

Review title

The Registered Nurses' experiences of workplace culture and workplace climatic factors as influences on nursing workloads: A systematic review

Reviewers

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Review question/objective

The objective of this review is to identify and synthesise current evidence on workplace cultural and climatic factors that influence the daily work of nurses in an acute health care setting.

Background

According to Duffield, Roche & Merrick (2006), nursing workloads can be conceptualised as situations and activities that Registered Nurses are involved in everyday, in a particular context as part of their normal work life in health care.¹ Given the multiple contexts where nurses work, It is this diversity in practice which contributes to the challenge in defining and objectively measuring nursing workload.¹ The use of quantitative methodologies to measure nursing workloads focuses on the time and tasks

efficiency from a managerial point of view. Without delving into the actual experiences of nurses at work, and the perceptions that determine the work view of nursing staff, individually and as a group. Nursing workloads have been and will continue to be a source of contention, as health care facilities attempt to match organisational and political tensions between limited resources and unlimited demand. The issue of nursing workloads is a perennially topical subject for researchers, policy makers, industrial advocates and, naturally, nurses themselves. In the current economic context, there is an increasing pressure on nurses to provide rationalised client care services and meet organisational efficiency demands. ⁴ Excessive workloads create significant ramifications for the nursing workforce, the employer and patient safety. ^{5 6 1 7 8 9 10 11} These ramifications include disengagement of nurses from the profession, depleting the skilled workforce, organisational costs of recruiting and retaining nurses, and human error factors that have contributed to adverse events. In addition to these negative ramifications, the precise measurement of those nursing workloads, in Australia is problematical for both employer and employee. ¹ The fundamental importance of workloads coupled with the difficulties of measuring that workload and ensuring a reasonable match between the supply of nurses to meet the demand of clinical care, has particular relevance on financial and human resource management dilemmas. Nursing culture and climate have emerged as a significant element in this workload debate that has not received as much attention as direct care components of nursing workloads. When considering culture and climate within the nursing context, culture can be described as the shared social knowledge and understandings of a group that determine the accepted interactions and behaviours of a group. ^{12 13} Culture is a major driver of employee behaviour, especially when there is an absence of formal policy and time pressure. ¹⁴ These shared understandings and behaviours manifest as daily discourses, which include spoken and written language, and are the main symbolic offering of group culture. As such, culture is invisible ¹⁵ but becomes largely visible through the conversation/discourse and social interactions within the workplace. ¹¹ From a cultural perspective, the traditions and

a learned and shared phenomena) exists on two levels -the visible artefacts (ie physical structures and symbols, rituals and ceremonies, language, stories and legends), and the observable behaviours, where artefacts dictate the group's underlying behaviour and decision-making.²³ An imbalance in social interactions and a hierarchical workplace ethos will determine "who does what and when and how"²⁴ as accepted and expected norms and behaviours. An example of this would be that all patients should be showered before breakfast to ensure that they are ready for Doctor's rounds at a specific hour, regardless of the impact on the nurse's workload or the patient's preferences. Considering that within cultures, there exists subcultures, with their own norms, values and beliefs perpetuated over time,²⁵ the interaction between the organisational culture and the unit based culture/s can also have a significant impact on change management and overall organisational success.²⁶ For example, Wilson et al²² demonstrated that when core values and beliefs were not embraced by all the staff within a unit, recurring tension, lack of care coordination and dysfunctional behaviour evolved. This dysfunction will then impact on workload. Consequently, these cultural aspects contribute to the nursing workload issue. Climate on the other hand denotes the tangibles of everyday life such as hierarchical structures, work regulation, group dynamics and work characteristics.¹⁵ Climate perceptions are a critical determinant of behaviour in the workplace and incorporate shared employee perceptions of "what it is like to work here" in terms of policies, practices, procedures, routines and expected behaviours.²⁷ Climate is the social environment in which nurses practice their profession, interacting and adapting to organisational challenges according to "expected" cultural attributes. An example of climate would be the non-replacement of staff on sick leave, leaving the remaining staff to carry the load for the missing staff member. Denison²⁵ proposes that culture and climate are actually the same phenomenon, because they create and influence the social contexts in organisations. Climate factors that exacerbate nursing workload include rostering practices, competency levels and clinical governance processes.^{28 29} Excess patient turnover and movements and environmental complexity

associated with quality management and accreditation, or the removal of clinical nurse consultant positions at Unit level into manager positions, with diminished support to the clinicians or tasks being delayed because of other department's competing priorities. Reduced length of stay, technology and having to provide the same care in a shorter timeframe, have increased workload as well as contributed to the complexity of the practice environment.²⁹ There is evidence that, as environmental complexity increases, nurses attempt to balance organisational demands and client needs by their individual decision-making and prioritisation, which lead to 'shortcuts' in nursing care, creating potential for adverse patient outcomes.^{32 33} Other climate factors cited as contributing to workloads are associated with restructuring and changes in organisational processes which can also have adverse effects on staff and patient safety.^{1 28 34 35 3} Laschinger, Shamian & Wilk³⁴ linked climate and environmental factors with meaningful work, competence, autonomy and job satisfaction, related to job satisfaction and retention. These results suggested that enhancing perceptions of empowerment (values and beliefs) can have positive effects on nurses' perceptions of quality of patient care and consequently job satisfaction and retention. Research examining the influence of the working environment on nurses has highlighted that certain workplace climate features, such as sustained intensity of workload, regular addition of extra tasks, role changes and a demand to broaden skill acquisitions, are detrimental for nursing staff.^{29 7 10} Culture on its own is not the only portend for workload. When the impact of a culture is considered with its correlation on organisational climate, the notion of discretionary performance (going the extra mile) will determine whether the impact on workload is positive or negative.²⁶ That is, whether the social glue will hold the group together and reduces workforce attrition and dysfunction in the workplace, which has an influence on nurses' daily workloads. Workload is a complex phenomenon that is an existential component of the contemporary nursing environment. Coping with that environment is a skill that is acculturated into the nursing profession³⁶ through a process of decision making and prioritisation in a dynamic and complex community of practice, which

tasks performed. As well, the complexity of work environments is not easily translated into quantitative measures of workload, which by their nature are task-orientated. Qualitative methodologies, when used in nursing workloads research, are able to explore these complexities. Denison²⁵ makes particular note that researchers need to work with people in their natural setting (context) to understand and describe the prevailing culture/climate and context of the working environment, in their own language. In view of these findings, this systematic review aims to identify and synthesise available qualitative evidence on cultural and climatic factors that impact on nursing workloads. Insight into current recommendations for practice will provide opportunity to consolidate the evidence to develop a model for best practice in the management of nursing workloads. Prior to commencement of the review, The Cochrane Library and the JBI Library of systematic reviews were searched and no other systematic review was identified on this topic as being published or being underway.

Practitioners Regulation Authority Register of Nurses in Division 1 Registered Nurses, or the international equivalent, for studies that are conducted overseas.⁴⁴ Acute care settings are defined as medical or surgical units where 24hr inpatient care is provided.

Types of intervention(s)/phenomena of interest

This review will consider the experiences of Registered Nurses in busy acute care facilities, in regard to values, beliefs, attitudes, artefacts, rituals, routines and traditions that impact on nursing workloads. In addition, to this cultural aspect, the experiences of climate factors that include clinical governance, inter-professional relationships, collegiality, workplace support, non-nursing duties, organisational structure and processes, work redesign, work flow, nursing roles and demands on nurses practice context that influence nurses workloads, will be included. Patient clinical care factors will be excluded.

Types of outcomes

This review will consider studies that include experiences of Registered Nurses of specific cultural and climatic factors that influence Registered Nurses' daily workloads in an acute care facility.

Types of studies

This review will consider qualitative studies with designs, but not limited to, such as phenomenology, ground theory, ethnography, action research and feminist research. In the absence of research studies, other text such as opinion papers and reports will be considered in a narrative summary.

Search strategy

The search strategy aims to find both published and unpublished English language studies. A three-step search strategy will be utilised in this review. An initial limited search of Proquest, MEDLINE and CINAHL databases will be undertaken, followed by

search articles which are listed in Medline but for which the cataloguing process is incomplete. Terms identified and the synonyms used by respective databases, will be used in an extensive search of the literature. Reference lists and bibliographies of the articles collected from those identified in stage two will be searched for relevant studies. The initial search terms will be adapted to suit the requirements of each database and terms/descriptors will include: Nurs* Work* environ* organis* climate organ* culture organis* process* time pressure busy work* non-nursing work* tradition beliefs value* ritual* artifacts restruc* environmental complex* work redesign overload relations* power*

Full copies of articles identified by the search, and considered to meet the inclusion criteria, based on their title, abstract and subject descriptors, will be obtained for data synthesis/analysis. Articles identified through reference lists and bibliographic searches will also be considered for data collection based on their title. Two reviewers will independently assess articles against the inclusion criteria. Discrepancies in reviewer selections will be resolved at a meeting between reviewers prior to selected articles being retrieved.

Assessment of methodological quality

Papers selected for retrieval will be assessed by two independent reviewers for methodological validity prior to inclusion in the review using standardised critical appraisal instruments from the Joanna Briggs Institute either Qualitative Assessment and Review Instrument (JBI-QARI, Appendix I) or Joanna Briggs Institute Narrative, Opinion and Text Assessment and Review Instrument (JBI-NOTARI, Appendix II). Any disagreements that arise between the reviewers will be resolved through discussion, or with a third reviewer.

Data collection

Qualitative data will be extracted from papers included in the review using standardised

statements that represent that aggregation, through assembling the findings (Level 1 findings) rates according to their quality, and categorising these findings on the basis of similarity in meaning (Level 2 findings). These categories are then subjected to a metasynthesis in order to produce a single comprehensive set of synthesised findings (Level 3 findings) that can be used as a basis for evidence-based practice. Where textual pooling is not possible the findings will be presented in narrative form.

Conflicts of interest

nil

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Reviewer _____ Date _____

Author _____ Year _____ Record Number _____

- | | Yes | No | Unclear |
|--|--------------------------|--------------------------|--------------------------|
| 1. Is there congruity between the stated philosophical perspective and the research methodology? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there congruity between the research methodology and the research question or objectives? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there congruity between the research methodology and the methods used to collect data? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there congruity between the research methodology and the representation and analysis of data? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is there congruity between the research methodology and the interpretation of results? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is there a statement locating the researcher culturally or theoretically? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is the influence of the researcher on the research, and vice-versa, addressed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are participants, and their voices, adequately represented? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the research ethical according to current criteria or, for recent studies, and is there evidence of ethical approval by an appropriate body? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do the conclusions drawn in the research report flow from the analysis, or interpretation, of the data? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Overall appraisal: Include Exclude Seek further info.

Comments (Including reasons for exclusion)

Reviewer _____

Date _____

Author _____

Year _____

Record Number _____

Yes No Unclear

1. Is the source of the opinion clearly identified?

 2. Does the source of the opinion have standing in the field of expertise?

 3. Are the interests of patients/clients the central focus of the opinion?

 4. Is the opinion's basis in logic/experience clearly argued?

 5. Is the argument developed analytical?

 6. Is there reference to the extant literature/evidence and any incongruency with it logically defended?

 7. Is the opinion supported by peers?
-

Overall appraisal: Include Exclude Seek further info

Comments (Including reason for exclusion)

Methodology:

Method:

Interventions:

Setting:

Geographical:

Cultural:

Participants:

Data Analysis:

Authors Conclusion:

Reviewers Comments:

Complete

Yes
 No

Type of Text:

Those Represented:

Stated Allegiance/Position:

Setting:

Geographical:

Cultural:

Logic of Argument:

Data Analysis:

Authors Conclusion:

Reviewers Comments:

Complete

 Yes
 No

Update

Cancel