Purpose
This poster highlights potential positive relationships between collaborative Function Focused Care (FFC) research efforts and healthy work environment (HWE) parameters in acute care.

Significance
• Relationships between healthy work environments (HWE), nurse satisfaction, and patient safety are well documented.
• Healthcare leaders seek methods supporting quality care and HWE.
• The AAN (2005) and the IOM (2010) identified collaboration as an essential standard in HWE.
• Evidence-based practices stem from scholarly research.
• The FFC pilot study embodied:
  – Interprofessional team building.
  – Interdisciplinary education.
  – Staff engagement.
  – Culture change.
  – Collaborative efforts to enhance patient care.

Design
• Secondary data analyses are presented from a pilot study confirming feasibility and a preliminary positive effect for FFC nursing interventions on an acute trauma unit (pending publication).
• An IRB approved single group pre/post measure design compared baseline, three and nine-month surveys.
• Additionally, National Database of Nursing Quality Indicators® (NDNQI) nurse satisfaction scores were measured at baseline and nine months post intervention.

Methods
• 41 of 47 acute surgical/truma staff were contacted and 70% consented.
• 66% of the remaining sample completed the study.
• Investigators performed environmental assessments, multidisciplinary team education, and mentoring of unit staff.
• Unit leadership supported functional interventions with:
  – Early mobility.
  – Provision of assistive devices.
  – Sleep promotion.
  – Electrolyte management.
  – Adequate nutrition.
  – Sensory aid.
  – Family engagement.
• Baseline, three, and nine-month measures included surveys pertinent to the first FFC study, as well as NDNQI and Press Ganey data.
• Related outcomes from the first study (pending publication) included increases in time spent on patient FFC activities, and in time and vigor for nurses’ own home exercise routines.
• Secondary analysis of NDNQI nurse satisfaction data included:
  – Practice Environment Scores (PES).
  – Enough help to lift/move (EHL).
  – Enough time with patients (ETP).

Qualitative Outcomes
• “Many times when I come in for night shift, my patients have ambulated 2-3 times during the day.”
• “I think it is good for them physically and builds their self-esteem…”
• “I compliment them (patients) on their efforts.”
• “The less you do, you will get weaker, and you will have more pain.”

Barriers/Limitations
• Small size/convenience sampling
• Limited ability to control for other variables (such as staffing and acuity)
• Potential impact related to translocation of trauma unit during study period

Conclusions
• Data analysis suggests potential relationships between collaborative FFC research activities and related nurse satisfaction measures.
• Literature supports connections between nurse satisfaction, patient safety and HWE.
• Relationships between scholarly FFC research and HWE warrant further investigation.

References