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■ What nurses want:

Transforming evidence on workplace satisfaction into effective retention strategies

At Children's Hospital of Philadelphia retention programs are underway that have reduced the nurse turnover rate from 23% in fiscal year 1998 to 13% in fiscal year 2002. Nurse leadership studied the literature on known factors that influence nurse satisfaction then developed a survey that measured nurse responses in those areas. Then, they went to work to raise the scores.

It wasn't a gripe-collecting HR survey. It was the establishment of an evidence base and the development of targeted interventions with specific goals.

It's an investment, but the hospital is not simply throwing money at the problem with sign-on bonuses, paid relocation and increased salaries.

Hospital nurse administrators focused the survey on these issues: job stress, cohesion, professional job satisfaction, organizational work satisfaction, leadership behaviors, RN/MD collaboration and intent to leave.

Strategies for improvement were implemented at three levels: institutionally, departmentally and in a specific unit or work area. Read about the process and the interventions, as well as the change that is taking root now that nurse administrators and medical staff members have been using the same evaluation tools for several years.

[Read the feature.](#)

Greg Perry
Editor

■ In this issue

In [Excellence in Clinical Practice](#)

Kids at school. Nurses at work. Lives at stake.

One group of nurses practices in a setting where the delivery of care intersects with many of the most complex issues in pediatrics, and even within society at large. School nurses are at the center of issues as diverse as how to treat attention-deficit disorder, to the distribution of condoms. This issue of *Excellence* will explore how school nurses are responding to the challenges of keeping children safe and healthy.

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■ **Also in Excellence**

**Breathing to the beat
Nurse-led research suggests music eases labor pains**

A new study by Case Western Reserve University provides hope for women seeking to lessen labor pain without medications. The study found that music can reduce the sensation of labor pain and decrease and delay the emotional distress that accompanies it. The data was gathered in Thailand, led by Sasitorn Phumdoung, a recent graduate of Case's Frances Payne Bolton School of Nursing. According to Phumdoung's dissertation advisor, Marion Good, RN, PhD, there was a gap in the literature that she herself was helping to fill.

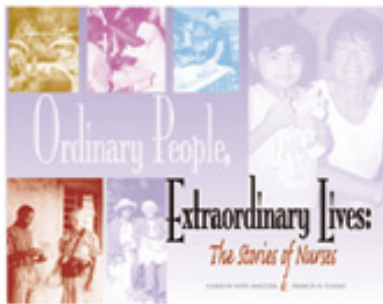
Read about two studies on how music and relaxation can be incorporated to lessen pain sensation and distress.

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clinical information systems. KU nursing students can now track and trend patient information electronically in a state-of-the-art laboratory through a simulated electronic medical record. The new program is called Simulated E-hHealth Delivery System (SEEDS). Read about the curriculum implications, implementation challenges and the future of this innovative system.

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■ **What nurses want:**

Transforming evidence on workplace satisfaction into effective retention strategies

At [The Children's Hospital of Philadelphia](#), or "CHOP" as the nurses call it, retention programs are underway that have reduced the nurse turnover rate from 23% in fiscal year 1998 to 11% in fiscal year 2002. How?

"We studied the literature on known factors that influence nurse satisfaction then developed a survey that measured how we're doing in those areas," says [Jane Barnsteiner](#), RN, PhD, FAAN. "Then, we went to work to raise our scores."

In other words, nurses built an evidence base then designed interventions with specific goals.

Barnsteiner is the director of nursing practice and research at CHOP and professor of pediatric nursing at the University of Pennsylvania. She and a nursing leadership team investigated the available evidence related to nurse satisfaction on the job and identified seven key measures. Then they developed an online survey that gathered responses from a high percentage of the hospital's 1,500 nurses.

"It wasn't an employee survey in the HR model," says [Anne Mohan](#), RN, MSN, CNAA, BC. "Those tend to collect gripes; we wanted to measure attitudes in a more comprehensive, more rigorous form."

The problems, of course, are well known: The supply of nurses is inadequate to meet the demand; the attention paid to workplace issues often falls short; and there's a

■ **What we know now**

Known factors in nurse satisfaction

Job Stress

The amount of stress that nurses perceive in relation to their jobs and work environment. (Job Stress Scale – Hinshaw & Atwood, 1985)

Cohesion

The general sense of wanting to stay in a particular group. The group members are supportive and respectful of each other. (Group Judgment Scale – Good & Nelson, 1972)

Professional Job Satisfaction

The perception of enjoyment of one's job and the ability to deliver quality patient care. (Atwood & Hinshaw, 1985)

Organizational Work Satisfaction

How satisfied a nurse is with pay, professional status and the tasks required in a job. (Index of Work

lack of effective partnering across the nursing, medical and allied health staffs. It's true at a prestigious hospital like CHOP, just as it's true at nearly every hospital in the U.S.

Barnsteiner cites the "quick fixes" typically put in place to recruit and retain nurses. "Sign-on bonuses, paid relocation and increased salaries can be minimally effective for a short time, but we chose not to merely throw money at the problems, and get to the core retention issues, as identified by the literature."

Building the baseline and identifying the areas of inquiry

"We needed a baseline that started to create an accurate picture of our strengths, weaknesses and opportunities. But the real leverage comes with repeating the survey year on year," says Barnsteiner. [Peggy Gordin](#), RN, MS, agrees. She's the clinical director of the NICU and emergency department and part of the leadership team that developed the surveys and implemented the actions. "We're a different nurse population from year to year, so last year's data is not as useful for this year's nurses."

Barnsteiner and her team chose to focus the survey on these issues: job stress, cohesion, professional job satisfaction, organizational work satisfaction, leadership behaviors, RN/MD collaboration and intent to leave. (See accompanying sidebar for the core bibliography.) Responses were applied to a 7-point scale.

Questions related to job stress were designed to measure amount of stress that nurses perceive in relation to their jobs and work environment using the Hinshaw & Atwood Job Stress Scale.

For cohesion, Good & Nelson's Group Judgment Scale was incorporated to determine the general sense of wanting to stay in a particular group and whether group members are supportive and respectful of each other.

Hinshaw and Atwood's scale again was used to develop job satisfaction data, essentially measuring the

Satisfaction – Stamps, 1997)

Leadership Behaviors

Behaviors of the nurse manager that enable staff members to accomplish their work in meaningful ways with a style that seeks and values contributions from the staff.

(Leader Empowering Behaviors, Hui, 1994)

RN/MD Collaboration

Open discussion between nurses and physicians and shared responsibility for problem solving and decision making.

(Collaboration & Satisfaction About Care Decisions – Baggs, 1994)

Intent to Leave Position

Measures nurses' intent to leave their positions.

(Anticipated Turnover Scale, Atwood & Hinshaw, 1985)

perception of enjoyment of one's job and ability to deliver quality patient care.

Stamps' Index of Work Satisfaction was used to measure organizational work satisfaction by asking CHOP nurses how satisfied they were with their professional status and the tasks required in their job.

Leader-empowering behaviors presented by Hui helped them generate the questions about leadership and the behaviors of the nurse manager that enable staff nurses to do their work in meaningful ways and with a style that seeks and values staff contributions.

The research done by Baggs on collaboration and satisfaction about care decisions formed the basis of the survey questions on RN/MD collaboration. Questions related to the frequency of open discussion between nurses and physicians and the shared responsibility for problem solving and decision making.

Atwood and Hinshaw's work in building an anticipated turnover scale was used to measure CHOP nurses' intent to leave their positions, and how soon. It's important to note here that the surveys were anonymous to encourage nurses to be as candid as possible.

Other resources and research that formed the baseline included benchmarks determined by the [National Association of Children's Hospitals and Related Institutions](#) (NACHRI). In 1998, that organization measured job satisfaction among 2,000 nurses in 68 institutions in the U.S. and Canada. The nurses worked in PICU, CICU, emergency units and perioperative units.

Interventions at three levels

Strategies for improvement were implemented at three levels: institutionally, departmentally and in a specific unit or work area. Interventions at the institutional level include the traditional: referral bonuses, weekend incentives and selective sign-on bonuses, as well as the non-traditional: Certification courses were offered in

In the current issue: *Reflections on Nursing Leadership*

A 160-hospital study completed in 1983 revealed that some hospitals attract nurses like magnets attract iron filings. What made the difference?

Kammie Monarch, RN, MS, JD, former director of the ANCC Magnet Recognition Program and now chief operating officer for Sigma Theta Tau International, identifies the 14 "forces of magnetism" described in the study and profiles the 82 health care facilities that have gained Magnet designation as of Aug. 1, 2003. Is your hospital among them?

The theme for the 4th Qtr. issue of RNL is **"Nursing: A view of the future."** Other articles include:

— "March to Magnet" ... One hospital's experience in achieving Magnet status

— "Nursing in the NIS-CEE region: Its changing face" ... The role of nurses in the New Independent States and

house, and senior CHOP nurses were given the opportunity to teach. “That gives our most accomplished nurses a chance to hone their presentation skills as a way to build confidence toward a conference presentation or even a university relationship,” says Peggy Gordin.

New processes and programs. Improved cohesion and collaboration.

In the hospital’s oncology and radiology units, [Ellen Tracy](#), RN, MSN, is the director of nursing. She commented on the significant growth in oncology (a doubling of the FTEs, beds and census in five years) and the growth’s challenging impact in both group cohesion and physician/nurse collaboration. The unit’s baseline score in cohesion was 4.93, and for RN/MD collaboration, it was even lower, 3.95 (using a scale of 1 - 7).

Both have been raised—due, in part, to a major restructuring of the round process, says Tracy. “Rounds are now led by nurses, not the residents or attending physicians. It’s been a challenge to our scheduling, but we’re taking advantage of our nurses’ close connection to the patients to help make rounds more effective across disciplines.”

Tracy ties the success of the new rounds to collaboration from the unit leadership. Both the nurse manager and the medical director developed the new process and presented it to the entire staff, using the survey evidence to support the need for a change. According to Tracy, nurses were coached on patient presentation, and most were initially nervous about presenting. But the process is imbedded now, and the unit cohesion and collaboration scores are up in 2003: 5.74 and 5.31, respectively.

But not all the interventions were focused on work processes. Some dealt with personal processes.

Tracy’s team created a special event called stress busters. It’s a quarterly session that takes place off the unit. The entire staff, which is divided into three teams,

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gathers for four hours to participate in focused stress relief work, such as art therapy and a presentation/discussion related to loss and grief. "The nurses dealing with acutely ill children and their deeply saddened and frightened families creates an emotionally difficult work environment. Every nurse handles it in his or her own way, but we can also help each other when we get some time together," says Tracy. The sessions are paid time and are strongly recommended. "It's a big commitment in terms of both time and money, but group cohesion is a key element in better care to our patients and their families."

"High expectations. Poor communication."

A similar shift in the round structure was put in place in the cardiac unit, where Anne Mohan is the director of nursing. "Through the survey, we learned that nurses and physicians have high expectations of one another, but poor communication." Now, following a year working with rounds that include the nurses, RN/MD collaboration is trending up on the survey, according to Mohan, from 3.8 to 4.98. "Nurses are more comfortable with physicians now, and physicians have adjusted to the point where, as rounds are progressing, we often hear the physician say, 'We can't talk about this patient because the nurse isn't here.' I call that progress."

It's also not just the result of a new policy. An effective collaboration is a human relationship, says Mohan. "It's as much about informal approaches to communication as it is policy. Warmth and humor are always more effective than rules and regulations."

Teams in the NICU for tighter cohesion and better care

In the CHOP NICU, where 150 nurses care for up to 50 critically ill infants, the survey data indicated that newer nurses on the unit were feeling disconnected from the rest of the staff, and group cohesion was much lower than expected.

Peggy Gordin led the effort to create teams of 20 to 30 nurses each. Teams work together consistently and are

linking evidence to practice, education and policy. [Click here!](#)

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the lead nurses on individual patients—overseeing their care from admittance to discharge. “Every shift, you know who you’ll be working with, and on what patients... some of the stress is gone, and the satisfaction that comes from good, consistent care re-emerges,” says Gordin, who also noted enormously positive feedback from the medical team and from patients. “We’re always getting flowers and such with cards saying, ‘Thanks to the team two nurses!’”

Creating change and building trust

Each of the nurse administrators who spoke to Excellence encouraged nurse leaders to embark on their own evidence-building processes. “By merely gathering the data and presenting the findings, you begin to build trust among the nurse population that administration is listening and responding,” says Mohan, who also suggests that there will be both positive surprises and negative shocks. “Even your missteps can be valuable, if the whole process is rigorous and open.”

Jane Barnsteiner stresses the importance of consistency, saying, “Once you have your baseline, re-measure and re-measure. Make it routine, and align the language of the evidence with the language of administration.” In a presentation used to other nurse administrators, Barnsteiner closes with a quote from J. W. Marriott, the founder of the Marriott hotel corporation, “Success is never final.”

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■ Breathing to the beat

Nurse-led research suggests music eases labor pains

Many women approach childbirth labor fearful of the pain they may experience but are also unwilling or unable to take medication to ease the pain. However, a new study by [Case Western Reserve University](#) provides hope for those seeking to lessen delivery pain without medications: through the use of music.

The study, which appeared in the June 2003 issue of *Pain Management Nursing*, found that music can reduce the sensation of labor pain and decrease and delay the emotional distress that accompanies it. The study was led by Sasitorn Phumdoung, a recent graduate of Case's [Frances Payne Bolton School of Nursing](#).

[Marion Good](#), RN, PhD, associate professor of nursing at the Bolton School, was Phumdoung's dissertation advisor. Good's previous research, in an NIH-funded study, had found that this same music reduced pain after surgery. (See accompanying sidebar.) "There was some evidence on non-pharmaceutical methods at easing labor pain, but it came from small samples, was compiled decades ago, and frankly, was not done with a high level of rigor," says Good. "There was a clear gap in the literature."

■ Postoperative pain relief

Evidence of effective adjuncts

In 1999, *Pain*, the journal of the International Association for the Study of Pain, published a study led by Marion Good, RN, PhD. In that study, Good and her researchers concluded that relaxation and music were effective adjuncts to medication for postoperative pain. This research was the foundation for a 2003 study led by Sasitorn Phumdoung, a recent graduate of Case Western Reserve University Frances Payne Bolton School of Nursing.

The abstract to Good's study is presented here. The full text is available [here](#).

Relief of postoperative pain with jaw relaxation, music and their combination

Marion Good, Michael Stanton-Hicks, Jeffrey A. Grass, Gene Cranston Anderson, Charles Choi, Laree J. Schoolmeesters and Ali Salman

The aim of this randomized controlled trial was to determine the effect of jaw relaxation, music and the combination of relaxation and music on postoperative pain after major abdominal surgery during ambulation

The study took place in two hospitals in Phumdoung's home country of Thailand where she is on the faculty of the College of Nursing at Prince Songkla University. In those two hospitals, the standard of care was to not give analgesic medication to laboring mothers because of its effect on the infant.

Phumdoung studied two groups of laboring women, age 20-30, who were all having their first babies. One group chose from among five types of calming music and listened to it for the first three hours in the hospital after active labor began. The comparison group had the standard care during labor. The study started when the women were 3-4 cm dilated.

The group receiving music used a tape recorder and earphones to listen to the music, with 10-minute breaks each hour; the control group did not listen to any music. Phumdoung measured the women's reports of labor pain before the study began and hourly for the next three hours. During the three hours and at each hourly measure, the music group had significantly less sensation and distress pain than the control group.

"These findings have significant implications for women preparing to give birth," Good said. "Many women are afraid of the pain associated with childbirth but are reluctant to take medication because of its possible effects on the baby and progress of labor. Soft music does not have these effects and has the potential as an effective alternative to medication for easing pain during early active labor."

"Labor is severe pain. Obviously music can't just make it disappear. But the effects are consistent," adds Good.

and rest on postoperative days 1 and 2. Opioid medication provided for pain, following abdominal surgery, does not always give sufficient relief and can cause undesired side effects. Thus, additional interventions such as music and relaxation may provide more complete relief. Previous studies have found mixed results due to small sample sizes and other methodological problems. In a rigorous experimental design, 500 subjects aged 18-70 in five Midwestern hospitals were randomly assigned by minimization to a relaxation, music, relaxation plus music, or control group. Interventions were taught preoperatively and tested postoperatively. The same amount of time was spent with subjects in the control group. Pain was measured with the visual analogue sensation and distress of pain scales. Demographic and surgical variables, and milligrams of parenteral or oral opioids in effect at the time of testing were not significantly different between the groups, nor did they correlate with pain scores. Controlling for pretest sensation and distress, orthogonal a priori contrasts and multivariate analysis of covariance indicated that the three treatment groups had significantly less pain than the controls, ($P=0.028-0.000$) which was confirmed by the univariate analysis of covariance ($P=0.018-0.000$). Post hoc multivariate analysis revealed that the combination group had significantly less sensation and distress of pain than the control group on all post-tests ($P=0.035-0.000$), and the relaxation and music groups had significantly less on all tests ($P=0.022-0.000$) except after ambulation. At post ambulation those using relaxation did not have significantly

Soft music decreased both sensation and distress of active labor pain in the first three hours and delayed increases in the distress of pain for an hour. For some participants, relief was fairly substantial. Phumdoung has found that it can reduce the laboring mother's perception of pain and also her distress. Better pain management may speed recovery from childbirth and improve the mother-infant relationship.

The study was supported by Alpha Mu Chapter of Sigma Theta Tau and the Frances Payne Bolton School of Nursing Alumni Association.

less pain than the controls on both days and those using music did not on day 1, although there were some univariate effects. A corresponding significant decrease in mastery of the interventions from pre to post ambulation suggests the need for reminders to focus on the intervention during this increased activity. Physicians and nurses preparing patients for surgery and caring for them afterward should encourage patients to use relaxation and music as adjuvants to medication for postoperative pain.

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