well being of nurses, which in turn affects patient safety and satisfaction. The proposed research will follow nurses from the emergency center, various inpatient medical units, and an outpatient short stay setting over a 3 month time period.

GOAL: To identify mechanisms that explain the dynamic effect of disruptive behaviors from peers and supervisors on nurses' well being and patient safety. Further, to shed new light on when nurses are most vulnerable to the adverse effect of disruptive behaviors.

METHODS: A longitudinal research design will be used to assess the prevalence of disruptive and supportive behaviors through weekly on line surveys. The consequences evaluated and documented are a wide range of disruptive and supportive behaviors on nurses (e.g., emotional well being, turn-over,

leave of absences, sick time, staff engagement and staff satisfaction), units (e.g., cohesiveness, cooperation, and attending the units' goals), and patients (e.g., safety, patient and family satisfaction).

The proposed model seeks to provide a framework for understanding how the individuals' personal attributes (values, ethnicity, age, tenure on the unit, level of education, and training); situational factors (quality of work environment, psychological climate, social support team dynamics, cohesiveness, supervisor relationships); and the interactions between them might attenuate the prevalence and effects of disruptive behaviors.