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**DETERMINING THE EFFECTS OF PAST NEGATIVE
EXPERIENCES INVOLVING PATENT CARE**

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The need for quality healthcare is growing exponentially as baby boomers grow older and the world's population steadily rises. In 2012, the U.S. Bureau of Labor Statistics reported the growth in the healthcare sector accounted for 1 out of every 5 newly created jobs. Furthermore, Registered Nurses (RN) will continue to be the top occupation based on job growth through 2020, approximately 26% growth between 2010 and 2020 (American Association of Colleges of Nursing, 2012). The increasing shortage of nurses adds to the rising costs of healthcare. In addition to the low productivity, which can account for 80% of turnover costs, there are the costs of recruitment and orientation. Thus, it is advantageous financially and productively to retain nurses compared to replacing them (Strachota, Normandin, O'Brien, Clary, & Krukow, 2003). With turnover rates as high as 30% in the first year and even higher at 57% in the second year (Twibell et al., 2012), nurse executives must address issues that may impact this issue. The estimated cost of attrition is \$82,000 per nurse which places a major burden on the institution. It is beneficial for organizations to examine the perception of job satisfaction and ethical climate on nursing turnover considering the increased need for registered nurses and the expense for recruitment and training.

Review of Literature

Possible Reasons for Turnover

Although turnover has decreased somewhat in response to the economic downturn, as the economy improves, baby boomers will begin to retire. It has been projected that by 2025, there will be a shortage of approximately 260,000 nurses in the United States. Reasons cited by nurses for leaving employment include excessive workloads, unacceptable scheduling, inability to practice autonomously, negative relationships, and limited time to spend with patients. Factors that could improve job satisfaction included adequate staffing and improved scheduling (Twibell et al., 2012). According to a focus group study conducted by Tourangeau, Cummings, Cranley, Ferron, and Harvey (2010), there are eight categories that influence nurses' intentions to remain employed: relationships with co-workers, conditions of the work environment, relationship with one's

manager, work rewards, organizational support and practices, physical and psychological responses to work, patient relationships and other job content, and external factors. Specifically, the participants reported inadequate numbers of nurses or inadequately trained staff, which caused a safety hazard. The participants suggested the need for on-going formal support for newly hired staff, meaningful opportunities to provide input to administration, and manageable workloads in order to provide adequate patient care. Even though the connection to job satisfaction was not confirmed, the researchers suggest future examination of the influential factors and possible strategies to incorporate into nursing programs. Larrabee and fellow colleagues (2003) found job satisfaction was the major predictor of intent to leave among registered staff nurses and the major predictor of job satisfaction was psychology empowerment. Psychology empowerment manifests itself in a person's wishes and feelings regarding his or her ability to shape his or her work role and context. These researchers also suggest implementing improved strategies to address job satisfaction.

Ethical climate is defined as a perception by the employee of organizational practices, procedures, norms, and values (Mulki, Jaramillo, & Locander, 2008). These organizational conditions affect patient care (Hart, 2005). Unethical climate can have a negative effect on employees' job satisfaction, performance, and retention rate (Hart, 2005; Mulki et al., 2008). In a study conducted by Mulki, Jaramillo, and Locander (2008), the relationship between ethical climate and turnover intention was mediated by job satisfaction. Moreover, lower stress levels increased job satisfaction. Strachota and colleagues (2003) used an open-ended questionnaire with a sample of nurses who voluntarily terminated or changed their employment status. The respondents often provided more than one reason why they changed their position. The most common reason was hours worked, which included more than 50% of the participants. Another issue was frustration with quality of care based on low staffing and increased work demands, which included 46% of the participants. Numerous nurses stated one of their career goals was to provide quality patient care. Unfortunately, low employee satisfaction can translate to low patient

satisfaction (Strachota et al., 2003). Increasingly, nurses stated that there is a lack of congruency between patient needs and demands of the organization (Hart, 2005).

Theoretical Framework

Given the importance of job satisfaction and its relationship with ethical climate and intention to change employment status, will nurses who have had negative experiences during other positions impact their perceptions at their current position? Erikson and Erikson (1994) defines the eight major stages of psychosocial development. Erikson felt at each stage of life a conflict, or psychosocial crisis, occurs. The results of the conflict or crisis serve as a turning point in one's psychosocial development. During the adolescent years, the psychosocial crisis of identity versus identity confusion begins. At this stage, one continues to develop the capacity to trust, which is the first stage at infancy, and trust oneself, as well as loyalty. Later in adulthood, the psychosocial crisis of generativity versus stagnation occurs. At this stage, one wants to see positive changes that benefit others at work, home, and society. If one is unsuccessful with this conflict, one could feel unproductive. Thus, one's psychosocial development could be affected by job satisfaction, ethical climate, and past experiences in the workplace.

According to Öhlén and Segesten (1998), professional identity, which impacts a nurse's personal identity, is defined as a feeling that one can practice nursing with skill and responsibility. The development of this professional identity is a process that involves external (e.g., interactions with other nurses and healthcare staff) and internal (e.g., one's own knowledge and skill) factors. As a result, this development impacts the nurse's self-esteem and self-image, which impacts the nurse's ability to provide appropriate patient care. A discrepancy between nurses' self-image and their public image can affect their job dissatisfaction and performance (Takase, Kershaw, & Burt, 2001). Takase, Kershaw, and Burt (2001) found a moderate, negative relationship existed between nurses' job satisfaction and performance with their survey study of 80 registered nurses. Past experiences in the work place affect the development of professional identity. Hart (2005)

conducted a survey study using the *Hospital Ethical Climate Survey* with 681 nurses. Hart (2005) found a weak and negative, but statistically significant, relationship between ethical conflict in previous positions and turnover intentions. Hospital ethical climate explained 25.4% of the variance in positional turnover intentions and 14.7% of the variance in professional turnover intentions. Other significant predictors were patient load and control over practice.

Ethical framework

The use of an ethical framework when approached with overwhelming ethical issues enables the nurse to approach the issue with an objective view rather than merely working from intuition (Cooper, 2012). There are numerous ethical models, however, the core steps in the process are all essentially the same, 1) identify the problem based on all relevant facts, 2) consider all individuals who should be involved in the decision making process, 3) explore all relevant options, and finally, 4) implement the decision (Cooper, 2012). The purpose of this study was to determine the effects of past negative experiences involving patient care on the perceptions of current overall job satisfaction and ethical climate.

Methods

Participants

To be eligible for inclusion in this study, participants had to be a registered nurse who was employed at one of the two hospitals used as outside performance sites. The participants included 66 (94.3%) females and 3 (4.3%) males, and 1 (1.4%) participant did not indicate a gender. In terms of race, 91.4% ($n = 64$) of the participants were Caucasian and 8.6% ($n = 6$) were African-American. The age ranged from 20 years to greater than 60 years. The majority of the participants held at least an associate degree or baccalaureate in nursing. Experience as a nurse and experience at this hospital ranged from less than 1 year to more than 10 years. The majority of the participants had nursing experience of more than 10 years.

Based on the item, “Have you ever quit, or considered quitting, a clinical position because of your discomfort with the way patient care was handled at your institution?,” the 70 participants were grouped. Those participants who indicated “Yes, I have quit a position” or “Yes, I have considered quitting but did not leave” were placed in the Tendency to Quit group. Those participants who indicated “No, I have never quit a position” or “No, I have never considered quitting a position” were placed in the No Tendency to Quit group. Table 1 presents the demographic frequencies and percentages for gender, race, and age range by group. Tables 2 and 3 display frequencies and percentages for highest earned degree and years of nursing experience.

Table 1

Demographic Frequencies and Percentages by Group

	<u>Tendency to Quit</u>	<u>No Tendency to Quit</u>
	<i>n</i>	<i>n</i>
<u>Gender</u>		
Female	33 (91.7%)	33 (97.1%)
Male	2 (5.6%)	1 (2.9%)
Missing	1 (2.8%)	0 (0.0%)
<u>Race</u>		
Caucasian	31 (86.1%)	33 (97.1%)
African	5 (13.9%)	1 (2.9%)
<u>Age Range</u>		
20 - 30	7 (19.4%)	4 (11.8%)
31 - 40	10 (27.8%)	9 (26.5%)
41 – 50	7 (19.4%)	12 (35.3%)
51 – 60	12 (33.3%)	7 (20.6%)
Greater than 60	0 (0.0%)	2 (5.9%)
Total	36 (100%)	34 (100%)

Table 2

Frequencies and Percentages for Highest Earned Degree by Group

	<u>Tendency to Quit</u>	<u>No Tendency to Quit</u>
	<i>n</i>	<i>n</i>
Diploma	2 (5.6%)	3 (8.8%)
Associate Degree	11 (30.6%)	15 (44.1%)
Baccalaureate (Nursing)	15 (41.7%)	9 (26.5%)
Baccalaureate (Other Field)	3 (8.3%)	2 (5.9%)
Master's (Nursing)	4 (11.1%)	4 (11.8%)
Master's (Other Field)	1 (2.8%)	1 (2.9%)
Total	36 (100%)	34 (100%)

Table 3

Frequencies and Percentages for Years of Nursing Experience by Group

<u>Total Experience</u>	<u>Tendency to Quit</u>	<u>No Tendency to Quit</u>
	<i>n</i>	<i>n</i>
Less than 1 year	1 (2.8%)	0 (0.0%)
1 to 5 years	7	6

	(19.4%)	(17.6%)
6 to 10 years	6 (16.7%)	4 (11.8%)
More than 10 years	21 (58.3%)	21 (61.8%)
Missing	1 (2.8%)	3 (8.8%)
<hr/>		
<u>Experience at this Hospital</u>		
Less than 1 year	2 (5.6%)	3 (8.8%)
1 to 5 years	12 (33.3%)	9 (26.5%)
6 to 10 years	8 (22.2%)	3 (8.8%)
More than 10 years	14 (38.9%)	19 (55.9%)
<hr/>		
Total	36 (100%)	34 (100%)

Data Collection

The Office of Human Subject Research at Auburn University, Auburn University Montgomery, and the two participating hospitals approved the study. An instructional letter was sent the registered nurses at two hospitals within the southeastern United States via email. After the nurse read the information letter and agreed to participate in the study by selecting the survey link, two surveys were combined and administered via Survey Monkey, a web-based survey platform. The first survey was the *Moral Distress Scale (MDS)*, which measured two aspects of moral distress: frequency and intensity. The *Hospital Ethical Climate Survey*, the second survey, measured workplace influences on the nurses' ability to practice and make decisions from an ethical perspective. For the purposes of this study, the data from the *Hospital Ethical Climate Survey* was utilized.

Measures

The 26-item measure, *Hospital Ethical Climate Survey*, assessed how nurses perceive the ethical climate within their hospital workplace. Participants rated each practice on a scale ranging from 1 (*Almost Never True*) to 5 (*Almost Always True*). This measure contained eight items to capture the background information, which included gender, race, birth year, basic nursing education, highest degree earned, years of experience as a registered nurse, years of employment at current hospital, and current nursing position. The demographics section asked the participants to rate their level of overall job satisfaction on a scale of 1 to 6, with 1 representing *Extremely Dissatisfied* and 7 representing *Extremely Satisfied*. The measure's construct validity and reliability were evaluated in a pilot study by Olson (1998) with 360 registered nurses. The measure was found to have construct validity, and the Cronbach's alpha reliability coefficient was .91. The Cronbach's alpha coefficient for the data collected within this study was .91. With Cronbach's alpha of .60 or greater as a criterion (Hair, Black, Babin, Anderson, & Tatham, 2006), this result suggests that the measure is internally consistent.

Results

Moderation Effects

Overall Job Satisfaction. An analysis of variance was conducted to determine the effect of quitting experiences on overall job satisfaction. There was a statistically significant difference in overall job satisfaction by group, $F(1,69) = 3.89, p = 0.05, \eta^2 = 0.05$. For the Tendency to Quit group, the mean for overall job satisfaction was 4.08 with a standard deviation of 0.81. The mean for the No Tendency to Quit group was 4.44 with a standard deviation of 0.71. The group who did not have a tendency to quit had a statistically higher overall job satisfaction.

Ethical Climate. An analysis of variance was conducted to determine the effect of quitting experiences on ethical climate. There was a statistically significant difference in ethical climate by group, $F(1,69) = 5.32, p = 0.02, \eta^2 = 0.07$. For the Tendency to Quit group, the mean for ethical

climate was 3.52 with a standard deviation of 0.61. The mean for the No Tendency to Quit group was 3.84 with a standard deviation of 0.60. The group who did not have a tendency to quit had a statistically higher opinion of the ethical climate.

Mediation Effects

Considering the small sample size, a series of algorithms were used to determine the mediation effects, or indirect effects, of ethical climate on the relationship between tendency to quit and job satisfaction. The continuous tendency to quit variable data was used for this analysis instead of the categorized data used for the moderation effects. Figure 1 displays the trivariate model for ethical climate, tendency to quit, and job satisfaction with the standardized beta coefficients. The standardized beta coefficients, or correlational coefficients, were obtained by conducting a series of simple regression analyses. Based on the data analysis, the relationship between tendency to quit and job satisfaction is weak, but a moderate relationship exists between ethical climate and tendency to quit and ethical climate and job satisfaction. These relationships suggest a possible mediation effect of ethical climate.

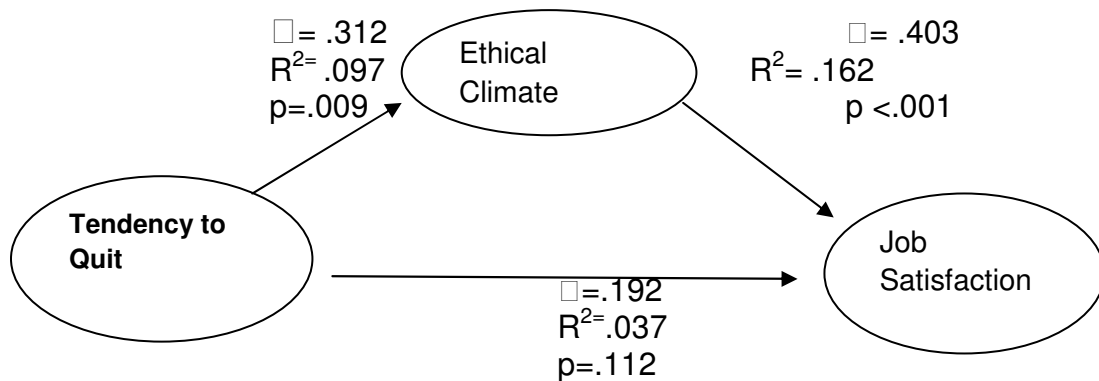


Figure 1. Trivariate model for the relationship between ethical climate, tendency to quit, and job satisfaction with standardized beta coefficients.

In the above trivariate model, the direct effect of tendency to quit on job satisfaction is .192. The indirect effect of tendency to quit on job satisfaction is the product of .312 (the direct effect

between tendency to quit and ethical climate) and .403 (the direct effect between ethical climate and job satisfaction), which equals .126. The total effect of tendency to quit is the sum of the direct and indirect effects, $.192 + .126$, which equals .318. To calculate the effect of ethical climate on job satisfaction mediated through the tendency to quit, or negative previous employment experiences, divide the indirect effect by total effect, $.126/.318$, which equals .396 or 39.6%. Since the standardized beta coefficient between tendency to quit and job satisfaction ($\beta = .192$) was less than the standardized beta coefficients for ethical climate and tendency to quit ($\beta = .312$) and ethical climate and job satisfaction ($\beta = .403$), the relationship between tendency to quit and job satisfaction is partially mediated by ethical climate.

Discussion

This study extended the work of Hart (2005) by examining the moderation effects of tendency to quit and the mediation effects of ethical climate. The findings suggest that nurses who have poor previous work experiences may be more inclined to have negative perceptions of the current ethical climate and more likely to be dissatisfied with the current job. In addition, if nurses have the negative prior experiences, their job satisfaction may hinge on a positive or negative ethical climate. It is possible that these negative experiences have impacted their professional identity and affect their job satisfaction (Larrabee et al., 2003; Öhlén & Segesten, 1998; Tourangeau et al., 2010). These findings support the notion for ongoing support and professional development within the profession for these individuals who have had negative past experiences in the workplace since they may have affected the development of their professional identity, which according to Erikson and Erikson (1997) will affect their professional identity for the rest of their professional careers unless the conflict is addressed and resolved. One limitation of the study was job satisfaction and tendency to quit were measured as a single survey item. In future research, multiple components of job satisfaction and tendency to quit variables could be measured (Tourangeau et al., 2010). Another limitation was the sample size of 70 participants. Future research could broaden the pool of participants to include more hospitals as outside performance

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