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Registered Nurse Satisfaction: The Impact of Organizational Communication on Satisfaction among Registered Nurses in the Acute Care/Hospital Setting

Lori Michelle Lovelace

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Registered Nurse Satisfaction: The Impact of Organizational Communication on
Satisfaction among Registered Nurses in the Acute Care/Hospital Setting

by

Lori Lovelace

A thesis submitted to the faculty of
Gardner-Webb University Hunt School of Nursing
in partial fulfillment of the requirements for the
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Abstract

Organizational communication can impact the satisfaction of registered nurses in the acute care hospital setting. With the projected growth of the nursing profession, recruitment and retention of registered nurses is essential in building a highly engaged workforce. Literature review identified areas that impact nurse satisfaction including salary and benefits, nursing leadership, nursing engagement, and nursing workload and staffing. The researcher recognized a gap in the literature regarding the impact of organizational communication on satisfaction of registered nurses in the acute care hospital setting. This study evaluates the difference in the satisfaction of organizational communication among registered nurses who spend less than 50% of their time in direct patient care and registered nurses who spend 50% or more of their time in direct patient care in the acute care/hospital setting. The Job Satisfaction Survey tool by Paul E. Spector was disseminated to members of the Academy of Medical-Surgical Nurses via a Survey Monkey link to aid in the evaluation of perceived organizational communication between the two groups. The research study data found that registered nurses spending less than 50% of time in direct patient care were dissatisfied more than those spending 50% or more of time in direct patient care in the three of the four organizational communication categories: communications within the organization, knowing what is transpiring within the organization, and full explanation of work assignments. Research showed that both groups felt that they had a clear understanding of the goals within the organization. Implications for nursing practice include professional and career development of nurse leaders, improvement of communication tactics and techniques

among the leadership team and organization, and validation of communication techniques.

Keywords: Organizational communication, leadership styles, nurse retention, nurse satisfaction, salary and fringe benefits, nurse wages, nurse patient ratio, nurse burnout, shared governance, nurse engagement, and nursing workload

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CHAPTER I

Introduction

Healthcare, as an industry, is comprised of a broad spectrum of healthcare providers with registered nurses (RNs) being a component of the healthcare team. The nursing profession is one of the most influential elements in high-quality, patient-centered care striving for excellence. Registered nurses function in multiple capacities inclusive of caregiver, social worker, educator, facilitator, and patient advocate to achieve improved clinical outcomes. By juggling many tasks and job duties, the nursing profession can deplete the RN physically, emotionally, and psychosocially. Therefore, nurse satisfaction is imperative when balancing the demanding career with satisfaction within the nursing profession.

Across the United States, the nursing shortage and turnover is a reality that healthcare organizations, nurse administrators, and managers must face proactively to achieve highly engaged RNs in the workforce whom are committed and dedicated to his or her career and employment. The United States Bureau of Labor Statistics (2015) states:

Employment of registered nurses is projected to grow sixteen percent from 2014 to 2024, much faster than the average for all occupations. Growth will occur for a number of reasons, including an increased emphasis on preventive care; growing rates of chronic conditions, such as diabetes and obesity; and demand for healthcare services from the baby-boom population, as they live longer and more active lives. (para. 5)

Nurse satisfaction within his or her work environment can impact the organization and profession as a whole through finance, quality of care, patient satisfaction, and organizational growth. Nursing is a physically and emotionally demanding job. The work environment can negatively impact turnover rates within the nursing department whereas a healthy and positive work environment can provide nurse satisfaction and engagement improving nurse retention. RNs who are more satisfied with their work environment are more likely to continue employment through the organization, therefore remaining a professional in nursing to overcome the impending nurse shortage.

Significance

Based on the U.S. Bureau of Labor Statistics (2015), statistics project a 16% increase in RN growth by 2024. In addition to shortage in the nursing profession, “the average nurse turnover rate is estimated at 15% to 36%” (Buffington, Zwink, Fink, DeVine, & Sanders, 2012). Understanding the need and retention of nurses, nurse administrators must identify and proactively react to the foreseeable future. Retention of nurses currently in the workforce is an essential component needed to ensure the percentage does not increase due to nurse dissatisfaction.

Nursing shortage and turnover can impact the healthcare industry financially, decrease quality of patient care, and decrease nurse and patient satisfaction. From a financial perspective, the organization must consider costs when replacing a RN. Buffington et al. (2012) estimates the cost ranging from \$42,000 to \$64,000 when replacing a RN. Not only does the hiring and orientation process impact costs, productivity can be affected through overtime, traveler/contract nurses, and incentive salaries to overcome the vacancy positions.

Quality patient care can be jeopardized by disengagement, inexperience, and unsafe staffing ratios leading to preventable medical errors and patient safety events. In 2013, The Leapfrog Group (2016) estimated 440,000 Americans die annually from preventable medical errors, placing medical errors as the third leading cause of deaths in the United States. Patient safety should be the focus of the healthcare industry. This includes nurses practicing within the scope of evidence-based practice, promoting a safe work environment, as well as a safe healing environment for patients. The work environment can consist of nurse-patient ratios, orientation and preceptorship, management and leadership involvement, and physical environment. Martin (2015) states, “an unrealistic workload may result in chronic fatigue, poor sleep patterns, absenteeism, and job dissatisfaction” (p. 4).

The American Organization of Nurse Executives (AONE, 2015) identified the following five core competencies which guide nursing leadership practice: communication and relationship management, professionalism, leadership, knowledge of the healthcare environment, and business skills and principles. Nurse satisfaction and engagement is an essential component of achieving strategic and organizational goals. Through commitment and dedication to nursing, nurse managers must balance nurse satisfaction to ensure quality of care and patient safety are achieved through ownership of the nursing practice.

Purpose

The purpose of this Master’s of Science in Nursing Thesis was to reveal the satisfaction of organizational communication among registered nurses based on time spent in direct patient care in the acute care/hospital setting. In 2014, the United States Bureau of Labor Statistics stated that 2.8 million RNs were actively employed in the

United States with 61% of those RNs working in state, local, or private hospitals (2015). With the projection of growth being 16% by 2024, nurse administrators are challenged with balancing the goals of the organization and nurse satisfaction. The work environment itself can be a challenge based on staffing, communication throughout the healthcare delivery team, benefits and compensation, and physical/emotional demands of the nursing profession.

Recruitment and retention of future nursing professionals will need to become a talent that nurse administrators are highly competent in managing and executing within the organization. Recruitment is a component of decreasing the nurse shortage through partnerships with academic settings, optimal hiring and interviewing processes, and work environments that are appealing to the RN. The culture of the organization should focus on retention of RNs, especially during the recruitment and orientation phases, which are influential parts of the work environment (Buffington et al., 2012). RN retention tactics are focused on a particular group of nurse professionals. However, to improve the retention rates and decrease the nursing shortage, retention tactics must be diverse, based on the entire RN workforce to balance the demands of RNs with the culture and goals of the organization.

Theoretical Framework

Betty Neuman's Systems Model aligns with the purpose of this MSN thesis purpose to reveal the satisfaction of organizational communication among registered nurses. Neuman's Systems Model consists of:

A unique, open-systems-based perspective that provides a unifying focus for approaching a wide range of concerns. A system acts as a boundary for a single

client, a group, or even a number of groups; it can also be defined as a social issue. A client system in interaction with the environment delineates the domain of nursing concerns. (Alligood, 2014, p.283).

The framework consists of concepts that direct the nurse in planning appropriate methods for prevention and goal attainment. The major concepts in the Neuman Systems Model are wholistic approach, open system, environment, client system, health, stressors, degree of reaction, prevention as intervention, and reconstitution. The Neuman System Model outlines the model through a multi-layered conceptual framework consisting of these components:

The wholistic approach viewing the client as a whole whose parts (physiological, psychological, sociocultural, development, and spiritual); an open system inclusive of the ability to function, input and output, feedback, negentropy, and stability; environment; client system comprised of basic structure, lines of resistance, normal line of defense, and flexible line of defense; health through wellness to illness; internal and external stressors; degree of reaction; prevention as intervention; and reconstitution. (Neuman & Fawcett, 2011, pp.327-329)

Neuman's model can lay the foundation for knowing and understanding the effects of nurse dissatisfaction among RNs.

The work environment can be filled with challenges and stressors in which RNs can adapt or flee in efforts to reach equilibrium. The wholistic approach focuses on the nurse's psychological, sociocultural, development, and spiritual well-being. Aspects of the work environment affecting the professional can consists of salary, scheduling, job responsibilities, confidence, and benefits. Some of these components can become

stressors causing dissatisfaction with the work environment leading to turnover within the department or organization. Nurse managers and administrators function as strategic planners to understand and prevent stressors as an intervention by way of engagement techniques such as staff-based committees, evidence based practices, and partnerships with human resources. The Neuman Systems Model provides a theoretical framework for leaders to prevent unwanted nurse turnover leading to shortage while optimizing retention tactics. (Figure 1).

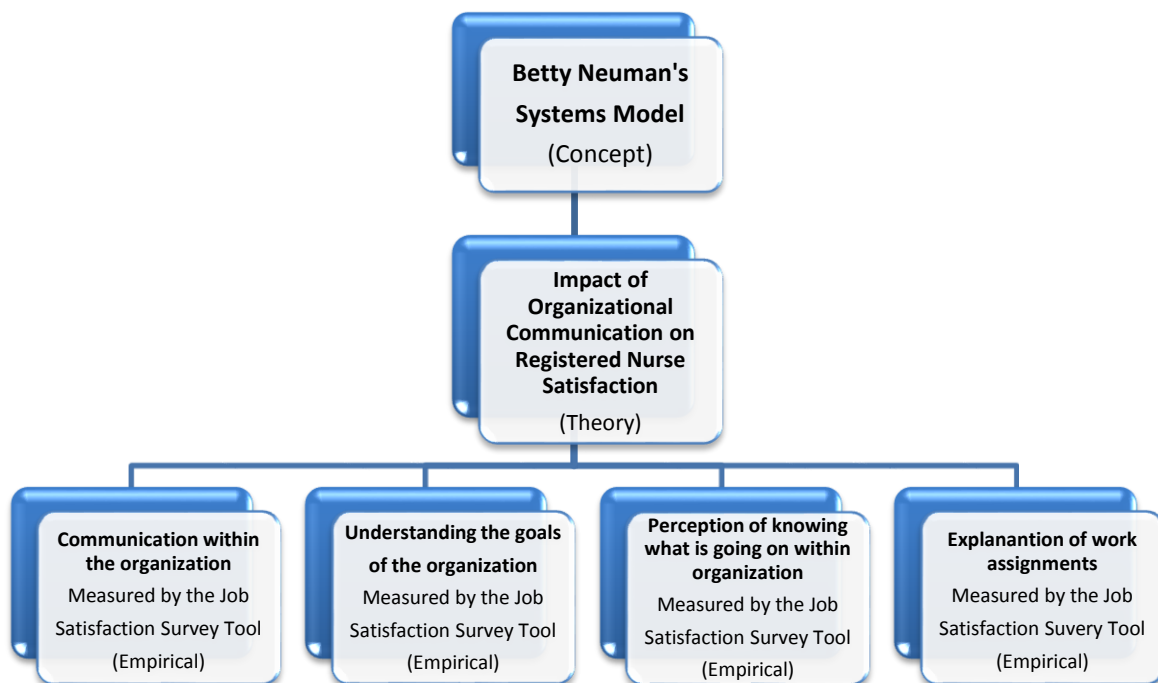


Figure 1. CTE Diagram for Betty Neuman's Systems Model and the Impact of Organizational Communication on Registered Nurse Satisfaction.

Thesis Question or Hypothesis

As retention of RNs is essential to the healthcare profession, there can be multiple factors contributing to the work environment. Communication is a key factor in ensuring registered nurses understand the goals, strategies, and implications to his or her role. Is there a difference in the satisfaction of organizational communication among registered nurses who spend less than 50% of their time in direct patient care and registered nurses who spend 50% or more of their time in direct patient care in the acute care/hospital setting?

The purpose of this Master's of Science in Nursing Thesis was to reveal the satisfaction of organizational communication among registered nurses based on time spent in direct patient care in the acute care/hospital setting. With significant estimated volumes of nurses needed by 2024, healthcare facilities will feel a direct impact financially, through quality indicators, and staff and patient satisfaction. By identifying the satisfaction of organizational communication and strengthening partnerships with human resources, nurse administrators can positively influence the nursing profession through engagement of RNs and enhancing nurse satisfaction. The Neuman Systems Model provides a theoretical framework for nurse administrators to utilize as a guide to understanding and implementing tactics for nurse retention through nurse perception and reaction of open systems, environment, client system, health, stressors, degree of reaction, prevention as intervention, and reconstitution. Thus posing the question, is there a difference in the satisfaction of organizational communication among registered nurses who spend less than 50% of their time in direct patient care and registered nurses who spend 50% or more of their time in direct patient care in the acute care/hospital

setting? By revealing this information, focus areas of nurse retention can be implemented to improve the work environment for current and future RNs.

CHAPTER II

Literature Review

The purpose of this Master's of Science in Nursing Thesis was to reveal the satisfaction of organizational communication among registered nurses based on time spent in direct patient care in the acute care/hospital setting. Many components can influence a nurse's happiness with the profession and employment choice. Research can unveil the factors that RNs feel are essential in a healthy work environment. In addition, evidence based practices can be profoundly important in laying the groundwork for nurse administrators and leaders to engage the nursing profession and retain RNs.

Review of Literature

A literature review was conducted to identify positive and negative aspects of the work environment for the RN. Through identification of key components, research can investigate best practices and improvement methods to retain RNs in the healthcare industry. The sources utilized for the literature review was Cumulative Index for Nursing and Allied Health Literature (CINAHL) through keywords of organizational communication, leadership styles, nurse retention, nurse satisfaction, salary and fringe benefits, nurse wages, nurse patient ratio, nurse burnout, shared governance, nurse engagement, and nursing workload. Throughout the researcher's literature review, four main categories were identified as factors impacting the work environment of a RN causing a positive or negative effect on nurse satisfaction and retention. These four categories include salary and benefits, nursing leadership, nursing engagement, and nursing workload and staffing.

Salary and Benefits

Nurse satisfaction and retention can be greatly impacted by salary and benefit packages offered by the healthcare organization. Affective, continuance, and normative professional commitment are positively related to nurse retention within the profession (Chang et al., 2015). Continuance professional commitment encompasses the salary and benefits of the current and potential career position. Chang et al. (2015), through a longitudinal design with simple random sampling, conducted a two-wave survey on conducted on 579 nurses over a one-year period of time in a major medical center. During the study, the Meyers et al. scale was utilized at the beginning of the study and again at one-year to identify three types of professional commitment related to retention (Chang et al., 2015). Affective and normative commitment were not significantly related to nurse retention; whereas, continuance commitment was positively related to nurse retention (path coefficient = 0.34, $p < 0.01$) (Chang et al., 2015). Implications for nurse managers, administrators, and human resources consist of methods to improve nurse salaries, comparing and analyzing the market, and professional development strategies with bonus incentives.

On the state level, Johnson, Butler, Harootunian, Wilson, and Linan, (2016) utilized the Arizona State Board of Nursing (ASBON) registry to conduct a study focusing on nurse retention inclusive of nursing salaries and employment in the hospital setting from 2007 to 2012 with 58,143 RN participants. The study examined the impact of the economic recession on the nursing shortage as relevant to nurse wages and benefits as well as full-time and part-time status. Findings were consistent with an increase demand for acute care RNs during the beginning of the recession and identified the

employment of temporary nurses who shifted to more permanent positions in the hospital (Johnson et al., 2016). Implications for nurse leaders and senior leadership include the balance of supply and demand from a staffing perspective avoiding the need of temporary RNs, such as travelers and pool RNs. These nurses can affect the operational budget impacting salary adjustments for permanent RNs in the hospital setting.

Administrators in healthcare organizations are challenged with balancing salary and benefits and nurse satisfaction as comparable with the market while aligning with operational and financial budgets and constraints. Hickey, Buchko, Coe, and Woods (2015) conducted a pilot study in two acute care hospitals assessing the effectiveness of deploying a salary-wage and an hourly-wage model in correlation with the nurse's perception of professional practice. The hourly-wage participants had no change to the base rate and hours; however, the salary-wage participants had fixed salary costs 3% over the budgeted average daily census (ADC). A descriptive, comparative design with convenience sampling of the nursing units between the two hospitals was utilized for the 23 participants. The study used the Revised Professional Practice Environment Scale (RPPE) to measure the eight components of disagreement and conflict, leader and autonomy, internal work motivation, control over practice, teamwork, communication about patients, cultural sensitivity, and staff relationships with physicians. Results showed that nurses within the hourly-wage model were significantly less satisfied than the salary-wage participants; additionally, the hourly-wage model unit had a 1.2% increase in RN overtime affecting the operational budget (Hickey et al., 2015). Implications for nursing practice consists of administrators assessing the operational

budget understanding a salary-wage model may increase cost initially; nevertheless, the nurse perception and satisfaction will show a positive trend with a neutral budget.

Nursing Leadership

Nurse salary can impact nurse satisfaction and retention to the healthcare setting; nonetheless, it is not the only factor that plays into the complex recipe for success. A meta-analysis of 106 primary studies focused on nurse retention and turnover was performed to identify key factors of nurse satisfaction among those providing direct patient care (Nei, Anderson-Snyder, & Litwiller, 2015). Understanding the trends within research conducted throughout the nursing profession can lay a framework for nurse leaders to increase emphasis on tactics to promote nurse satisfaction and retention. Nei et al. (2015) categorized the data into two groups: meta-analysis of turnover cognitions/intentions and meta-analysis of voluntary turnover. Interestingly, salary and status were not statistically significant in the intent or actual turnover. The relationship with leadership was found to have the greatest impact on intent and actual nurse turnover within the research studies. “Nurses with high commitment, job involvement, and satisfaction, reported less voluntary turnover” (Nei et al., 2015, p. 247). With this meta-analysis, professional development of nurse leaders is an essential component of nurse satisfaction and retention. Implications included mentorship programs for novice leaders, partnerships with human resources to conduct pulse checks with nurses in the department, relationship and team building with frontline staff, staff involvement in new initiatives and projects, and continuing education and leadership training to engagement staff and promote a healthy work environment.

Research is essential in understanding the barriers and opportunities of nurse retention; however, tools that measure job satisfaction provide a starting point for researchers to dive into the factors playing a part of nurse retention. A metasynthesis of organizational job satisfaction (OJS) was utilized to measure three components, inclusive of nurse satisfaction instruments, attributes from recruitment advertisements, and nurse comments from national surveys, through a tool measuring 17 OJS satisfiers (Lacey et al., 2011). A survey of 10,000 nurses was used to develop the top satisfiers for OJS and professional work satisfaction. The development of this tool was utilized in the Healthy Unit Environments study consisting of 11,271 RN from 29 Magnet hospitals with a response rate of 81%. Lacey et al. (2011) tabulated the results placing them into three categories (universally important, moderately important, and unimportant) with the universally important factors having a mean score of 3.48 or greater out of four. Implications and considerations for nursing practice would focus on the top satisfiers: paid time off, reasonable workload-system, competitive salary, hours/shift worked, friendliness of coworkers, retirement, cleanliness of the hospital, and certification reimbursement. As a nurse manager, the survey tool is a starting point to identification of the needs, barriers, and satisfiers of the nursing profession in the organization and/or department.

The identification of RN's perceptions of the work environment, support, and encouragement, factors influencing RN job satisfaction, and understanding the RN's viewpoints on professional development, mentoring, and recognition in the acute care setting can influence nurse retention and satisfaction. A descriptive survey of 1,250 RNs participants with one or more years of experience in the hospital was completed utilizing

the Casey-Fink Registered Nurse Retention Survey on a voluntary basis with a 56% response rate (677 participants) (Buffington et al., 2012). The Casey-Fink Register Nurse Retention Survey consists of 33 items categorized within six sections (reward and recognition, professional nursing role, mentorship, schedule flexibility, stressors, and job satisfaction). The most influential aspects promoting nurse retention found in this study was the ability to have more flexible scheduling, strong mentorships, and leadership reward and recognition of improvements (Buffington et al., 2012). There are a wide variety of evidence-based practices supporting the top three nurse retention focus areas. The key is partnering with the front line staff identifying the needs/wants of the department while balancing the organizational goals of patient care. For example, flexible scheduling could be presented through a self-scheduling model instead of set rotating tracks. Building relationships, inclusion in decision-making, and active listening by the nurse leader can foster a healthy work environment with the bedside RNs, senior leadership, and human resources forming highly engaged and satisfied professionals.

Personal attacks, tasks attacks, and isolating behaviors of abusive supervision can directly and indirectly impact psychological strain, job satisfactions, and nurse retention. A cross-sectional survey was performed on a random sample of 250 nurses across five hospital settings through distribution of a paper survey. Findings within the study consists of two layers: respondents that strongly agree, agree, or slightly agree with the level of exposure to abusive supervision. The study findings were 11.2% for personal attacks, 35.6% for task-related attacks, and 13.6% for isolation and direct correlation with task attacks and job satisfaction (-0.70) and personal attacks with psychological strain (0.58) (Rodwell, Brunetto, Demir, Shacklock, and Farr-Wharton, 2014). This study

opens the discussion for nurse leaders to evaluate methods and techniques within the organization identifying evidence-based practices for coaching and mentoring as a front-line tactic for education and training. Non-punitive methods support a culture for transparency and professional growth leading the nursing profession to retaining and satisfaction among the career.

Perceptions of the staff nurse in relation to the nurse manager leadership behaviors and styles can impact the nurse's overall job satisfaction. Bormann and Abrahamson (2014) conducted a descriptive, correlational design study utilizing a convenience sample in a nonprofit acute care Magnet hospital with 115 participants. All study participants met the inclusion criteria of being an actively employed RN who had completed orientation and worked at least 90 days in the organization. The participants completed the Multifactor Leadership Questionnaire (MLQ) 5X Short Form, the Abridged Job Descriptive Index (JDI) survey, and a demographic questionnaire. The three types of leadership styles that were identified and evaluated were transformational, transactional, and passive-avoidant in this particular research study.

Results of the research study were correlated with Pearson correlations between the three MLQ leadership styles and the JDI scores of job satisfaction. Interestingly, the perception of transformation and transactional leadership behaviors and RN satisfaction were positively correlated with satisfaction of supervision ($r = 0.686$, $P < 0.01$) and for transformational leadership style ($r = 0.484$, $P < 0.01$) (Bormann & Abrahamson, 2014). The research findings support implications for leadership practice consisting of training sessions, mentoring, and professional development with competencies for nurse leaders.

Leadership development is an approach that will allow leaders to gain understanding, knowledge, and tools to improve skills and opportunities to grow professionally. The qualitative and quantitative study consists of participants who attended the Amy V. Cockcroft Fellowship leadership program during the time period of 2008-2009 focused on four main areas: improved conflict resolution/negotiation skills, communication skills, personal development, and career action or change (Chappell & Willis, 2013). An electronic survey was developed to assess the participant's perception of impact on their personal and professional development as a leader. The survey was sent to participants via email with a two-week period to respond. Of the 108 total participants, 42 people returned the survey for a response rate of 38.89%. Chappell & Willis (2013) found that 82% of the respondents agreed that the leadership program assisted them in growing professionally as a leader by developing self-esteem, confidence, and assertiveness. Additionally, 66.7% noted an improvement in their ability to handle conflict resolution; as well as, 68% recognized that the leadership program had equipped them with the ability to maintain or advance within leadership (Chappell and Willis, 2013). Leadership development and succession planning can be a vital component in healthcare administration building strong, reliable healthcare teams promoting nurse satisfaction and retention.

Nursing Engagement

Engagement of nurses through shared governance significantly impacts patient and nurse satisfaction and outcomes. A cross-sectional observational study was conducted utilizing three secondary data points: the Penn Multi-State Nursing Care and Patient Safety Survey of RNs in four states (California, New Jersey, Pennsylvania, and

Florida); the 2007 American Hospital Association (AHA) Annual Survey of Hospitals; and the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey from October 2006 to June 2007 (Kutney-Lee et al., 2016). The random sample size consisted of 20,674 RN participants across 425 nonfederal acute care hospitals.

Data collection was extrapolated from the AHA survey that was mailed to a large random sample obtained from the participating state's registry in which the following three categories were measured: the hospital's demographics and characteristics; HCAHPS data from Hospital Compare Web site measuring the patient's satisfaction of the hospital experience; and a paper survey measuring RN engagement through shared governance, nurse burnout, and job satisfaction (Kutney-Lee et al., 2016). The overall results showed that hospitals offering opportunities for nurse engagement through shared governance are more likely to result in higher patient satisfaction, optimal quality of care for patients, and increased nursing job satisfaction. Implications for nursing practice includes formulating shared governance councils in the acute care setting promoting frontline RN involvement in evidence-based nursing practice. Nursing administrators should evaluate the need for implementation of shared governance and continuously monitor outcomes and engagement.

Nurse burnout and engagement can be impacted by multiple variables. The research study conducted analyzed the relationship of transformational leadership, nurse burnout, and engagement suggesting that transformational leaders are negatively associated with nurse burnout and positively correlated with engagement (Smith-Lewis & Cunningham, 2016). A random sample of full-time nurses at a local hospital were recruited via the researchers' personal network, and nursing students meeting specific

criteria were surveyed through a secure internet-based or paper-based survey with 120 respondents. In analyzing the data, the two components of burnout and engagement were evaluated against transformation leadership. Smith-Lewis and Cunningham (2016) found the perception of transformational leadership was negatively significant to nurse burnout (coefficient estimate = $-.36$) and positively significant to nurse engagement (coefficient estimate = $.27$). Through the research study, the area of worklife (AWL) model was the framework for explaining how the work environment can impact nurse burnout and engagement. Transformational leadership embraces characteristics of the AWL model setting the foundation for nursing leadership. Implications for future practice include nurse leaders understanding the importance of transformation leadership techniques fostering a healthy work environment for nurses to feel appreciated and rewarded for performance leading to a more engaged staff.

Nurse engagement starts at the beginning of orientation to the nurse role. Novice nurses are essential in giving feedback to nurse leaders promoting engagement at the infancy stage. Disease-specific orientation to the acute care hospital significantly increases nurse satisfaction and knowledge retention (Ballard, Mead, Richardson, & Lotz, 2012). A convenience study was performed on 18 new graduate nurses orienting to a 37-bed acute neuroscience unit. Throughout orientation, the new graduates completed weekly meetings to discuss plans and needs from the orientee's perspective with objective and questions specific to orientation. The nurse's satisfaction was measured by a Likert scale survey assessing overall satisfaction. The results showed 11 out of 16 participants agreed that the overall orientation experience was positive and received all tools needed to be successful (Ballard et al., 2016). Suggestions for nurse educators and

leaders encompass focusing on both novice and experienced nurses when engaging and evaluating staff members, understanding that all perspectives provide essential viewpoints to nurse satisfaction.

Communication is a fundamental element of nurse retention. Increased nurse satisfaction and decreased intention to leave employment can be accomplished by providing a healthy work environment based on effective communication and collaboration by leadership facilitating workforce engagement. A cross-sectional, correlational study was conducted across 10 pediatric intensive care units (PICUs) through a convenience sample of those RNs with at least six months of experience in the unit (Blake, Leach, Robbins, Pike, & Needleman, 2013). The researcher utilized the Practice Environment Scale of the Nursing Work Index Revised (PES-NWIR) to measure five domains of the work environment through a 31-item survey questionnaire to a convenience sample of PICU RNs with a response rate of 47% equaling 415 participants (Blake et al., 2013). Findings uncovered by the researchers showed that there is a statistically significant relationship between leadership and intent to leave. Engagement of RNs through leadership teams welcoming communication and collaboration of front line staff create healthy work environments. Examples of tactics leaders can implement promoting engagement include unit based councils, participation in shared governance, team building exercises, one on one staff-leader sessions, and offering professional development opportunities, such as professional certifications and reimbursement programs for education advancement.

Engagement of frontline nurses offers a sense of ownership and empowerment to change practice and quality of patient care. Riley, Dearmon, Mestas, and Buckner (2016)

conducted a descriptive quantitative study at two different time frames within a level I trauma center hospital with 300 licensed adult beds. The measurement instruments consisted of four components: Small Troubles and Adaptive Responses (STAR-2) assessing operational failures through completion of pocket cards, Health Care Team Vitality Instrument (HTVI) assessing collaboration and engagement of the frontline staff, the Agency for Healthcare Research and Quality (AHRQ) Hospital Survey on Patient Safety (HSOPS) evaluating the staff's perceptions of patient safety issues, and the Practice Environment Scale of the Nursing Work Index (PES-NWI) reviewing the work environment.

Data was collected from two different groups through utilization and evaluation of STAR-2 pocket cards. The first group consisted of RNs logging real-time operational failures on pocket cards each shift with a 99% response rate with 556 STAR pocket cards from 67 RNs who found 3910 operational failures over a 20 day period. The second group expanded the pocket cards to all patient care units with a response rate of 50% and 150 RNs participants. Riley et al. (2016) identified through the study's measurements RNs were engaged and ready to implement a formalized shared governance council to improve patient and nurse outcomes within the organization. Implications for nursing practice consists of leaders mentoring frontline nurses to be transparent and engaged to identify and solve process and operational failures decreasing complications and unhealthy work environments.

Nursing Workload and Staffing

Retention of RNs in the nursing profession is essential in the healthcare industry as nursing workload and staffing play a vital role in the nurse's satisfaction with current

position and the profession. An empirical analysis of RNs was conducted to identify factors that influence RN satisfaction, behavioral intentions (BIs) to leave the current job, and BIs to leave the nursing profession. Dotson, Dave, Cazier, and Spaulding (2014) created a survey tool consisting of seven components (altruism, job satisfaction, value congruence, economic factors, stress, BI to leave job, and BI to leave the profession). The survey tool was administered through an online survey of 3,292 nurses, who were provided by a regional health agency database with a response rate of 27.6% (861 participants). Relationships identified as the most significant involved the correlation of stress having the strongest effect on BI to leave a job and job satisfaction having the strongest impact on BI to leave the profession; however, economic factors did not have significant impact (Dotson et al., 2014). Items affecting job satisfaction causing stress included increased workload through nurse-patient ratios and limited resources of support staff, lack of teamwork, and unhappiness with schedules. Future practices that can be considered to improve job satisfaction are self-scheduling models, analyzing the operational budget and need for additional supporting staff members, and team building exercises in departmental staff meetings.

The Veterans Health Administration (VA) examined the correlation of nurse retention and health promotion in its healthcare delivery system across the United States. The web-based Employee Occupational Health Program survey focusing on the health promotion program, onsite care, stress relief practices, safety climate, and RN staffing was electronically sent to 122 facilities with acute care units (Mohr, Schult, Lipkowitz-Eaton, Awosika, & McPhaul, 2016). Nurse staffing and workload significantly impacted the organization's turnover rates ($r=0.32$, $P < 0.01$), turnover intention ($r= -0.27$, $P <$

0.01), and sick leave rates ($r = -0.29$, $P < 0.01$) (Mohr et al., 2016). Staffing can greatly impact the nursing profession and patient-care delivery in multiple ways. Nurse leaders and administrators must place priority on staffing levels and nurse patient ratios for reasons of patient safety, patient and nurse satisfaction, and nurse retention. Tactics that can improve staffing include incentive programs, increasing support staff, and changing the skill mix of the nursing department incorporating more licensed practical nurse (LPNs) and certified nursing assistants (CNAs). Healthcare is ever changing; however, nursing workload must remain a high priority to retain nurses and improve patient safety.

Based on generational categories, nursing incentives can be generation-specific on techniques that promote retention and disincentives that encourage nurses to leave their current employment. A cross-sectional survey was conducted on 9,904 RNs in acute care hospitals in two Canadian provinces with 3,950 nurse participants comprised of 536 Generation Y nurses (13.6%), 1,557 Generation X nurses (39.4%) and 1,857 Baby Boomer nurses (47.0%) (Tourangeau, Thomson, Cummings, & Cranley, 2013). Interestingly, the number one and two priority incentives for all generations were reasonable workload and manageable nurse-patient ratios.

Tourangeau et al. (2013) found that the top three incentive for each generation were the following: Generation Y (reasonable workload – 77.6%, manageable nurse-patient ratio – 75.2%, and higher pay – 70.7%), Generation X (reasonable workload – 75.3%, manageable nurse-patient ratio – 68.0%, and supportive/empathetic manager/leader – 68.0%), and Baby Boomers (reasonable workload – 74.7%, manageable nurse-patient ratio – 66.1%, and supportive/empathetic manager/leader – 61.8%). It is essential to understand the nurse population within the department prior to implement

nurse retention tactics as each generation has differencing of incentives and disincentives. There are some similarities that the leader can focus on as a whole; however, he or she must evaluate the nurse's wants and needs to ensure the focus work is value-added. Nurse leaders can utilize pulse check surveys, focus group sessions, and round table time embedded in staff meetings to promote sharing of ideas and identify nurse satisfiers and dissatisfiers. Most organizations and companies perform annual staff engagement surveys to identify areas of success and opportunities on the corporate level.

Nursing workload can be related to missed nursing care based on acuity, staffing levels, and nurse-patient ratios. A descriptive research study was conducted in a 581-bed acute care hospital in California surveying 169 nursing personnel, 132 RNs, 12 LPNs, and 25 CNAs. Orique, Patty, and Woods (2016) utilized the MISSCARE survey tool for measurement of missed nursing care, which was distributed in a paper format throughout staff meeting forums. The data analysis uncovered that there is a significantly positive relationship between missed care and the number of patients assigned to the nurse and as the number of patients increase, the number of missed care events increase (Orique et al., 2016). Due to the California mandate of restricted nurse to patient ratios, the study was limited to findings that have the potential to more strongly correlate missed care with nursing ratios. Implications for nurse administrators and financial administrators involve monitoring and implementing safe nurse-patient ratios based on the acuity and type of nursing department. Understanding that finances must be monitored and balanced, patient safety is top priority in healthcare delivery system.

As nursing workload and nurse-patient ratios play into nursing satisfaction, the patient acuity is a component of nursing workflow and workload. An acuity-adaptable

care model can increase the satisfaction of nurses and patients. A descriptive, pre-implementation/post-implementation comparative study was performed in a rural acute care hospital in Pennsylvania with two inpatient units: a 38-bed acute care unit and a six-bed critical care unit (CCU) with six additional rooms serving as an annex for both patient populations (Paulik-Ramson, Dudjak, August-Brady, Stoltzfus, & Thomas, 2013). During the study, patients were assigned based on acuity to the additional annex with nurse-patient ratios being assessed, length of stay, and levels of acuity. Nurses were given a satisfaction survey during the study to the sample size of 24 nurses during the pre-implementation phase with an 87.5% response rate and 25 nurses during the post-implementation phase with an 80% response rate.

There were several nurse satisfiers found during the data analysis: RNs reported a decrease in the amount of times being pulled to a different unit with percentages decreasing from 15% to 5% as well as a decrease in the amount of times the participant was cancelled for a shift from 14% to 6% (Paulik-Ramson et al., 2013). Paulik-Ramson et al. (2013) found that patient satisfaction results showed a positive trend in areas including communication with nurses from 55-86, staff responsiveness from 21 to 55, rate of the hospital from 33 to 94, and recommend the hospital from 26 to 81. Implications for nursing leadership and practice consist of incorporation of the patient's acuity in the nursing workload and flow is essential in nurse retention and positive patient satisfaction scores.

When making nurse-patient assignments, manual assigning of patients can become overwhelming and somewhat inaccurate as all components of patient care and acuity may not be taken into account. Utilization of a computerized decision support

system (CDSS) for nurse-to-patient assignment can positively impact nurse satisfaction and efficiency. Van Oostveen, Braaksma, and Vermeulen (2014) conducted a qualitative and quantitative study with three nursing units (neurology, neurosurgery, and gastrointestinal surgery) to develop and evaluate a CDSS for patient assignments. During the development stage, convenience sampling of three RNs per unit for a one 45 minute session discussing items that should be considered during making nurse-patient assignments and clustering the items into categories. Once the CDSS was implemented, the researchers examined the process of making nurse-patient assignments through six day shift and six night shift observations on all three units for a total of 36.

Results showed that the duration of time to make the assignments decreased from six to four minutes after implementation of the CDSS; as well as, the nurse's perception of workload decreased after deployment of the intervention (Van Oostveen et al., 2014). Suggestions for future practice in nursing leadership include research evidence-based practices for acuity-based scales for assigning nurses patients. Reviewing current practices and feedback from frontline RNs can improve the process taking into account acuity, staffing skill mix, and other factors impacting the nurse-patient ratio/assignment specific to the department. Perception of workload can be an important factor playing a part of nurse retention and satisfaction.

The purpose of this Master's of Science in Nursing Thesis was to reveal the satisfaction of organizational communication among registered nurses based on time spent in direct patient care in the acute care/hospital setting. Through the literature review, there were four areas of focus identified as key aspects influencing satisfaction and retention: salary and benefits, nursing leadership, nurse engagement, and nursing

workload and staffing. These factors significantly impact the retention and satisfaction of nurses in an organization and the profession as a whole. A gap found in conducting the literature review was effectiveness of organization communication among registered nurses in the acute care/hospital setting. Literature shows the following: salary and benefits can significantly impact retention and satisfaction of nurses, nursing leadership significantly influences a nurse's decision to remain in a current department, engagement of nurses in decision-making and shared governance is strongly correlated with satisfaction, and optimal workloads and staffing assignments are positively linked to nurse satisfaction. Organizational communication from the boardroom to the bedside is a key factor in nurse satisfaction. Schneider (2016) outlines the importance of communicating effectively throughout all levels of administration and middle management filtering to the clinical staff in direct patient care from the perspectives of local acute care hospitals as well as large healthcare systems. Understanding that larger systems may offer additional resources for senior leadership, structured organizational communication can impact a hospital and/or hospital system no matter the size. By identifying these domains of satisfiers, the researcher will be able to study organizational communication satisfaction that can cause RNs to become dissatisfied and potentially leave the profession and/or organization.

CHAPTER III

Methodology

The purpose of this Master's of Science in Nursing Thesis was to reveal the satisfaction of organizational communication among registered nurses based on time spent in direct patient care in the acute care/hospital setting. Many components of organizational communication can influence a nurse's satisfaction with the profession and employment choice. The optimal methodology for the research study is the identification of organizational communication through the eyes of registered nurses in the acute care/hospital setting. Understanding that organizational communication can be disseminated differently depending on the nurse's role in the setting, the researcher analyzed satisfaction between two groups of RNs depending on the amount of time spent in direct patient care. The researcher conducted a quantitative, descriptive study utilizing the Job Satisfaction Survey (JSS) instrument, developed by Paul Spector, to uncover organizational communication satisfaction of the RN's work environment. Throughout the research process, the goal was to collect data, utilizing the JSS tool, for recommendations to nursing practice allowing nurse leaders and administrators the ability to improve organizational communication impacting RN satisfaction leading to nurse retention and recruitment.

Study Design

The purpose of this study was to determine the satisfaction of organizational communication among registered nurses based on time spent in direct patient care in the acute care/hospital setting through a quantitative, descriptive study. Through the utilization of descriptive study, Grove, Burns, and Gray (2013) demonstrate the

characteristic identification and understanding of a particular field of study in combination with uncovering certain problems in nursing practice. In this study, convenience sampling was utilized by the researcher through electronic email distribution to members of the Academy of Medical-Surgical Nurses (AMSN).

Setting and Sample

The researcher conducted the study using the AMSN member email distribution list. The sample population for this study consisted of Registered Nurses 18 years and older, actively working in the acute care/hospital setting, and are current members of the AMSN organization. The projected sample size for this study was 30 participants. Convenience sampling was utilized to obtain participants through electronic distribution of the JSS in a SurveyMonkey[®] tool format to the AMSN membership email list. The AMSN performed electronic distribution of the survey to active members via the organization's email list.

Design for Data Collection

The quantitative, descriptive research study utilized a convenience sampling technique to identify organizational communication satisfaction in the acute care/hospital setting. The JSS was disseminated by the AMSN to participants maintaining anonymity by the researcher's password protected computer and SurveyMonkey[®] account. The JSS was placed in its original content in an electronic format SurveyMonkey[®] tool. At the beginning of the survey, the participant was directed to the informed consent informing the participant that the survey is voluntary, confidential, and the participant maintains the right to withdraw from the survey at any time. The survey required approximately 15

minutes to complete. Through participation and completion of the survey, the participant implied consent.

Measurement Methods

The JSS tool was utilized in the research study. The JSS is a 36-item survey with nine categories of focus pertaining to job satisfaction (Appendix A). The nine categories are Pay, Promotion, Supervision, Fringe Benefits, Contingent Rewards, Operating Procedures, Coworkers, Nature of Work, and Communication. The survey uses a six choice rating scale with the following choices: Disagree Very Much, Disagree Moderately, Disagree Slightly, Agree Slightly, Agree Moderately, and Agree Very Much. Internal consistency reliability and validity of the JSS based on a sample size of 2,870 consists of a coefficient alpha of 0.91 (Spector, 2011). The researcher was granted permission to utilize the JSS from the author, Paul E. Spector, for this research study (Appendix B). The researcher obtained permission from the AMSN research department through submission of the research study for review. The materials reviewed by the AMSN research council included the purpose of the study, proposal abstract, recruitment letter, JSS instrument, and evidence of preliminary university Institutional Review Board (IRB) approval.

After permission was obtained from the AMSN for the researcher to use the professional organization's email as a sampling method (Appendix C), the AMSN distributed the researcher's recruitment letter (Appendix D), informed consent (Appendix E), and the JSS through a SurveyMonkey® link to the active member AMSN HUB email distribution list. The AMSN distributed the email to the members titled "New Research Study: Registered Nurse Satisfaction: The Impact of Organizational Communication on

Satisfaction among Registered Nurses in the Acute Care/Hospital Setting.” The email sent to the AMSN members consisted of instructions and directions for completing the research survey, the purpose of the research study, no risks with potential benefits associated with the study, completion of the study implies consent, and timeframe of 15 minutes to complete the survey. The researcher maintained protection and security of the SurveyMonkey® tool and results through a password protected account. At the end of the survey period, the researcher was responsible for closing the survey. The researcher of this descriptive study of quantitative research design analyzed data using descriptive data based on the research study results from SurveyMonkey®. A statistical analysis included descriptive statistics with graphs and tables identifying satisfaction of organization communication among registered nurses and time spent in direct patient care in the acute care/hospital setting.

Data Collection Procedure

The researcher independently collected data for this study. The JSS instrument was placed in its original content into an electronic survey through SurveyMonkey®. The SurveyMonkey® link to the JSS was distributed by the AMSN to the active members of the organization via email with the explanation through a recruitment letter of the following to the participants: purpose of the research study, potential risks and benefits associated with the study, instructions to complete the survey, confidentiality, protection of the participant’s anonymity, timeframe of completion of the survey, informed consent, and that completion of the survey implied consent.

At the beginning of the survey, participants were asked the following questions:

- Are you 18 years of age or older? If the participants answered no, the survey ended.
- Are you a Registered Nurse actively working in an acute care/hospital setting? If the participants answered no, the survey ended.
- In your current role, on average how much time do you spend in direct patient care? Choices included the following:
 - I spend less than 50% of my time in direct patient care.
 - I spend 50% or more of my time in direct patient care.

Questions answered with disqualifying responses caused the survey browser to close.

After completing the survey criteria and descriptive questions, the participant then proceeded to the JSS through the electronic SurveyMonkey® link. The participant had the right to decline and/or not complete the survey at any time during the survey by closing the browser. There was no need for a debriefing statement for the purposes of this study. The survey was open to participants for a four-week time period or until at least 30 participants completed the survey. After that time, the researcher closed the survey.

Protection of Human Subjects

Participants had the right to choose whether to participate, respond, and complete the survey. Through completion of the survey, the participant implied voluntary consent. The informed consent stated that if the participant chooses at any time during the survey to not participate or continue the survey, they can close the browser link to end the survey.

There were no direct benefits to completing this survey; however, the information may provide knowledge to nurse leaders of job satisfiers among registered nurses in the work environment. There were no known or foreseeable risks to participating in the research study. Confidentiality was maintained throughout the study, as the research study is anonymous. The research results will remain secured at the University's School of Nursing for three years after which it will be destroyed. Results of the research study were shared with Paul E. Spector, author of the JSS.

Completion of the research study was voluntary and the participant was under no obligation to participate. At any time during the survey, the participant had the right and opportunity to withdraw at their discretion. The participant was free to choose not to participate and was able to discontinue the survey at any time by simply closing the browser window. There were no cost or incentives associated with participation in the survey. The survey required approximately 15 minutes to complete.

Data Analysis

Data analysis occurred by the researcher through data collected from the JSS tool in SurveyMonkey[®]. Descriptive statistics were utilized to describe and analyze the participant's satisfaction of organizational communication among registered nurses and the time spent in direct patient care in the acute care/hospital setting. Findings of the statistical data may be utilized to assist nurse leaders discern implications for practice related to the registered nurse's satisfaction of communication within the acute care/hospital organization based on the time spent in direct patient care.

CHAPTER IV

Results

The purpose of this Master's of Science in Nursing Thesis was to reveal the satisfaction of organizational communication among registered nurses based on time spent in direct patient care in the acute care/hospital setting. Many components of organizational communication can influence a nurse's satisfaction with their profession and employment choice. Understanding that organizational communication can be disseminated differently depending on the nurse's role in the setting, the researcher analyzed satisfaction between two groups of RNs depending on the amount of time spent in direct patient care. The research study "Registered Nurse Satisfaction: The Impact of Organizational Communication on Satisfaction Among Registered Nurses in the Acute Care/Hospital Setting" was conducted utilizing convenience sampling to obtain respondents through electronic distribution of the Job Satisfaction Survey in a SurveyMonkey[®] tool format to the Academy of Medical-Surgical Nurses (AMSN) membership email list.

Sample Characteristics

After the completion of the research study, the researcher closed the Survey Monkey tool and concluded the survey. There were a total of 55 respondents with 37 of those respondents completing all the survey questions within the survey for a 67% completion rate. The number of respondents that either withdrew or did not complete the research study in its entirety were 18 respondents for a 32% non-completion rate. Of the 37 respondents, all respondents were 18 years of age or older, a registered nurse actively working in the acute care setting, and a member of the AMSN association. Another descriptive component of the research study included the amount of time the respondent

spends in direct patient care in his or her current role. There were two categories respondents were able to choose:

- I spend less than 50% of my time in direct patient care.
- I spend 50% or more of my time in direct patient care.

Of the 37 respondents, 28 respondents spend 50% or more of their time in direct patient care and nine respondents spend less than 50% of their time in direct patient care.

Respondents spending 50% or more of his or her time in direct patient care would include registered nurses functioning in primary nurse roles. On the other hand, those respondents spending less than 50% of time in direct patient care could include nurse educators, managers, and other supporting nurse roles in the acute care hospital setting. (Figure 2).

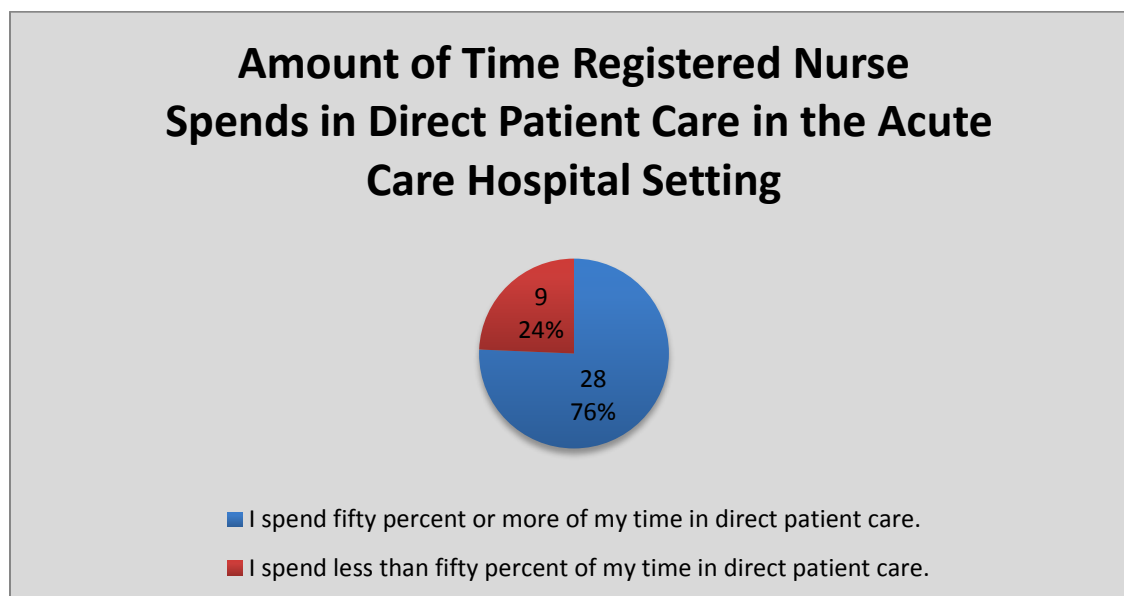


Figure 2. Percentage of Survey Respondents Based on the Amount of Time Registered Nurses Spend in Direct Patient Care in the Acute Care Hospital Setting.

Major Findings

The researcher's question was "Is there a difference in the satisfaction of organizational communication among registered nurses who spend less than 50% of their time in direct patient care and registered nurses who spend 50% or more of their time in direct patient care in the acute care/hospital setting?" The Job Satisfaction Survey tool created by Paul Spector was utilized to uncover the differences in organizational communication satisfaction in the two groups of registered nurses in the acute care hospital setting. The respondents were asked to rate their response on a six-item scale: agree slightly, agree moderately, agree very much, disagree slightly, disagree moderately, or disagree very much. The JSS tool consisted of 36 questions related to job satisfaction with four of those questions focusing on communication within the organization. The four questions/statements that were used to evaluate satisfaction of organizational communication were as follows:

Communications Seems Good Within the Organization

Registered nurses in the acute care setting were asked to rate their perception of the communication within the organization being good. Of the nine respondents who spend less than 50% of their time in direct patient care, the results for each category are: agree slightly – zero respondents (0%), agree moderately – two respondents (22%), agree very much – one respondent (11%), disagree slightly – six respondents (67%), disagree moderately – zero respondents (0%), and disagree very much – zero respondents (0%). The 28 respondents spending 50% or more of their time in direct patient care answered with the following responses: agree slightly – five respondents (18%), agree moderately – eight respondents (29%), agree very much – two respondent (7%), disagree slightly –

nine respondents (32%), disagree moderately – two respondents (7%), and disagree very much – two respondents (7%). Of the nine registered nurse respondents spending less than 50% of time in direct patient care, six (67%) disagree slightly that communication is good within the organization and three respondents (33%) agreed very much or moderately that communication was good within the organization. Registered nurses spending 50% or more of time in direct patient care have varying perceptions of communication being good throughout the organization as 15 respondents (54%) agree in some fashion that the communication is good whereas 13 respondents (46%) disagree on some level with the communication being good. (Figure 3 and Table 1).

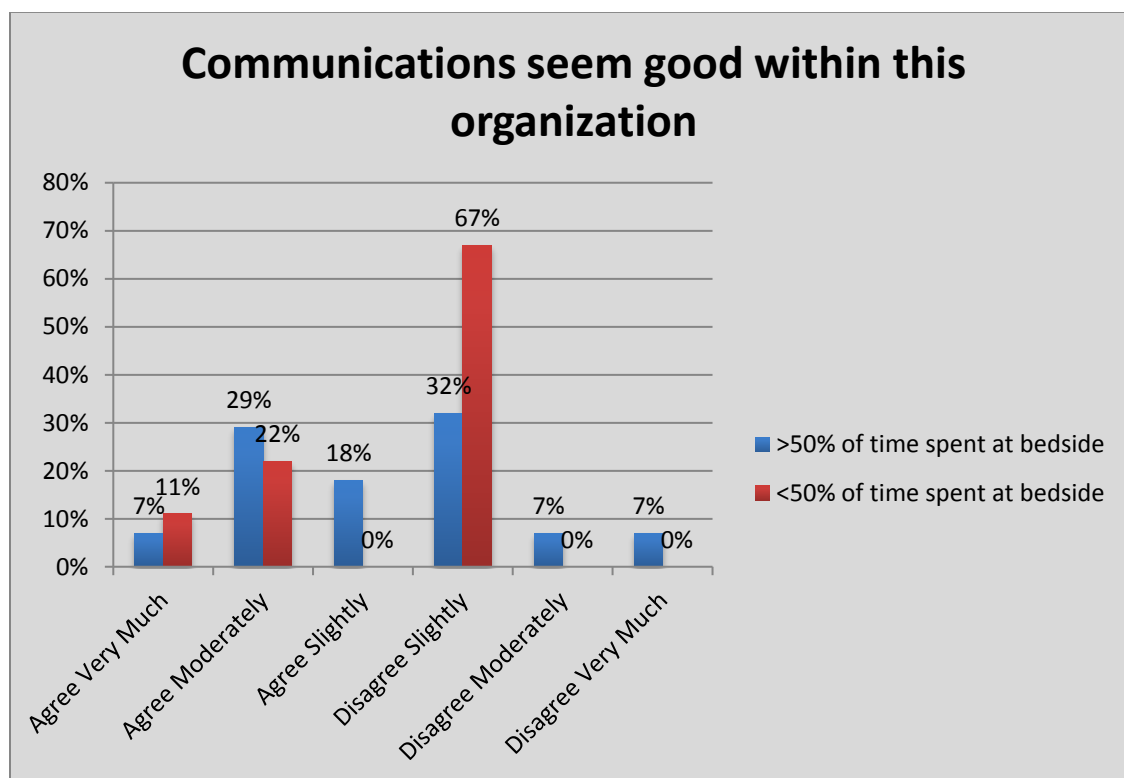


Figure 3. Communications Seem Good Within This Organization. Percentage of respondents in both categories for communications seem good within the organization.

Table 1

Number of Respondents in Categories for Communications Seem Good within this Organization

Communications Seem Good Within This Organization		
	<u>>50% of time spent at bedside</u>	<u><50% of time spent at bedside</u>
Agree Very Much	2	1
Agree Moderately	8	2
Agree Slightly	5	0
Disagree Slightly	9	6
Disagree Moderately	2	0
Disagree Very Much	2	0

The Goals of the Organization Are Not Clear to Me.

The next statement asked the registered nurse to rate his or her perception of their understanding of the organizational goals. Of the nine respondents who spend less than 50% of their time in direct patient care, the results for each category are: agree slightly – zero respondents (0%), agree moderately – zero respondents (0%), agree very much – zero respondent (0%), disagree slightly – two respondents (22%), disagree moderately – three respondents (33%), and disagree very much – four respondents (44%). The 28 respondents spending 50% or more of their time in direct patient care answered with the following responses: agree slightly – four respondents (14%), agree moderately – one respondent (4%), agree very much – zero respondent (0%), disagree slightly – seven respondents (25%), disagree moderately – seven respondents (25%), and disagree very much – nine respondents (32%). Most of the respondents from both categories agreed in some way the goals of the organization were clear to them. (Figure 4 and Table 2).

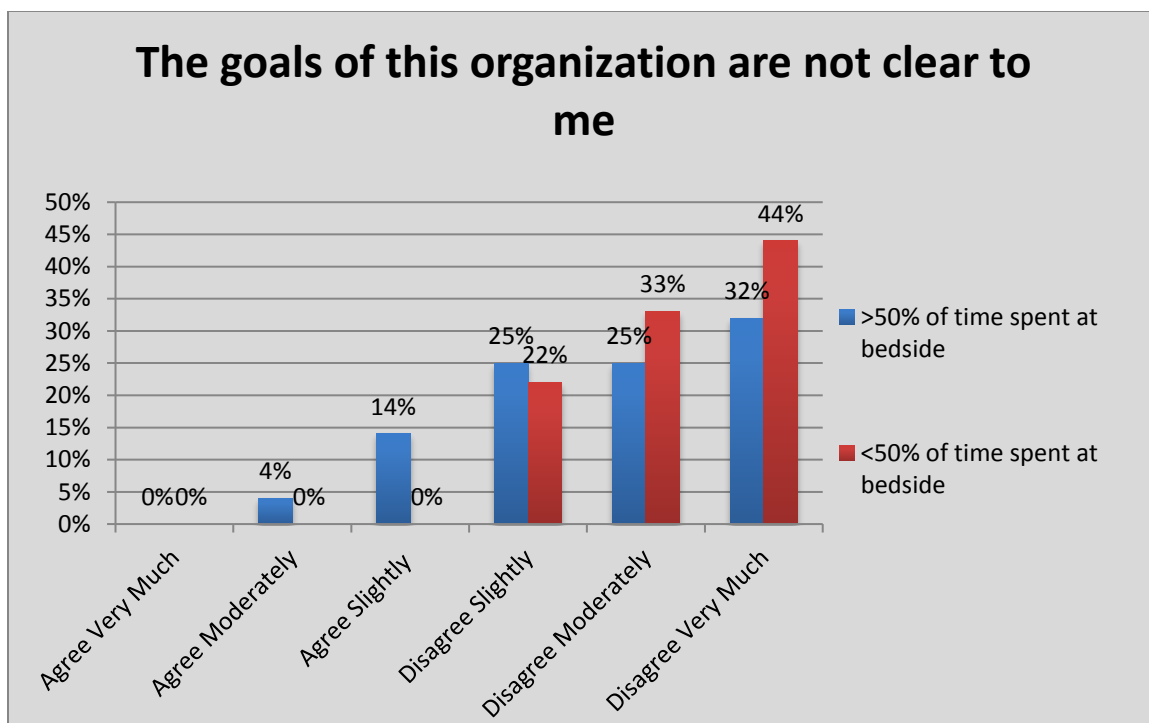


Figure 4. The Goals of This Organization Are Not Clear to Me. Percentage of respondents in both categories for the goals of this organization are not clear to me.

Table 2

Number of Respondents in Categories for The Goals of this Organization Are Not Clear to Me.

The Goals of This Organization Are Not Clear to Me		
	≥50% of time spent at bedside	<50% of time spent at bedside
Agree Very Much	0	0
Agree Moderately	1	0
Agree Slightly	4	0
Disagree Slightly	7	2
Disagree Moderately	7	3
Disagree Very Much	9	4

I Often Feel That I Do Not Know What Is Going On With the Organization

The third statement evaluates the registered nurse's perception of his or her knowledge of what is going on within the organization. Of the nine respondents who spend less than 50% of their time in direct patient care, the results for each category are: agree slightly – two respondents (22%), agree moderately – two respondents (22%), agree very much – one respondent (11%), disagree slightly – zero respondents (0%), disagree moderately – one respondents (11%), and disagree very much – three respondents (33%). The 28 respondents spending 50% or more of their time in direct patient care answered with the following responses: agree slightly – eight respondents (29%), agree moderately – four respondent (14%), agree very much – three respondent (11%), disagree slightly – six respondents (21%), disagree moderately – five respondents (18%), and disagree very much – two respondents (7%). In reviewing the data, 33% of the respondents that spend less than 50% of time in direct patient care disagree very much that they do not know what is going on within the organization; therefore, they know what is going on. Conversely, 29% of the respondents spending 50% or more in direct patient care agree slightly that they feel they are abreast of what is going on in the organization. (Figure 5 and Table 3).

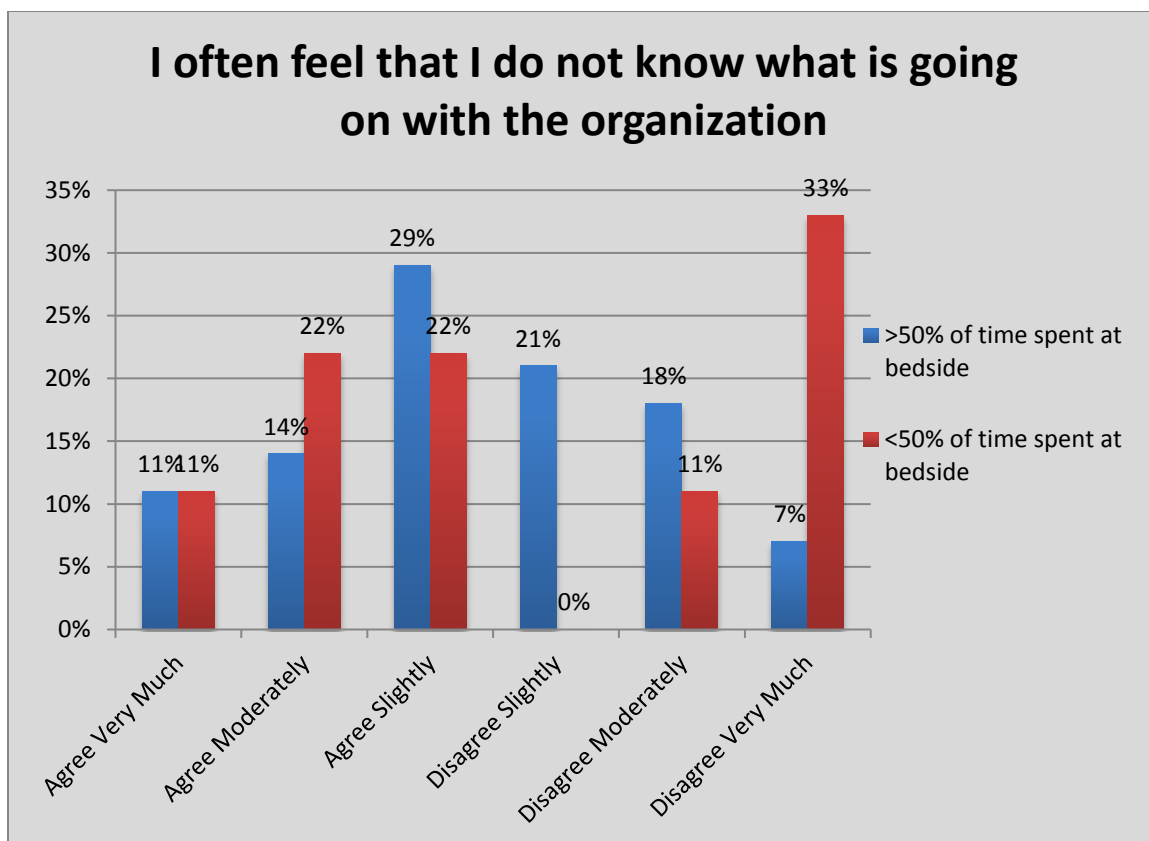


Figure 5. I Often Feel That I Do Not Know What is Going On With the Organization. Percentage of respondents in both categories for I often feel that I do not know what is going on with the organization.

Table 3

Number of Respondents in Categories for I Often Feel That I Do Not Know What Is Going On With The Organization.

I Often Feel That I Do Not Know What is Going On With the Organization		
	<u>>50% of time spent at bedside</u>	<u><50% of time spent at bedside</u>
Agree Very Much	3	1
Agree Moderately	4	2
Agree Slightly	8	2
Disagree Slightly	6	0
Disagree Moderately	5	1
Disagree Very Much	2	3

Work Assignments Are Not Fully Explained

The fourth statement assesses the registered nurse's perception of whether work assignments were clearly explained by the organization. Of the nine respondents who spend less than 50% of their time in direct patient care, the results for each category are: agree slightly – three respondents (33%), agree moderately – one respondents (11%), agree very much – zero respondent (0%), disagree slightly – three respondents (33%), disagree moderately – one respondents (11%), and disagree very much – one respondents (11%). The 28 respondents spending 50% or more of their time in direct patient care answered with the following responses: agree slightly – five respondents (18%), agree moderately – one respondent (4%), agree very much – two respondent (7%), disagree slightly – five respondents (18%), disagree moderately – nine respondents (32%), and disagree very much – six respondents (21%). When evaluating the perception of the registered nurses understanding of work assignments, there is a difference between the two categories. Around two-thirds of respondents spending less than 50% in direct patient care either agree slightly (33%) or disagree slightly (33%) that work assignments are not fully explained. Whereas, 32% of respondents spending 50% or more in direct patient care disagree moderately that work assignments are not fully explained to them. (Figure 6 and Table 4).

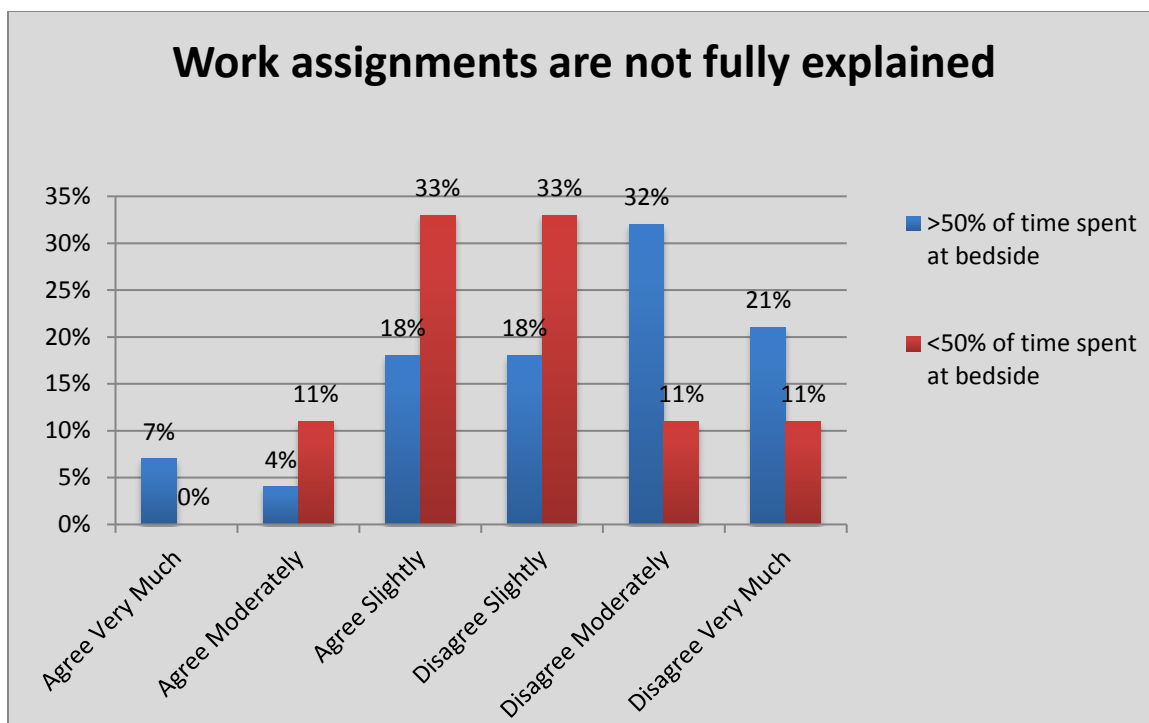


Figure 6. Work Assignments Are Not Fully Explained. Percentage of respondents in both categories for I often feel that I do not know what is going on with the organization.

Table 4

Number of Respondents in Categories for I Often Feel That I Do Not Know What Is Going On With The Organization.

Work Assignments Are Not Fully Explained		
	<u>>50% of time spent at bedside</u>	<u><50% of time spent at bedside</u>
Agree Very Much	2	0
Agree Moderately	1	1
Agree Slightly	5	3
Disagree Slightly	5	3
Disagree Moderately	9	1
Disagree Very Much	6	1

Summary

In summary, there is a difference amongst the perception of organization communication in registered nurses spending less than 50% and 50% or more in direct patient care in the acute care hospital setting. The four topics of organizational communication include communication, understanding organizational goals, knowing what is going on in the organization, and explanation of work assignments. The three of the four organizational communication topics (communication, knowing what is going on in the organization, and explanation of work assignments) showed a difference between the two respondent categories. However, both respondent categories disagreed in some fashion that the goals of the organization were not clear to them.

CHAPTER V

Discussion

Organizational communication can be the glue holding an organization together through alignment and fulfillment of the mission, vision, and goals set forth by the organization. Healthcare is comprised of a broad spectrum of healthcare providers with registered nurses being a large component of the healthcare team. The nursing profession is one of the most influential elements in high-quality, patient-centered care striving for excellence. Therefore, nurse satisfaction is imperative when balancing the demanding career with satisfaction within the nursing profession.

The purpose of this Master's of Science in Nursing Thesis was to reveal the satisfaction of organizational communication among registered nurses based on time spent in direct patient care in the acute care/hospital setting. Understanding the need to retain and recruit highly engaged nurses, nurse administrators must identify and proactively react to the foreseeable future. Retention of nurses currently in the workforce is an essential component needed to ensure that the percentage does not increase due to nurse dissatisfaction. Nursing shortage and turnover can impact the healthcare industry financially, decrease quality of patient care, and decrease nurse and patient satisfaction. Nurse administrators and leaders must rise to the challenge of recruitment and retention of registered nurses into the organization and profession, as they are key stakeholders in the delivery of efficient and high-quality patient centered care.

Implication of Findings

The Job Satisfaction Survey tool by Paul E. Spector was utilized to identify the registered nurse's satisfaction and perception of organization communication within the

acute care hospital setting. Four of the 36 questions in the tool focused on organizational communication: communications within the organization, understanding of the goals within the organization, knowing what is transpiring within the organization, and full explanation of work assignments. Communication is essential in the work environment. Leaders and administrators must place an emphasis on recruitment and retention in the organization to obtain and maintain a successful business. Literature review showed minimal to no findings related to organizational communication as related to registered nurse satisfaction.

This study outlined the four major categories that Spector developed within the JSS tool. Registered nurses spending less than 50% in direct patient care disagreed more than those spending 50% or more that communications seem good within the organization. The importance of this particular finding can be essential to an organization as roles within the less than 50% category can be inclusive of nurse leaders, educators, administrators, and support nurse roles. These roles play an influential part in the success of the organization, as many of them are the voice of the staff and to the staff. This could potentially imply that middle management and support nurses do not feel that communication is dispersed and relayed to them personally; however, those in direct patient care roles feel that communication is better.

Conversely, both groups felt that the goals of the organization were clear to them. Respondents spending less than 50% of time in direct patient care felt clearer in the goals of the organization than those spending fifty more; however, only 18% of respondents in that category felt that he or she was unclear in some fashion. Goals of the organization should be clear to any employee within the industry, as each person should be working to

strive to specific goals and expectations in one accord. Harmony within an organization is founded on the goals and strategies to obtain the optimal outcomes.

Knowing and feeling as though one understands what is going on in the organization can positively impact a nurse satisfaction with employment. When one does not know, they tend to speculate their own ideas, become uncertain, and can lead to feelings of anxiety, fear, and/or insecure. Communication is an essential component that ties hand-in-hand with closed loop communication. A nurse leader can be effectively communicating with the team; however, if the team does not understand or feel they know what the leader is communicating, dissatisfaction can occur. Of the registered nurses spending less than 50% in direct patient care, 55% percent agreed in some way that they did not know what is going on organizationally and 44% disagreed that did not know what is going on with the organization. On the other side, registered nurses spending 50% or more in direct patient care had a variety of responses ranging the entire spectrum from agree very much to disagree very much with 29% agreeing slightly and 21% disagreeing slightly. In reviewing the data for the specific question of knowing what is going on with the organization, the study results reveal there was a disconnect with communication.

Explanation of work assignments is a crucial component of employees being satisfied in their profession and place of employment. The researcher discovered variability between the two groups. Of the registered nurses spending less than 50% in direct patient care, 33% agreed slightly and 33% disagreed slightly that work assignments were not fully explained to them. Conversely, 71% of registered nurses spending 50% or more in direct patient care disagreed in some form that work assignments were not fully

explained with 18% disagree slightly, 32% disagree, and 21% disagree very much. The researcher identified that those spending more time in direct patient care felt work assignments were explained better than those spending less time in direct patient care. Focused efforts on registered nurses in direct patient care can be attributed to the results; therefore, organizations can utilize this data to improve explanation of work assignments to those outside of the direct patient care arena.

Application to Theoretical/Conceptual Framework

Betty Neuman's Systems Model aligns with the purpose of this MSN thesis to decrease the nursing shortage and increase retention among the profession. The framework consists of concepts that direct the nurse in planning appropriate methods for prevention and goal attainment. The work environment can be filled with challenges and stressors in which RNs can adapt or flee in efforts to reach equilibrium. The wholistic approach focuses on the nurse's psychological, sociocultural, development, and spiritual wellbeing. Aspects of the work environment affecting the professional can consist of salary, scheduling, job responsibilities, confidence, and benefits. Some of these components can become stressors causing dissatisfaction with the work environment leading to turnover within the department or organization.

Neuman's Model conceptually aligns with the impact organizational communication can have on the registered nurse and the amount of time spent in direct patient care. Nurse managers and administrators function as strategic planners to understand and prevent stressors as an intervention by way of engagement techniques such as staff-based committees, evidence based practices, and partnerships with human resources. The Neuman Systems Model provides a theoretical framework for leaders to

prevent unwanted nurse turnover leading to shortage while optimizing retention tactics. Neuman's Model was appropriate for the research study as it supports the theory that organizational communication can impact registered nurse satisfaction, as organizational communication can be a stressor to the individual causing disequilibrium. Based on the results of this study, there is an opportunity for better organizational communication to registered nurses serving in both aspects of patient care in the acute care setting. When dissatisfaction occurs, registered nurse can have emotional, physical, and psychological health concerns and problems. By simply communicating more effectively, unwarranted stressors can be eliminated optimizing the registered nurse's work environment.

Limitations

Possible limitations of the research study included the percentage of respondents that were dismissed from the study as result of not completing the survey in its entirety. Another limitation includes the number of survey respondents for the category of registered nurses spending less than 50% of time in direct patient care. Of the 37 respondents, there were 28 registered nurses who spend 50% or more of their time in direct patient care and nine registered nurse who spend less than 50% of their time in direct patient care. It would be beneficial for the groups to be more equitable between the two categories. Demographic information of respondents includes participants 18 years of age or older and actively working as a registered nurse in the acute care hospital setting could potentially be a limitation. The survey for this particular research study was only available to registered nurses on the AMSN email distribution list; therefore it excluded potential participants.

Implications for Nursing

With significant estimated volumes of nurses needed by 2024, healthcare facilities will feel a direct impact financially, through quality indicators, and staff and patient satisfaction. By identifying the satisfaction of organizational communication, partnerships with human resources and nurse administrators can positively influence the nursing profession through engagement of RNs and enhancing nurse satisfaction. Recruitment and retention are key concepts for nurse managers to focus efforts towards in building a highly engaged registered nurse team.

The purpose of this study was to identify differences in the satisfaction of organizational communication among registered nurses who spend less than 50% of their time in direct patient care and registered nurses who spend 50% or more of their time in direct patient care in the acute care/hospital setting. Based on the research results, improvement of organizational communication would be beneficial to both groups with an emphasis on registered nurses working less than 50% in direct patient care. There are focused efforts with transition to practice initiatives, preceptor and mentoring programs, and new employee orientations impacting positive outcomes for registered nurses entering directly into direct patient care areas. The group of registered nurses spending less time in direct patient care can include nurse managers, educators, supporting roles such as case management, and nurse administrators. Due to years of experience, educational backgrounds, and roles, implication that these particular roles hear, know, and understand the organization's goals through communication can be implied based on their leadership role. However, this research study showed that there can be a disconnect with organizational communication amongst this particular group. Follow through and

closed loop communication can provide validation that the organization's goals and communication are clear and understood by all employees no matter the role him or her serves within the organization.

Tactics to improve communication within the organization should be assessed by the nursing leadership and human resource team to develop a communication plan that flows fluidly from the administrative suite to front line staff. Methods of communication can come in many forms such as interactive forums led by the chief nurse executive (CNE) or chief executive officer (CEO), routine newsletters distributed throughout the organization, shift huddles led by supervisors within the department, rounding by senior leaders and nurse managers, and routine staff meetings. All of these options can impact organizational communication; however, the role of the nurse manager is key in each as he or she is the connection and bridge between senior leadership and staff in direct patient care. Teamwork is one of the most influential foundations a nurse manager can build among the team building trust, rapport, and relationships that can open doors to accomplishing any organizational goal while improving nurse retention through satisfaction and empowerment (Sullivan, Ibrahim, Ellner, & Giesen, 2016). Leadership and communication skills through professional and career development are pivotal in organizational communication impacting recruitment and retention of registered nurses in an industry that is growing by leaps and bounds.

Recommendations

As this research study was conducted utilizing a particular professional nursing organization setting, a broader spectrum study through a state's board of nursing registry can provide information on a state level. Additionally, a researcher can perform a similar

study to assess and evaluate the satisfaction of organizational communication within an individual organization. Depending on the size of the organization, the researcher can group participants based on his or her role in the organization identifying areas of opportunity for communication enhancements.

Conclusion

In conclusion, organizational communication throughout an acute care hospital setting is essential in building a high-engaged workforce. The nursing profession's growth is projected to continue to blossom over the next several years. Efforts to recruit and retain registered nurses in the acute care hospital setting are on the radar of all healthcare industries. With effective organizational communication, registered nurses will become engaged, empowered, and change agents in the future. Registered nurses in direct and indirect patient care deserve the accessibility and visibility of communication, organizational goals, understanding the happenings within the organization, and clear explanations of the work assignments expected in the registered nurse's role. Nursing is a highly rewarding profession; therefore, the organization must reward the professional through effective, open communication to continue improvement of career and professional development while achieving optimal clinical outcomes.

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Appendix A
Job Satisfaction Survey Tool

JOB SATISFACTION SURVEY Paul E. Spector Department of Psychology University of South Florida Copyright Paul E. Spector 1994, All rights reserved.		
PLEASE CIRCLE THE ONE NUMBER FOR EACH QUESTION THAT COMES CLOSEST TO REFLECTING YOUR OPINION ABOUT IT.		Disagree very much Disagree moderately Disagree slightly Agree slightly Agree moderately Agree very much
1	I feel I am being paid a fair amount for the work I do.	1 2 3 4 5 6
2	There is really too little chance for promotion on my job.	1 2 3 4 5 6
3	My supervisor is quite competent in doing his/her job.	1 2 3 4 5 6
4	I am not satisfied with the benefits I receive.	1 2 3 4 5 6
5	When I do a good job, I receive the recognition for it that I should receive.	1 2 3 4 5 6
6	Many of our rules and procedures make doing a good job difficult.	1 2 3 4 5 6
7	I like the people I work with.	1 2 3 4 5 6
8	I sometimes feel my job is meaningless.	1 2 3 4 5 6
9	Communications seem good within this organization.	1 2 3 4 5 6
10	Raises are too few and far between.	1 2 3 4 5 6
11	Those who do well on the job stand a fair chance of being promoted.	1 2 3 4 5 6
12	My supervisor is unfair to me.	1 2 3 4 5 6
13	The benefits we receive are as good as most other organizations offer.	1 2 3 4 5 6
14	I do not feel that the work I do is appreciated.	1 2 3 4 5 6
15	My efforts to do a good job are seldom blocked by red tape.	1 2 3 4 5 6
16	I find I have to work harder at my job because of the incompetence of people I work with.	1 2 3 4 5 6
17	I like doing the things I do at work.	1 2 3 4 5 6
18	The goals of this organization are not clear to me.	1 2 3 4 5 6

	<p style="text-align: center;">PLEASE CIRCLE THE ONE NUMBER FOR EACH QUESTION THAT COMES CLOSEST TO REFLECTING YOUR OPINION ABOUT IT.</p> <p style="text-align: center;">Copyright Paul E. Spector 1994, All rights reserved.</p>	<p style="text-align: center;">Disagree very much Disagree moderately Disagree slightly Agree slightly Agree moderately Agree very much</p>
19	I feel unappreciated by the organization when I think about what they pay me.	1 2 3 4 5 6
20	People get ahead as fast here as they do in other places.	1 2 3 4 5 6
21	My supervisor shows too little interest in the feelings of subordinates.	1 2 3 4 5 6
22	The benefit package we have is equitable.	1 2 3 4 5 6
23	There are few rewards for those who work here.	1 2 3 4 5 6
24	I have too much to do at work.	1 2 3 4 5 6
25	I enjoy my coworkers.	1 2 3 4 5 6
26	I often feel that I do not know what is going on with the organization.	1 2 3 4 5 6
27	I feel a sense of pride in doing my job.	1 2 3 4 5 6
28	I feel satisfied with my chances for salary increases.	1 2 3 4 5 6
29	There are benefits we do not have which we should have.	1 2 3 4 5 6
30	I like my supervisor.	1 2 3 4 5 6
31	I have too much paperwork.	1 2 3 4 5 6
32	I don't feel my efforts are rewarded the way they should be.	1 2 3 4 5 6
33	I am satisfied with my chances for promotion.	1 2 3 4 5 6
34	There is too much bickering and fighting at work.	1 2 3 4 5 6
35	My job is enjoyable.	1 2 3 4 5 6
36	Work assignments are not fully explained.	1 2 3 4 5 6

Appendix B

Permission to Utilize the Job Satisfaction Survey Tool by Paul E. Spector

Job Satisfaction Survey, JSS Page

[JSS overview](#)

[JSS scoring instructions](#)

[JSS score interpretation](#) How do you know if someone is satisfied or dissatisfied?

[JSS bibliography](#)

[JSS norms](#)

[Sharing results](#)

[JSS scale: Original English](#)

[Translations of the JSS](#)

[JSS development article](#) From American Journal of Community Psychology, 1985. Adobe (.pdf) format

[Home](#)

Note: The JSS is a copyrighted scale. It can be used free of charge for noncommercial educational and research purposes, in return for the sharing of results. See the "Sharing of results" page above for instructions. The JSS is copyright © 1994, Paul E. Spector. All rights reserved. All reproductions of the JSS should include this copyright notice.

Page last modified July 10, 2011.

Appendix C

Academy of Medical-Surgical Nurses Research Study Approval



Lori M. Lovelace, BSN, RN
4063 Hamilton Road
Shelby, NC 28152

Dear Lori,

Thank you for your research study submission. After evaluation by the Academy of Medical-Surgical Nurses (AMSUN) Research Team Coordinator, Dr. Michael Evans, I am happy to inform you that your study, titled *"Registered Nurse Satisfaction: The Impact of Organizational Communication on Satisfaction Among Registered Nurses in the Acute Care/Hospital Setting"* has been approved for distribution to the AMSUN membership.

Your survey will be distributed using the AMSUN HUB, our online community, as well as the AMSUN website.

We are excited to partner with you on your Research and hope you will share the results with us upon completion.

Sincerely,

A handwritten signature in black ink that reads "Linda H. Yoder". The signature is written in a cursive style.

Linda Yoder, PhD, MBA, RN, FAAN
AMSUN President

Appendix D
Recruitment Letter

Registered Nurse Satisfaction: The Impact of Organizational Communication on Satisfaction Among Registered Nurses in the Acute Care/Hospital Setting

Recruitment Letter

Ms. Lori M. Lovelace, RN, BSN is a graduate student in Gardner-Webb University: Hunt School of Nursing's MSN program conducting research on satisfaction of organizational communication among registered nurses in the acute care/hospital setting based on the time spent in direct patient care. There are no direct benefits to completing this survey; however, the information may provide knowledge to nurse leaders on job satisfiers among registered nurses in the work environment. There are no known or foreseeable risks to participating in the research study.

Participants will complete the Job Satisfaction Survey consisting of 36 questions. To participate in this survey you must be at least 18 years of age, have passed the NCLEX-RN exam, and be actively working in an acute care/hospital setting. Registered nurses working outside of the acute care hospital setting will be excluded from this survey. The survey may be completed at a location and time of convenience for the participant.

Confidentiality will be maintained throughout the study, as the research study is anonymous. There are no personal or demographic identifiers and the primary investigator nor anyone else will know the identity of study participants. Computer use for data collection and data will be stored on an encrypted device and password protected accounts and computer. The results of all surveys will be combined for data analysis. The research results will remain secure at Gardner-Webb University: Hunt School of Nursing for three years after which it will be destroyed. Results of the research study will be shared with Paul E. Spector, author of the Job Satisfaction Survey. The Gardner Webb University Institutional Review Board has approved the research study.

Your completion of the research study is voluntary and you are under no obligation to participate. At any time during the survey, you have the right to withdraw at your discretion. You are free to choose not to participate and may discontinue the survey at any time by simply closing your browser window. There are no cost or incentives associated with participation in the survey. This survey will take approximately 15 minutes to complete.

Thank you for your time and willingness to participate in the research study.

Questions: If you have any further questions, feel free to contact Lori Lovelace at lml0705@gardner-webb.edu or Dr. Yvonne Smith at ysmith@gardner-webb.edu.

Research participant statement and consent

I understand that my participation in this research study is entirely voluntary. I may refuse to participate without penalty or loss of benefits. This study has been explained to me and I have read this document. I have had the opportunity to ask questions and have them answered completely. By completing this survey, I give the primary investigator permission to use the data obtained from the survey for the research study and voluntarily agree to participate in this study.

Please click the link below to proceed to the survey.

Appendix E
Informed Consent

Registered Nurse Satisfaction: The Impact of Organizational Communication on Satisfaction Among Registered Nurses in the Acute Care/Hospital Setting

Informed Consent

Ms. Lori M. Lovelace, RN, BSN is a graduate student in Gardner-Webb University: Hunt School of Nursing's MSN program conducting research on satisfaction of organizational communication among registered nurses in the acute care/hospital setting based on the time spent in direct patient care. There are no direct benefits to completing this survey; however, the information may provide knowledge to nurse leaders on job satisfiers among registered nurses in the work environment. There are no known or foreseeable risks to participating in the research study.

Participants will complete the Job Satisfaction Survey consisting of 36 questions. To participate in this survey you must be at least 18 years of age, have passed the NCLEX-RN exam, and be actively working in an acute care/hospital setting. Registered nurses working outside of the acute care hospital setting will be excluded from this survey. The survey may be completed at a location and time of convenience for the participant.

Confidentiality will be maintained throughout the study, as the research study is anonymous. There are no personal or demographic identifiers and the primary investigator nor anyone else will know the identity of study participants. Computer use for data collection and data will be stored on an encrypted device and password protected accounts and computer. The results of all surveys will be combined for data analysis. The research results will remain secure at Gardner-Webb University: Hunt School of Nursing for three years after which it will be destroyed. Results of the research study will be shared with Paul E. Spector, author of the Job Satisfaction Survey. The Gardner Webb University Institutional Review Board has approved the research study.

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Thank you for your time and willingness to participate in the research study.

Questions: If you have any further questions, feel free to contact Lori Lovelace at lml0705@gardner-webb.edu or Dr. Yvonne Smith at ysmith@gardner-webb.edu.

Research participant statement and consent

I understand that my participation in this research study is entirely voluntary. I may refuse to participate without penalty or loss of benefits. This study has been explained to me and I have read this document. I have had the opportunity to ask questions and have them answered completely. By completing this survey, I give the primary investigator permission to use the data obtained from the survey for the research study and voluntarily agree to participate in this study.

By clicking begin, you will be giving implied consent to participate in the survey.