The Relational Nurse Champion Program

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Our Relationship Rich Environment

Take a minute to figure out how many people you interacted with <u>as a nurse</u> during your last work day.

Patients

Friends and family of patients

Nursing coworkers

Physician colleagues

Other team members

Grand Total? (There will be chocolate!)

Nurses Are the "Glue" of Health Care

Advocate

Buffer

Caregiver

Decision Maker

Energizer

Friend

Guide

Helper

Grab a partner and finish the alphabet!

Relationships: When They're Good, They're Great, and When They're Bad, They're Terrible
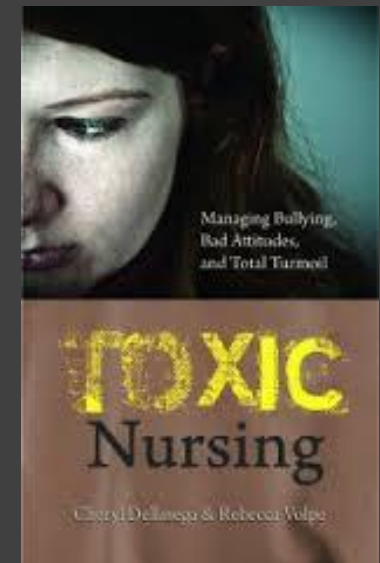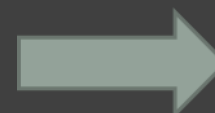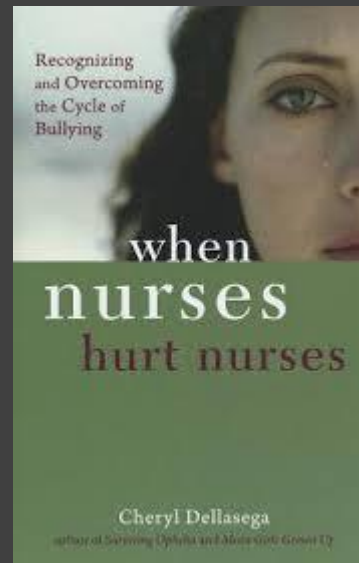
Work on Relational Aggression

A STUDY OF RELATIONAL AGGRESSION IN THE NURSING WORKPLACE (2014). DELLASEGA, C.; VOLPE, R.; EDMONSON, C. THE JOURNAL OF NURSING ADMINISTRATION . 44(4):212-218.

Sample

All nurses (RN, CRNP, PhD, MS) and physicians (MD, DO) at a large academic medical center were offered the opportunity to participate (n=2,835)

1,321 questionnaires were returned for a response rate of 47%

Online completion of measures: Demographics, Organizational Commitment, Organizational Cynicism, & Relational Aggression

Institutional Commitment

Institutional Commitment

Affective commitment
- Feel connected to organization. "My hospital is struggling with retention. I'm really concerned."

Continuance commitment
- Golden handcuffs. "I can't afford to leave."

Normative commitment
- Feel obligated to continue working. "I owe the hospital a lot."

Institutional Commitment

Three types of institutional commitment
1. Affective: employee has an emotional attachment to the organization; they are there because they like it
2. Normative: employee feels obligated to the organization
3. Continuance: employee is there because they feel like they have to be: golden handcuffs

Institutional Commitment

- Striking intergenerational differences
- Cultural beliefs and values
- Factors that influence commitment can be modified
- Positively related to job satisfaction
- Negatively related to turnover and burnout

Organizational Cynicism

Organizational Cynicism

- OC is the negative evaluation, by employees, of the motives, actions and values of the employing organization

got cynicism?

Organizational Cynicism

Generalized cynicism about the organization or agency

"Nothing ever goes right"

"No one cares about employees"

"It's always been this way: money is all that matters."

Can be at the supervisor or staff level

Causes of OC

Causes—mostly speculation
- Fewer opportunities for autonomous behavior
- Workplace hassles
- Psychological contract violations
- Procedural injustice perceptions
- Perception of organization/management incompetence

Effects (Correlates) of OC

People high in organizational cynicism
- Have increased negative behavioral work intentions
- Are less likely to perform extra-role behaviors
- Have lower work motivation
- Lower job satisfaction, burnout, emotional exhaustion

OC and Commitment in Real Time

- Study: explored how OC affects 3 employee work outcomes (manufacturing setting)
  1. Institutional commitment
  2. In-role and extra-role behaviors
  3. Employee involvement activities / empowerment
- Findings:
  - High OC → low organizational commitment
  - High OC → fewer in-role behaviors
  - High OC → low involvement/empowerment

Brandes, P., Dharwadkar, R., & Dean J.W.,Jr. (1999). Does organizational cynicism matter? Employee and supervisor perspectives on work outcomes. *Best Paper Proceedings of the 36th Annual meeting of the Eastern Academy of Management*. Philadelphia, PA: Eastern Academy of Management, 1999.

Outcomes of OC and Commitment

- So what?
  - Hospital environment (which includes variables like OC and commitment) is a key predictor of:
    - Burnout
    - Leaving the institution
    - Job dissatisfaction
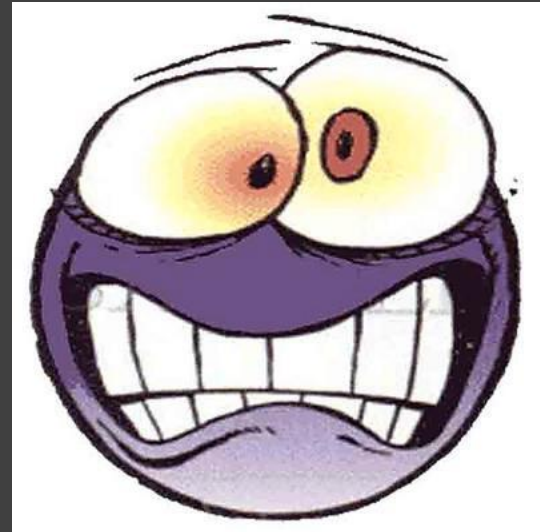
Relational Aggression

How Does RA Differ from Bullying and Lateral Violence?

RA or Relational Aggression is much more complex than abuse from one person or a set of peers.

RA is often covert or subtle

Known by other names
- Female bullying
- Covert aggression
- Bitchy
- Catty
- Catfighting
- Drama

What RA Behavior Looks Like

Gossip
Manipulation
Intimidation
Exclusion
Gestures
Ridicule
Saying something mean then pretending you were "joking"
Name calling

Teasing/harassment
Cliques
Campaigns
Shifting loyalties
Betraying confidences

Emotional Fallout

Shattered assumptions

Beliefs about yourself, the world, and how it all comes together

? Adult RA worse than among youth?

Not only will your views about the workplace and your coworkers lead you to act and react in certain ways, but your personal situation will also play a role.

Legal Considerations

Workplace bullying usually not involving a protected status

62% of those who went to HR got no response

Most plaintiffs don't meet burden of proof

Situations, even with unions, usually become more bitter

Healthy Workplace Bill proposed but not passed

93% of respondents to a Parade poll said workplace bullying should be outlawed

Results

Comparison Of RA Roles
RN (n=953) vs. MD (n=205)

	Aggressor	In Betweener	Victim
RN	142 (15%)	86 (9%)	725 (76%)
MD	46 (22%)	20 (10%)	139 (67%)

MD vs. RN Differences

RA nonsignificant

Nurses more organizationally cynical than physicians (p<.01)

Physicians have more commitment than nurses (p<.05), higher job satisfaction (p <.001), and higher job commitment
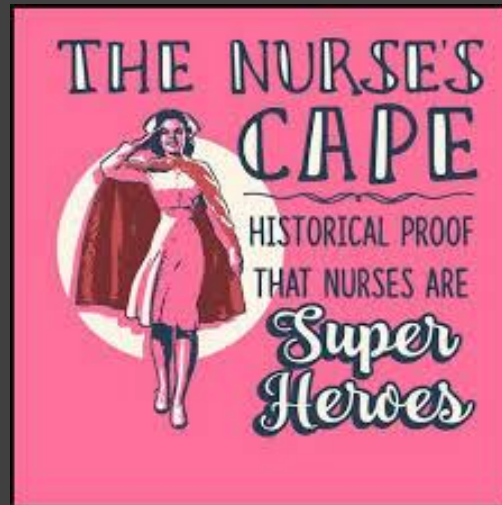
Organizational cynicism, relational aggression, and commitment significantly impacted on job satisfaction and intent to leave (ANOVA)

How to change the culture

What Helps?

Where is the "R" Factor?

Or more simply put….

ZIDEL'S MODEL FOR LEAN IMPLEMENTATION

System Creating Path

Culture Creating Path

Hospital Strategic Plan

Identify Value Streams

Current & Future State Value Stream Maps

Value Stream Work Plan

Strategic Deployment

Implement the VSWP

Heijunka, Value Stream Focus

Properly Planned Launch

Appropriate Training

Departmental Implementation

Jidoka, Kaizen & Respect for People

Lean Enterprise

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Even Our Own Nursing Theories Fail Us

Hildegard Peplau

- ◦ Interpersonal Theory
- ◦ Psychodynamic nursing - the understanding of one's own behavior
- ◦ Purpose of nursing is to help others identify their felt difficulties
- ◦ Nursing is an interpersonal process involving interaction between two or more individuals with a common goal

New "R Factor"

- ◦ Focus on fostering collaborative, meaningful relationships within nursing and external to nursing
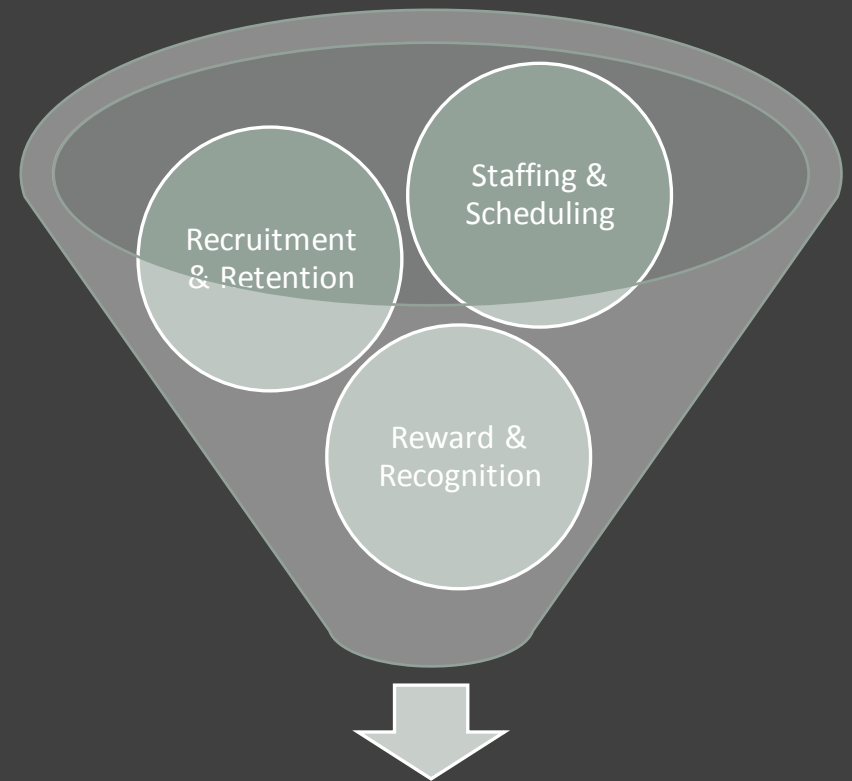- ◦ All nurses are mental health nurses

Penn State Health

Shared Governance at Penn State Health

- Department of Nursing Quality of Work Life Council
  - Clinical nursing units
  - Nursing administration
  - Nursing education
  - Care Coordination
  - Medical Group
  - Human Resources

Recruitment & Retention

Staffing & Scheduling

Reward & Recognition

Healthy Work Environment

The Quality of Work Life Council

Fall 2015-Spring 2016
- Visits to units, dialogue with nurses, individual and group consultations

Summer 2016
- Meetings with JD and CD as part of the QWL Committee. Consideration of programs to improve quality of work life. Proposal to implement the RNC program at Penn State Health.

Fall 2016
- Design study methodology, IRB, meeting with councils to seek approval and discuss protocols

Spring 2017
- Baseline data collection underway, first training of six nurses completed

Summer 2017
- Repeat data collection

National Database for Nursing Quality Indicators (NDNQI) Data

2015

RN-RN Interactions
- NDNQI Bed Size; Academic Medical Center – 5.07
- PSHMC Overall – 4.99

Collegial Nurse-Physician Relationships
- NDNQI Bed Size; Academic Medical Center – 3.12
- PSHMC Overall – 2.95

2016

RN-RN Interactions
- NDNQI Bed Size; Academic Medical Center – 5.08
- PSHMC Overall – 5.13

Collegial Nurse-Physician Relationships
- NDNQI Bed Size; Academic Medical Center – 3.11
- PSHMC Overall – 3.00

Previous Interventions

Hospital-wide Mentorship program
- True Colors assessment
- Unit standards set by individual leadership teams

Unit-specific interventions
- Nurses encouraged to confront relational aggression
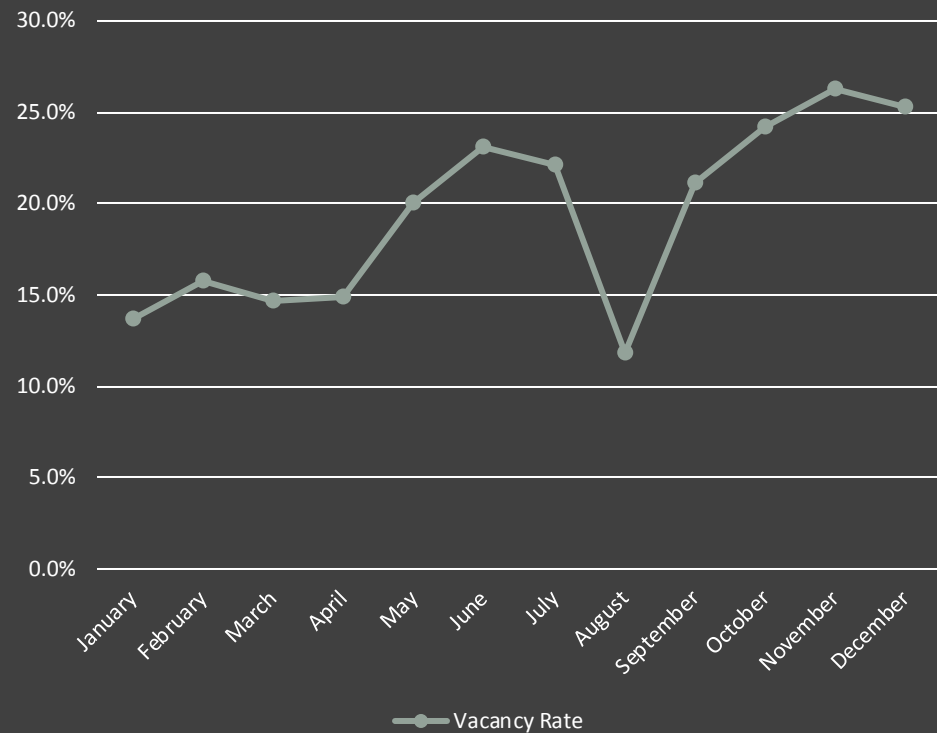- Nursing leadership responsible for disciplinary action

Difficulties
- Nurses not trained to identify relational aggression
- Nursing leadership not present 24/7 in units
- Relational aggression is pervasive
  - RN-RN and RN-MD

Exemplar

- HVICCU
  - Vacancy rates
  - Exit interviews
  - Pt. acuity
    - Pt. satisfaction
  - APC and MD turnover

2016 HVICCU Vacancy Rate

Relational Nurse Champion Program™

PROGRAM DEVELOPMENT AND IMPLEMENTATION AT PENN STATE HEALTH

Goal

We believe that a program which teaches nurses how to form, model, and encourage healthy relationship styles will improve both quality of worklife and job satisfaction.

Using a convenience sample of volunteer participants to act as Relational Nurse Champions, we will create a 24/7 resource for nursing units with relational issue. (Starting with four).

There will be analysis of data at baseline and three months after the project has been fully implemented. A pre-post evaluation of satisfaction and PQWOL will be conducted using appropriate inferential and descriptive techniques.

Methodology

Obtain IRB approval

Identify four pilot units to receive the RNC program

Gather baseline data on job satisfaction and quality of worklife as outcome variables likely to be impacted by the project.

Train nurses and "plant" them on the pilot units

Monthly contact to determine how it's going (RNC journals)

Second data collection when RNC program has been in place for three months

Curriculum

The designated candidates receive an eight-hour educational program based on the ERI Model of Relationship Building (Dellasega, 2004)

- Educate
  - Understand the general principles
  - Discuss tensions within the nursing profession at large
  - Review examples of Relational Aggression (RA)

- Relate
  - Apply this information to your unit and yourself
  - Exchange and discuss common conflicts and challenges
  - Group think on root causes

- Integrate
  - Develop a plan to begin gathering information
  - Meet monthly to discuss implementation
  - Brainstorm institution-wide solutions

Content

The Who, What, When, Where, and How of RA

Challenges of the hospital environment and the ethics of patient care

Personal inventory of nursing career

Stories of tension, conflict, and chaos

Solutions focused brainstorming

Identification of resources

Process and protocol

Candidates

Motivated

Good communicator

Demonstrated relationship building skills

Respected

Has the confidence of the nurse manager

Volunteer

Pilot Units

Neuroscience Critical Care Unit

Adult Medical/Surgical Floor

Neonatal Intensive Care Unit

Pediatric Medical/Surgical Floor

RNCs identified by nurse managers
◦ Two dayshift
◦ Two nightshift

Eight-hour education day

Unit initiatives

Monthly check-ins

Guidelines for RNCs

Interactions between coaches and coworkers should be confidential unless safety issues or serious concerns arise

Small budget at discretion of RNCs

Coaches should receive support from nurse manager and be able to handle selected problems with nursing work environment

Nurse coaches will give patient care priority

During the initial three-month trial period, nurse coaches will keep a journal detailing the process and frequency of relationship promoting activities

Nurse coaches will be proactive in identifying ways to create a healthy work environment

Monthly meetings and check ins to debrief on process with CD, JD, and other RNCs

Participant Satisfaction Survey Questions

Missed time at work due to relational issues on your unit

Experienced some kind of relational issue while at work

Thought about looking for another job due to relational issues at work

Had relational issues with physicians

Had relational issues with nurses

Experienced sleep problems because of relational issues at work

Felt anxious about relational issues at work

Had headache or other physical stress because of relational issues at work

Been irritable or upset when away from work because of relational issues at work

Current job satisfaction

Highest job satisfaction at any point in your career as a nurse

Lowest Job satisfaction at any point in your career as a nurse

Quality of relationships between nurses on your unit

Quality of relationships between nurses and physicians on your unit

Quality of relationships between staff nurses and administration

Level of stress you experience while at work

PROQOL Questions

I am happy.

I am preoccupied with more than one person I care for.

I get satisfaction from being able to care for people.

I feel connected to others.

I jump or am startled by unexpected sounds.

I feel invigorated after working with those I care for.

I find it difficult to separate my personal life from my life as a nurse.

I am not as productive at work because I am losing sleep over traumatic experiences of a person I care for.

I think that I might have been affected by the traumatic stress of those I care for.

I feel trapped by my job as a nurse.

Because of my career, I have felt "on edge" about various things.

I like my work as a nurse.

I feel depressed because of the traumatic experiences of the people I care for.

I feel as though I am experiencing the trauma of someone I have cared for.

I have beliefs that sustain me.

I am pleased with how I am able to keep up with nursing techniques and protocols.

I am the person I always wanted to be.

My work makes me feel satisfied.

I feel worn out because of my work as a nurse.

I have happy thoughts and feelings about those I care for and how I could help them.

I feel overwhelmed because my case load seems endless.

I believe I can make a difference through my work.

I avoid certain activities or situations because they remind me of frightening experiences of the people I care for.

I am proud of what I can do to care for patients.

As a result of my career, I have intrusive, frightening thoughts.

I feel "bogged down" by the system.

I have thoughts that I am a "success" as a nurse.

I can't recall important parts of my work with trauma victims.

I am a very caring person.

I am happy that I chose to do this work.

Measurement

Professional Quality of Life survey

- Compassion Satisfaction
  - Average Score – 50
  - Higher score correlates with increased professional satisfaction
- Burnout
  - Average Score – 50
  - Lower score reflects positive feelings about your ability to be effective in your work
- Secondary Traumatic Stress
  - Average Score – 50
  - Higher scores may indicate the need to think about what at work may be frightening to you or if there is some other reason for the elevated score

Measurement

Compassion Satisfaction Scale
- Questions 3, 6, 12, 16, 18, 20, 22, 24, 27, and 30

Burnout Scale
- Questions 1, 4, 8, 10, 15, 17, 19, 21, 26, and 29

Secondary Traumatic Stress Scale
- Questions 2, 5, 7, 9, 11, 13, 14, 23, 25, and 28

Sum of questions	So my score equals	My level is
22 or less	43 or less	Low
23-41	Around 50	Average
42 or more	57 or more	High

Thank You!

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