Does Having a Unit-Based Nurse Practitioner Increase Nurses Level of Satisfaction with Patient Care Delivery?

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Why Nursing Satisfaction Is Important

- Improved patient outcomes (Spence, Lashinger, Almost & Tuer-Hodes, 2003)
- Reduction in nursing turnover rates (Jones, 2005)
- Reduced costs to hospital or healthcare system, as much as $2,079,000 a year (Drenkarnd, 2010)
Why Nurse Practitioners are Needed and Utilized in the Acute Care Setting

- Decreased medical staff due to work hour restrictions, residents restricted to 80 hours in a work week (Lundber, Wali, Thomas, & Cope, 2006)
- Physician shortage in primary care and other specialties
- Decreased enrollment in medicals schools have resulted in decreased staff in hospital residency programs (Cooper, 2007)
Why Nurse Practitioners are Needed and Utilized in the Acute Care Setting

• Increased patient acuity
• Physician time restraints
• Assistance with nursing staff education
• Assistance with throughput
• Access to advanced clinical skills
• Quality improvement initiatives
• Research contributions

(Rosenthal & Guerrasio, 2010)
INTRODUCTION

The Nurse Practitioner Role in the Acute Care Setting

- Clinical related skills
- Advanced physical assessment
- Care intervention
- Planning of care
- Ordering tests and medications

(Sidani et al., 2006)
The Nurse Practitioner Role in the Acute Care Setting

- Collaboration with consulting clinical staff
- Education and mentoring of nursing staff
- Participation in research
- Participation in quality initiatives
- Patient and family education, counseling

(Rosenfield, McEvoy, & Glassman, 2003)
The Nurse Practitioner Role in the Acute Care Setting

- Members of the interdisciplinary team/ helps to facilitate communication (Howie-Esquivel & Fontaine, 2006)
- A visible source of clinical leadership (Carreyer, Gardner, Dunn, & Gardner, 2006)
- Will rapidly intervene for patient care issues
- Readily available for consultation with the nursing staff (Shimabukuro, 2011)
• Nursing profession is currently recovering from a national nursing shortage
• There will be a need for 23% more nurses by the year 2016 (Dohm & Shniper, 2007)
• Hospitals are focusing on ways to increase nursing satisfaction (Gokenbach & Denkard, 2011)
• Hospitals are developing strategic plans to prevent nursing turnover and improve nursing retention (Montalvo, 2007)
Primary Aim
Evaluate if unit-based nurse practitioners contribute to increased nursing staff satisfaction levels

RESEARCH QUESTION
Does working with unit-based nurse practitioners (NPs) on six medical floors in a community-teaching hospital, increase nursing staff satisfaction when their patients are followed the unit-based NP versus patients that are followed by (Traditional Coverage) hospitalist, teaching service, family health service or general attending services?
Attributes Associated with Increased Nursing Work Place Satisfaction

- Quality of nursing leadership
- Organizational structure
- Management style
- Personnel policies and programs
- Professional models of care

(Lundmark, 2008)
Attributes Associated with Increased Nursing Work Place Satisfaction

- Quality improvement
- Available resources for consultation
- Autonomy
- Relationships between the hospital and the community
- Opportunities for nurses to teach

(Lundmark, 2008)
Attributes Associated with Increased Nursing Work Place Satisfaction

• Quality of care
• A positive image of nursing
• Interdisciplinary relationships
• Opportunities for professional development

(Lundmark, 2008)
How the Unit-Based Nurse Practitioner can Influence Nursing Staff Satisfaction

• NPs are a visible source of clinical leadership on the nursing units
• They are a resource that is available for consultation
• NPs can assist with mentoring and education of nursing staff (VanSoren & Miceviski, 2001).
• They can assist with clarification of issues regarding patient safety
• NPs participate on interdisciplinary teams (Kliengell, Wesley, & Gabenkort, 2008)
How the Unit-Based Nurse Practitioner can Influence Nursing Staff Satisfaction

• Unit-based NPs can respond rapidly to:
  
  • Clinical Issues
  • Patient issues
  • Family issues
  
• They are helpful to the nursing staff for these issues secondary to their clinical knowledge, accessibility, and approachability (Hoffman, Happ, Scharfenberg, DiVirgilio-Thomas, & Tosota, 2004)

REVIEW OF LITERATURE
PROJECT DESIGN AND METHODS

- Comparison study
- Setting: A community, teaching hospital with magnet designation in Pittsburgh, PA
- Institutional Review Board (IRB)-Approvals were obtained
Sample

- Convenience sample
- Recruited by email
- Email sent to medical floors that had unit-based NP coverage
- Email explained the study
- Subjects consented electronically
- When subjects consented they were instructed to a hyperlink which lead them to an electronic survey
• Inclusion Criteria

  • Must be a registered or licensed practical nurse
  • Must be in current role at least six months
  • Must work on a unit with a unit-based NP
  • Must be at least 18 years of age
PROJECT DESIGN AND METHODS

• Exclusion Criteria

  • Not a registered or licensed practical nurse
  • Has not been in current role at least six months
  • Does not work on a unit with a unit-based NP
  • Not at least 18 years of age
ETHICAL CONSIDERATIONS

- Risk and benefits
- Results confidential/anonymous
- Participation voluntary
- Results password protected
- Electronic consent was obtained
January 2014
  • Week One  Group recruitment email / consent / survey sent to nursing staff on units with unit-based NP coverage

January 2014
  • Week Two  Follow up group recruitment email / consent / survey sent to nursing staff on units with unit-based NP coverage

January 2014
  • Week Three  Follow up group recruitment email / consent / survey sent to nursing staff on units with unit-based NP coverage

January 2014
  • Week Four  Follow up group recruitment email / consent / survey sent to nursing staff on units with unit-based NP coverage
DATA COLLECTION / INSTRUMENTS

• 168 emails/consent/surveys sent out
• Sixty-six nurses met inclusion and completed survey
• Response rate 39%
• Revised Advanced Practice Registered Nurse (APRN) Collaboration Scale (Cobb & Kutash, 2011)
  • Likert Format
  • Rates results from 1 (strongly disagree)- 5 (strongly agree)
  • Ten of the same questions for both the NP model and traditional coverage model
• Results analyzed using Statistical Package for the Social Sciences (SPSS)
### DATA COLLECTION / INSTRUMENTS

#### Same Questions Asked about Nurse Practitioner Coverage and Traditional Coverage

1. Coordinates with nursing staff regarding discharge planning
2. Coordinates with nursing staff regarding treatment plan
3. Provides patient/family education about treatment plan
4. Is readily available to nurse for assistance and consultation
5. Creates an optimal environment for obtaining orders, asking questions, and responding to problems
6. Is responsive to patient needs
7. Mentors growth of staff knowledge
8. Assists and makes recommendations for patient discharge planning
9. Role adds to overall quality of patient care
10. Encourages evidenced based practice (EBP)
DATA ANALYSIS / RESULTS

• Calculation of mean scores
• Reliability analysis
• Paired $t$-test
• A series of paired $t$-tests
Comparison of Total Means
The Paired $t$-test reveals a significantly ($p < 0.01$) higher level of overall satisfaction with the NP model than with the traditional coverage model.
RESULTS

Comparison of total means
A series of paired t-tests shows that nurses responded more favorably to the NP model than the traditional coverage model on each of the ten questions, p < 0.01. Four items emerge more than one scale point greater for the NP model: availability, optimal environment, responsiveness to patient needs, and mentoring.
DISCUSSION

• NP model was rated higher in satisfaction than traditional coverage model = $p < 0.01$

• Four items stood out with exceptionally higher levels of satisfaction = $p < 0.01$
  
  • Availability
  • Creating an optimal environment
  • Responsiveness to patient needs
  • Mentoring
LIMITATIONS

- Only one hospital was utilized for the study
- Did not correlate to see if nursing care was improved for patients
IMPLICATIONS FOR FURTHER RESEARCH

• Comparison of hospital utilized in study to a hospital with similar demographics

• Comparison of a teaching hospital as utilized versus a non-teaching hospital

• Comparison of a magnet status hospital as utilized versus a non-magnet status hospital

• Evaluation if the unit-base NP model may impact patient satisfaction
CONCLUSIONS

• Research supports workplace environment can influence nursing satisfaction

• There has been little research on how unit-based nurse practitioners may contribute to nursing satisfaction

• Unit-based nurse practitioners have many of the attributes that are associated increased nursing staff satisfaction

• There was significantly higher overall satisfaction with the NP model versus the traditional coverage model

• Nurse responded more favorably to the NP model on all of the survey questions
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Cooper, R. (2007). It’s time to address the problem of physician shortages; Graduate medical education is the key. Annals of Surgery, 246(4), 527-534.


REFERENCES


