

Determining the impact of the Senior Charge Nurse Review: A study of SCN activity, work stress levels and well-being

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Background

The hospital based Senior Charge Nurse (SCN) plays a pivotal role in providing safe and effective care that enhances patients' experiences (Leading Better Care (LBC) Scottish Government, June 2008). This clinical leadership role is integral also in maintaining a healthy working environment that impacts positively on staff well-being and patient outcomes (Stordeur, D'hoore et al. 2003; Armstrong and Hedges 2006). Recent organisational changes have meant that the SCN role has become multifaceted. This has resulted in a shift in focus away from the SCN providing visible clinical leadership as the clinical coordinator and manager of patient care to the SCN either having a more managerial role, removing the SCN from the clinical area, or conversely and equally problematic, the SCN adopting a more direct clinical care role. (Wilmot 1998; Fabray and Luck 2000; McGrath, Reid et al. 2003; Scottish Government 2008). This has made the position of ward sister/senior charge nurse less attractive to staff resulting in a negative impact on recruitment and retention (Doherty 2003). The LBC review has resulted in a redefinition of the SCN role to incorporate 4 main elements structured within a specific role framework. These include, safe and effective patient care, enhancing patient experience, managing performance of the team and contribution to organisations objectives. NHS Boards have the responsibility to implement this framework by December 2010. Running parallel, following comment from Audit Scotland on the lack of nurse sensitive indicators of quality of care, a number of clinical quality indicators (fluid and nutrition, pressure ulcer and falls prevention) have been developed and these will be used to assess the contribution of nursing to overall patient experience and quality of care. The implementation of the use of these indicators will run concurrently with SCN framework implementation.

The role of the nurse been conceptualised in a range of taxonomies of nursing interventions in a range of international settings (e.g. Grobe & Hughes 1993; Gohlinghorst et al, 2000) or types of nursing activity (Ampt et al, 2007). Within Scotland, the nature and detail of the SCN role has been identified via a series of

consensus events (Leading Better Care (LBC) Scottish Government, June 2008) and a classification system of role components and nursing activities has been piloted in several settings in NHS Scotland including NHS Borders. Within the research literature, practitioner behaviour and performance has been measured using time and motion studies to capture the exact amount of time spent over a day (Finkler et al, 1993), or by using work sampling approaches, using either trained observers to estimate the percentage of time spent on particular classes of nursing action (Bragadottir, 2008) or using more subjective work sampling self-reports (using electronic diary based methods) to measure workload (Rutledge et al, 2009). Other studies have compared objective observer work sample reports of nursing activity to more subjective reports of activity provided by the nurse and have detailed the strengths and limitations of each approach (Ampt et al, 2007). These studies detail the strengths and limitations of measuring nursing activity in a clinical setting, and critically evaluated issues relating to sampling frequency, observer training and the biases in self reports of nursing activities.

In adopting and implementing the role framework, NHS Boards have adopted a range of approaches including education provision, introducing learning communities and changes in managerial structures and organisational policies. Change in SCNs behaviour or activity should occur as the role framework becomes embedded. This change in organisational culture is hypothesised to result in improvements in SCN role related perceptions of the work environment, including role clarity, demand, control, support, work-based reward and work-based support (van der Doef & Maes, 1998, 1999; van Vegchel, Jonge, Boesma, & Schaufeli, 2004) which links through to nursing activity. However this remains to be demonstrated. This project will therefore establish a) whether the implementation of Leading Better Care does indeed led to a refocus of the SCN role and a change in SCN activity, and b) identify whether any observed changes in SCN activity (measured objectively by observers or subjectively by self-reports by the SCN) are predicted by changes in perceptions of the work environment or work-based support. This information will clarify the barriers that nurses perceive in performing their new role, and will enable NHS Tayside to focus future effort to improve patient care by further focusing the SCN role and to further promoting the attractiveness of the SCN role, thereby improving recruitment and retention into the key SCN role and other nurse leader posts.

Aims of Study

To establish whether the implementation of the Leading Better Care work programme in NHS Tayside leads to hypothesised changes in SCN performance. The facilitators and barriers of behaviour change will be examined and their relative contribution assessed.

Methods of Working

This study will combine three data collection approaches, including:

- a) A questionnaire survey and the onset and end of LBC implementation to target SCN perceptions of their current activities, work environment, managerial and colleague support and barriers to role uptake.

- b) Repeated work-sampling of nursing activities using PDA electronic diaries by trained observers.
- c) Repeated work-sampling of self reports of SCN activity and work environment perception using PDA electronic diaries.

Changes in SCN activity, measured objectively (using observer reports) and subjectively (using SCN self reports), will be captured by repeating all three forms of data collection (a-c above). Questionnaire data will be collected in December 2009, and 2010. Work sampling (observer) and real-time collection of nurse activity and work environment data will be collected in two 10 week periods, commencing in January 2010 and August 2010

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For more information about this project- contact Martyn Jones
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