

Date: June 6, 2012

Title: What value-added nursing care activities increase nurse job satisfaction?

Clinical Question: P (population) Among bedside nurses
I (intervention) what value-added care activities
C (comparison) versus non-value-added activities
O (outcome) increase nursing job satisfaction?

Target Population: Direct care nurses

Definitions:

Value-added care activities:

Direct care – bedside procedures, assessment, vital signs, medications, teaching, activities of daily living (ADL's), communication with patient and care team (Upenieks, Akhavan & Kotleman, 2007, [4a]).

Indirect care – documentation, care rounds (Upenieks, et al, 2007, [4a]).

Non value-added care activities: Looking for equipment and people, waiting delays, administrative paperwork, writing care plan, admission/discharge paperwork, escorting patients, computer data entry, training, staff meetings (Upenieks, et al, 2007, [level 4a]).

Recommendation:

There is insufficient evidence and a lack of consensus to make a recommendation about value-added versus non-value-added care activities to increase bedside nurses' job satisfaction.

Discussion/Summary of Evidence Related to the Recommendation:

There is no evidence that directly answers the PICO question, however evidence was found about value added care activities and nurse satisfaction.

One study defined value-added and non-value-added activities and then using a comparative design assessed workload and staffing ratios. The identified value-added duties were bedside procedures, assessment, vital signs, medications, teaching, ADL's, communication with patient and care team, documentation, care rounds. Identified non-value-added duties were looking for equipment and people, waiting delays, administrative paperwork, writing care plans, escorting patients, training, and staff meetings. Nurses were observed performing these duties, but job satisfaction was not addressed (Upenieks, et al., 2007, [4a]).

One descriptive study identified categories of patient care, not actual job duties that provided job satisfaction or job dissatisfaction. The categories of patient care that provided job satisfaction identified were patient care, environment, balanced workload, relations with coworkers, personal factors, salary and benefits, professionalism, cultural background of the nurse and career stage of the nurse (McNeese-Smith, 1999, [4a]).

A mixed methods study looked at eliminating non-value-added work. Key drivers of unnecessary work associated with the day-to-day delivery of patient care were identified. The goal was to eliminate non-value-added work and evaluate the impact of redesign on patient care. Work environment satisfaction was measured by comparing 1999 and 2001 data. When compared with 1999 data (M = 52.1, SD = 3.7), 2001 employees reported higher satisfaction (M = 58.7, SD = 6.3, $t(30) = 6.9, p < .0001$). However, only four employees completed work environment surveys before and after the redesign. The issue of job satisfaction was not addressed (Capuano, Bokovoy, Halkins & Hitchings, 2004, [4b]).

A cross sectional quantitative study identified aspects of work life that provided satisfaction for nurses. Nine aspects of work life were addressed that provided job satisfaction and seven aspects were addressed that did not support nursing job satisfaction. This data could be considered value-added versus non-value-added aspects of work life. However, these job aspects of work life were not actual job activities (Best & Thurston, 2004, [4b]).

Dimensions for Judging the Strength of the Recommendation:

Reflecting on your answers to the dimensions below and given that more answers to the left of the scales indicates support for a stronger recommendation, complete one of the sentences above to judge the strength of this recommendation.

(Note that for negative recommendations, the left/right logic may be reversed for one or more dimensions.)

1. Grade of the Body of Evidence	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Low
<i>Comments:</i>			
2. Safety/Harm (Side Effects and Risks)	<input checked="" type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> Serious
<i>Comments:</i>			
3. Health benefit to patient	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Minimal
<i>Comments:</i>			
4. Burden on patient to adhere to recommendation	<input type="checkbox"/> Low	<input checked="" type="checkbox"/> Unable to determine	<input type="checkbox"/> High
<i>Comments:</i>			
5. Cost-effectiveness to healthcare system	<input checked="" type="checkbox"/> Cost-effective	<input type="checkbox"/> Inconclusive	<input type="checkbox"/> Not cost-effective
<i>Comments: related to retention, productivity and efficiency.</i>			
6. Directness of the evidence for this target population	<input type="checkbox"/> Directly relates	<input type="checkbox"/> Some concern of directness	<input checked="" type="checkbox"/> Indirectly relates
<i>Comments:</i>			
7. Impact on morbidity/mortality or quality of life	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input checked="" type="checkbox"/> Low
<i>Comments:</i>			

Reference List: (Evidence Level in []; See Table of Evidence Levels following references)

Best, M. & Thurston, N. (2004). Measuring nurse job satisfaction. *JONA* 34(6), 283-290 [4b].

Capuano, T., Bokovoy, J., Halkins, D. & Hitchings, K. (2004). Work flow analysis eliminating non-value-added work. *JONA*, 34(5), 246-256 [4b].

McNeese-Smith, D.K. (1999). A content analysis of staff nurse descriptions of job satisfaction and dissatisfaction. *Journal of Advanced Nursing*, 29(6), 1332-1341 [4a].

Upenicks, V., Akhavan, J. & Kotlerman, J. (2007). Value-added care: A new way of assessing nursing staffing ratios and workload variability. *JONA*, 37(5), 243-252 [4a].

SUPPORTING INFORMATION

Background/Purpose of BEST Development:

One of Cincinnati Children's Hospital Medical Center's (CCHMC's) hospital-wide strategic goals for 2015 is to attain a 20% improvement in productivity through a combination of increasing/decreasing value added, non-value added and necessary work. Personal digital assistant software was purchased and a palm pilot study was conducted on four units. Every nurse on the units carried a palm pilot for 3 weeks whenever they were working. The palm pilot had nursing activities broken down into value-added versus non value-added categories. The palm pilot would randomly signal the RN to enter the data requested on the screen. The information was compiled by our outcomes manager and presented to department management. The Transitional Care Center (TCC) was one of the four units chosen to develop a Value-Added Care initiative for CCHMC. It was requested by the director of the TCC that evidence be explored regarding any previous studies conducted on value versus non-value added activities and nurse satisfaction. The purpose of this BEST was to compile the evidence found.

Applicability Issues: No evidence found relating to the question asked.

Outcome or Process Measures:

A nursing satisfaction questionnaire could be given to all unit staff nurses to measure satisfaction when providing value-added care versus non-value-added care.

Search Strategy:

Databases: Medline/PubMed, CINAHL, hand search

Key words: direct patient care, nursing & satisfaction, value added care, non-value added care, bedside nurses & job satisfaction, patient care, clinical nursing, work environment

Filters: English language

Dates searched: 1/01 to 12/11

Last search conducted: 12/1/11

Group/Team Members:

Team Leader/Author: Patricia Ashcraft, BSN, RN, CPN, Transitional Care Center

Support/Consultant: Barbara Giambra, MS, RN, CPNP, Center for Professional Excellence, Research and Evidence-Based Practice

Ad Hoc/Content Reviewers: Kathleen Dressman, RN, MS, NEA-BC

Conflicts of interest were declared for each team member:

- No financial conflicts of interest were found.
- The following financial conflicts of interest were disclosed:

Note: Full tables of evidence grading system available in separate document:

- [Table of Evidence Levels of Individual Studies by Domain, Study Design, & Quality](#) (*abbreviated table below*)
- [Grading a Body of Evidence to Answer a Clinical Question](#)
- [Judging the Strength of a Recommendation](#) (*abbreviated table below, dimensions table above*)

Table of Evidence Levels (*see note above*)

Quality level	Definition
1a† or 1b†	Systematic review, meta-analysis, or meta-synthesis of multiple studies
2a or 2b	Best study design for domain
3a or 3b	Fair study design for domain
4a or 4b	Weak study design for domain
5a or 5b	General review, expert opinion, case report, consensus report, or guideline
5	Local Consensus

†a = good quality study; b = lesser quality study

Table of Recommendation Strength (*see note above*)

Strength	Definition
It is strongly recommended that... It is strongly recommended that... not...	There is consensus that benefits clearly outweigh risks and burdens (or visa-versa for negative recommendations).
It is recommended that... It is recommended that... not...	There is consensus that benefits are closely balanced with risks and burdens.
There is insufficient evidence and a lack of consensus to make a recommendation...	

Copies of this Best Evidence Statement (BEST) and related tools (if applicable, e.g., screening tools, algorithms, etc.) are available online and may be distributed by any organization for the global purpose of improving child health outcomes.

Website address: <http://www.cincinnatichildrens.org/svc/alpha/h/health-policy/best.htm>

Examples of approved uses of the BEST include the following:

- copies may be provided to anyone involved in the organization's process for developing and implementing evidence based care;
- hyperlinks to the CCHMC website may be placed on the organization's website;
- the BEST may be adopted or adapted for use within the organization, provided that CCHMC receives appropriate attribution on all written or electronic documents; and
- copies may be provided to patients and the clinicians who manage their care.

Notification of CCHMC at EBDMinfo@cchmc.org for any BEST adopted, adapted, implemented, or hyperlinked by the organization is appreciated.

Please cite as: Cincinnati Children's Hospital Medical Center: Best Evidence Statement - What value-added nursing care activities increase nurse job satisfaction?, <http://www.cincinnatichildrens.org/svc/alpha/h/health-policy/best.htm>, BEST 130, pages 1-5, June 6, 2012.

This Best Evidence Statement has been reviewed against quality criteria by 2 independent reviewers from the CCHMC Evidence Collaboration.

For more information about CCHMC Best Evidence Statements and the development process, contact the Evidence Collaboration at EBDMinfo@cchmc.org.

Note

This Best Evidence Statement addresses only key points of care for the target population; it is not intended to be a comprehensive practice guideline. These recommendations result from review of literature and practices current at the time of their formulation. This Best Evidence Statement does not preclude using care modalities proven efficacious in studies published subsequent to the current revision of this document. This document is not intended to impose standards of care preventing selective variances from the recommendations to meet the specific and unique requirements of individual patients. Adherence to this Statement is voluntary. The clinician in light of the individual circumstances presented by the patient must make the ultimate judgment regarding the priority of any specific procedure.