

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

Bernadette Carroll RN, MS, BSN, NEA-BC

Department of Nursing Administration • Beaumont Hospital, Royal Oak, MI



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.
- 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 to 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, and supervisor relationships); and the interactions between them might attenuate the prevalence and effects of disruptive behaviors.

Table 1. Surveys

Time Table	Survey Measurements
Week 1 (T1) Baseline Survey	<ul style="list-style-type: none"> Predictors (self-reported by nurses): values, Big 5, self-esteem, supervisor undermining, supervisor support, peer undermining, peer support, incivility and abusive supervision Intermediate outcomes/mediators (self-reported by nurses): patients' safety climate, job strain, job burnout, depression scale, organizational citizenship behavior (OCB) Primary outcomes (manager's assessment): employee OCB and performance in the past two weeks
Week 2 (T2) Randomization to Value-Focused Survey	<ul style="list-style-type: none"> Randomly assigning participants with probability 0.5 to either (1) receiving a value-based (benevolence) survey; or (2) not receiving a value-based survey Assessment for everyone: Intermediate outcomes/mediators (self-reported by nurses): benevolence values, job strain, job burnout, depression scale, OCB
Week 3 (T3)	<ul style="list-style-type: none"> Predictors (self-reported by nurses): self-esteem, supervisor undermining, supervisor support, peer undermining, peer support, incivility and abusive supervision Intermediate outcomes/mediators (self-reported by nurses): job strain, job burnout, depression scale, OCB, help giving Primary outcomes (manager's assessment): employee OCB and performance in the past two weeks
Week 4 (T4) Randomization to Value-Focused Survey	<ul style="list-style-type: none"> Randomly assigning participants with probability 0.5 to either (1) receiving a value-based (benevolence) survey; or (2) not receiving a value-based survey Assessment for everyone: Intermediate outcomes/mediators (self-reported by nurses): benevolence values, patients' safety climate, job strain, job burnout, depression scale, OCB
Week 5 (T5)	<ul style="list-style-type: none"> Predictors (self-reported by nurses): Self-esteem, supervisor undermining, supervisor support, peer undermining, peer support, incivility and abusive supervision Intermediate outcomes/mediators (self-reported by nurses): job strain, job burnout, depression scale, OCB, patient's safety climate Primary outcomes (manager's assessment): employee OCB and performance in the past two weeks
Week 6 (T6)	<ul style="list-style-type: none"> Values, job strain, job burnout, depression scale, OCB
Week 9 (T7):	<ul style="list-style-type: none"> Intermediate outcomes/mediators (self-reported by nurses): benevolence values, job strain, job burnout, depression scale, OCB Primary outcomes (manager's assessment): employee OCB and performance in the past two weeks

Anticipated Results

The survey results are anticipated to contribute to the design of novel interventions that specifically target these mechanisms and periods of vulnerability so as to attenuate the adverse effects of disruptive behaviors on nurses.

Conclusions/Implications

Study findings have the potential to inform the design of organizational interventions that target disruptive behaviors tailored to Beaumont Health System. The interventions would help in preventing the occurrence of disruptive behaviors in the hospital, and will also help the targets of disruptive behaviors better cope with its adverse consequences.

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