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Social climate and work experience : a relationship analysis

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**SOCIAL CLIMATE AND WORK EXPERIENCE:
A RELATIONSHIP ANALYSIS**

A Thesis

Presented to

The Faculty of the School of Nursing

San Jose State University

In Partial Fulfillment

of the Requirements for the Degree

Master of Science

by

Carry A. Thacker

May, 1996

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Abstract

Social Climate and Work Experience: A Relationship Analysis

by Carry A. Thacker

This study explored relationships between work environment and work experience by conducting a secondary analysis of previously collected data. Research questions were posed to answer relationships between nursing staff perceptions of work environment and demographic variables of work experience. Findings revealed small positive correlations between task orientation, innovation, and comfort related to length of time the psychiatric nursing staff worked on the unit. The length of time the nursing staff had worked in psychiatry was positively correlated to work pressure. The length of time the psychiatric nursing staff worked for the nurse manager was positively related to innovation. Implications are that familiarity in the work environment increase psychiatric nursing staff's ability to complete tasks creatively. Surprisingly, no correlation were found between the length of time nursing staff worked with the manager and the subconcepts of relationship dimensions.

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SOCIAL CLIMATE AND WORK EXPERIENCE:

A RELATIONSHIP ANALYSIS

Chapter 1

INTRODUCTION

Health care settings are responding to political and financial influences by rapidly changing delivery systems. Hospitals are reorganizing, merging, and downsizing in order to cut costs and maximize profit. The veterans health care system has responded to the federal mandate to cut 10% of the work force by offering early retirement packages, down-sizing hospitals, and increasing outpatient care. Direct care providers such as nurses are impacted and are having to adapt quickly to change and to the reality of future uncertainty.

Future uncertainty applies to the veterans health care system not just with the question of which programs may be cut, but whether it will exist at all in future decades. Hospitals in the system are being evaluated for closure. Debate continues as to whether veterans hospitals are meeting the mandated mission, and speculation is occurring on whether private health care facilities could more effectively provide care for veterans (Fisher & Welch, 1995). In the face of such uncertainty, a Veterans Administration Medical Center located in Northern California has begun reorganization with the goal of staying in a competitive position within and without the system. The emphasis is on

cost-effective quality care, shorter length of stay, and an increase in outpatient clinics.

Nursing leaders at Veterans Administration Medical Center (VAMC), where this study took place, responded by reorganizing nursing delivery systems from centralized to decentralized, moving from custodial task oriented systems to modified primary nursing, and changing staffing ratios which included adding clinical nurse specialists. Role expectations for nurse managers and clinical nurse specialists were changed to facilitate a collaborative, collegial model of leadership. These changes in the delivery system were implemented to promote a positive work environment and better patient care.

Psychiatric nursing staff, ranging from managers to registered nurses to nursing assistants, were directly affected by the changes to modified primary nursing and in the staffing mix. Managers had new role expectations which included increased administrative responsibility; registered nurses had to function in a modified primary model as opposed to the prior task oriented model, and nursing assistants had less responsibilities for the functioning of the unit. Staff can perceive such a change process as being either positive or negative. For example, the change could result in increased or decreased autonomy, work clarity, and cohesion among the staff. Nursing leaders hoped to promote positive change in the work environment.

Psychiatric nursing staff vary as to gender, ethnicity, education, and work experience. All of these variables can affect individual perceptions of work environment.

Nurse managers in psychiatric settings can benefit by studying the relationships of gender, ethnicity, education, and work experience to work environment. For example, psychiatric nursing staff perceptions of work environment correlated to work experience could result in a change in staffing mix or hiring/recruitment activities. Nurse managers could use such information to determine the mix of experience needed to have an improved work environment. Flarey (1991, p. 39) states that by studying work environments, nurse executives can plan for organizational change, and that this type of planning should be a management priority.

Nurses new to leadership positions must shift their focus from direct care to management activities. In order to exercise power and influence others, a new manager needs to establish credibility, develop the worker's commitment to the job, and demonstrate the ability to lead the group. The challenge for the manager is to create a work environment where creativity, hard work, honesty, professional growth, and problem-solving are norms (Hill, 1994).

Research Purpose

The purpose of this study was to conduct a secondary analysis of the relationship between the perceived work environment of psychiatric nursing staff and work experience. How social climate or work environment is related to work experience could lead to useful findings for nurse managers. Managers could use data on social climate and work experience to plan, direct, and organize groups of nursing staff.

The data to be analyzed were collected for a study by Hendren, Thacker, and Lockhart (1995) which examined the relationship between leadership styles, work maturity, and perceived work environments. Findings from the original study by Hendren, Thacker, and Lockhart (1995) indicated that autonomy and innovation are found in an environment where a selling and participatory leadership style is used. Both selling and participatory leadership styles are high in relationship as defined by Situational Leadership Theory (Hersey & Blanchard, 1977).

Situational Leadership Theory (SLT) defines four possible styles of leadership. The selling style, also known as high task/high relationship, is characterized by a leader who “sells” by providing direction while attempting to get the followers to buy into the leader’s decision. The participatory style or high relationship/low task is characterized by two-way communication. The leader and followers “participate” in the decision making process. High task/low relationship style or “telling” occurs when the leader instructs the follower what, when, where, and how to do their tasks. Low relationship/low task is when the leader “delegates” tasks to followers who are mature enough to complete the job independently.

The Work Environment Scale (WES) was not analyzed in the original study (Hendren, Thacker, & Lockhart, 1995) in association with the demographic data on work experience, but was only used in analysis to leadership styles. Further examination of the WES data was needed. This research attempts to complete that portion of analysis which

remained unaddressed, and to explore the relationship between work environment and work experience.

Research Questions

To identify the perceptions of work environment of psychiatric nursing staff and selected demographics, the following research questions were posed:

1. What is the relationship between work experience, the length of time the psychiatric nursing staff have worked on their current unit, and the ten subscales of the Work Environment Scale (WES)?
2. What is the relationship between work experience, the length of time the psychiatric nursing staff have worked for the VAMC organization, and the ten subscales of the WES?
3. What is the relationship between work experience, the number of years the psychiatric nursing staff have worked in psychiatric nursing, and the ten subscales of the WES?
4. What is the relationship between work experience, the number of years psychiatric nursing staff have worked with their current nurse manager, and the ten subscales of the WES?

The study sample comprised psychiatric nursing staff who worked at one division of a Northern California VAMC. The design was a secondary analysis of data on the work environment correlated to work experience.

Definition of Terms

For the purposes of this study, the following definitions apply:

1. Work environment is defined as “the social environment in the workplace” (Moos, 1994). The term “social climate” will be used interchangeably with the term “work environment.”
2. Experience is the “knowledge, skill, or practice derived from direct observation of or participation in events” (Webster’s New Collegiate Dictionary, 1976, p.403).
3. Work experience is defined as experience related to work in the profession of nursing, and is measured by the number of years the study population have worked on their current unit, for the Northern California VAMC, in the psychiatric nursing field, and with their current manager.
4. Work Environment Scale is a tool designed to measure the social environment of all types of settings. Form R (the Real Form) “measures managers’ and employees’ perceptions of their current work environment” (Moos, 1994, p. 2).
5. Psychiatric nursing staff include nurse managers/supervisors, clinical nurse specialists, registered nurses, licensed vocational nurses, and nursing assistants who work in a psychiatric setting.

Summary

Chapter one introduces the forces of change that led to the study purpose and research questions. Change is rapidly occurring in health care settings in order to maintain quality care and competitiveness. The Northern California VAMC which was chosen for the study changed nursing delivery systems and staffing mix. These changes affected nursing staff roles and may have influenced perceptions of the work environment. The purpose of the study was identified as a secondary analysis of the relationship between the perceived work environment of psychiatric nursing staff and work experience, measuring social climate after an organizational change had occurred. Four research questions were posed to answer relationships between nursing staff perceptions of work environment and demographic variables of work experience. Work environment and work experience were defined.

Chapter 2

CONCEPTUAL FRAMEWORK

A holistic conceptual framework by Moos and Schaefer (1987) was used for this study. The framework is based on a systems approach that incorporates job-related and personal issues and health care work climates. The framework is included and expanded in the latest Work Environment Scale Manual (Moos, 1994, p. 28).

This model describes 6 interrelated links or systems between work factors and staff/patient outcomes. The systems are organizational, personal, work stressors, coping responses, work morale, and performance. Employee and organizational links are defined in the model as quality of service and client/student outcomes. Meanings of the 6 systems are as follows:

1. The organizational system (or environmental system) is comprised of four areas. The four areas are the physical features of the work environment, the organizational structure and policies, the suprapersonal and task factors, and the work climate. The first three areas help to shape the work climate.
2. The personal system is delineated as the type of job and work role held by an individual. This includes an individual's background, personal resources, expectations and preferences.

3. Work stressors are inclusive of relationship stressors (for example, co-workers or a manager), tasks stressors (job tasks or patient care tasks), and system stressors (workload, scheduling, or the facility).
4. Coping responses are how an employee copes with the work climate and work stressors.
5. Work morale and performance are outcomes for individual staff that interplay and are affected by the first four systems.
6. Quality of care and treatment outcomes for patients are impacted by the first five systems. This is the link between the workplace environment and the treatment environment for patients. (Moos, 1994, p. 28)

The environmental system and the personal system interplay to create the social climate or atmosphere of a work setting (Moos & Schaefer, 1987, p. 99). The Work Environment Scale (WES) was developed to measure the facets of the social climate and was the tool used in this study.

Literature Review

Nursing leaders are implementing rapid system changes designed to promote cost effective quality patient care and increase productivity. System changes have a direct impact on work environments. For example, during job re-design and unit reorganization, staff can experience increased work stress and uncertainty, lack of clarity in job expectations, and low morale. Identifying the attributes of work environments can be

used by nursing leaders to assess, facilitate, manage, and measure outcomes of change within health care systems (Flarey, 1991).

Work environments can be defined as the social climate in which individuals work. The physical environment, actual events occurring within the organization, and an individual's belief system all interconnect to determine the perception of the work environment or social climate (Moos & Schaefer, 1987, p. 101). The social climate of work environments is differentiated from the organizational culture. Climate refers to individual perceptions or feelings, while culture refers to shared beliefs, values, and assumptions (Flarey, 1993, p. 9).

Lack of management education and training may result in the inability to assess the work climate and to identify corrective actions for improvement. Nursing leaders need to be able to assess work climate. Such an assessment can help to identify problems that impact work performance and job satisfaction. Climate affects interpersonal relations managerial relations, and job effectiveness (Turnipseed, 1990). The study by Turnipseed describes actual application of assessment of work climate by nursing managers and corrective action taken at a small hospital. Findings indicated staff's perceptions of high task orientation, work pressure, and control in the work environment. Involvement, supervisory support, autonomy, clarity, and physical comfort were perceived as low. High and low ratings were derived by comparing findings to the study tool's normative scales.

Turnipseed (1990) noted that it was not a matter of management activities and

policies being inappropriate, but rather the nursing staff's perceptions of management activities and policies that was important. The employee perceptions of management activities trigger the response affecting work climate. Some of the corrective actions suggested in Turnipseed's study were for management to increase communication, review and update policy and procedure manuals, develop a new evaluation system for all managers, and increase involvement and cohesion for staff by arranging staff functions.

Tumulty, Jernigan, and Kohut (1994) described the importance of analyzing work environments in relation to staff nurse job satisfaction and stated that organizations have varying types of work environments that have a direct impact on job satisfaction. Findings from this study indicated that a positive work environment, strong in relationships, is positively correlated with job satisfaction. Nursing managers can use such findings to build programs that promote strong on-the-job relationships and group cohesiveness.

Prior to the study by Hendren, Thacker, and Lockhart (1995), the Veteran's Administration Medical Center had changed the staffing mix as well as the delivery system. Hendren, Thacker, and Lockhart (1995) designed their study to assess work environment after the planned change had occurred. The tool used to measure work environment was the WES which can be used to "assess an environment before and after a planned change" (Moos, 1994, p. 2).

A study by Thomas (1992) described the importance of analyzing the impact that changes to the work environment have on different levels of professional and non-

professional staff. Findings from Thomas's study indicate that the nursing staff perceived their environment similarly regardless of their education level. The differences occurred among units with different delivery systems and philosophies. Units that utilized a primary nursing model as opposed to a functional model perceived greater supervisor support, autonomy, and physical comfort.

The review of literature compiled by Flarey (1993) describes a potential limitation to Thomas's study (1992). The primary nurses had greater tenure or work experience than the nurses on functional nursing units. Thomas did not report work experience correlation to the WES, but states that the team nursing wards were training areas where learner nurses were placed. Flarey proposed that perhaps tenured nurses with more work experience have a more positive view of the work environment (p.11). This hypothesis was not tested by Thomas (1992).

Somewhat different findings resulted when McPhail, Pikula, Roberts, Browne, and Harper (1990) studied primary versus team nursing. The nurses in this study did not indicate a difference in satisfaction with the work environment based on whether primary versus team nursing was utilized. These nurses did indicate a preference for team nursing. This could be expected since team nursing was the delivery system which these nurses were the most familiar and had experienced with applying to practice. The results of the study did indicate that nursing administrators needed to match the nursing delivery system with organizational needs and environmental factors.

Prior research done with nursing groups utilizing the WES did not adequately account for the impact work experience may have on perceptions of work environment. For example, Tumulty, Jernigan, and Kohut (1994) describe the demographic variables of number of years as an RN, mean number of years employed at hospital, and mean number of years employed in present job, but did not address these variables in relation to the work environment.

A study by Robinson, et al. (1991) examined work environment, demographic variables, and the relationship to nurse burnout. Robinson's study lends support to the examination of work experience. Of the demographic variables analyzed, time in position and time in nursing were found to be significant. The authors reported (using multiple regression) that for the evening staff, time in position and peer cohesion were predictive of variance in emotional exhaustion. For the night shift, time in nursing, involvement, and work pressure were predictive of variance in emotional exhaustion (pp. 225-227).

Summary

The conceptual framework presented at the beginning of this chapter clarified the meaning of the term work environment. The review of literature demonstrated the importance of studying work environment. The impact that changing organizational systems can have on the work environment and job satisfaction were explored. The relationship of work experience to work environment among nursing staff has not been

adequately explored. The need to further explore the perceptions of work experience related to work environment forms the basis for this study.

Chapter 3

METHODOLOGY

Design

This secondary analysis of the data focused on the work environment; the ten subscales of the work environment scale were correlated to the work experience (time worked on current unit, time worked at the study VAMC, time worked in psychiatric nursing, and time worked with current manager) of the nursing staff. This study builds on research done by Hendren, Thacker, and Lockhart. The study was exploratory.

Setting and Sample

The study took place at a large Veteran's Administration Medical Center located in Northern California. The hospital encompasses many types of services for veterans of the armed forces. Psychiatric nursing service located at one division of this facility was chosen for the sample.

The convenience sample of psychiatric nursing staff from a northern California VAMC included nurse managers/supervisors (n=14), clinical specialists (n=6), staff nurses (n=48), licensed vocational nurses (n=15), and nursing assistants (n=28). The total number of nursing staff that responded to the survey was 113 or 51.83% of the psychiatric nursing service personnel that was invited to participate in the study.

Human Subjects Approval

The proposal was reviewed for scientific merit and human subject risk/benefit ratio. First, the Nursing research Committee reviewed the proposal and approved its scientific merit. Next, the proposal was submitted for institutional review under exempt status to Stanford University Institutional Review Board (Appendix A). After approvals for scientific merit and the risk/benefit ratio, the proposal was approved by the VAMC's Research and Development Committee. Finally, approval was obtained from San Jose State University Human Subjects-Institutional Review Board (Appendix B). Data examined were from the study entitled "The Relationship Between Leadership Styles and Perceived Work Environment" which was approved by the VAMC human subjects August 3, 1993. Data were stored in a locked cabinet, analyzed only as group data, and were available only to the investigator and the statistician. The consent forms have been separated from the collected data to ensure confidentiality.

Instrumentation

The instrument used to measure work environment was the Work Environment Scale form R (WES) developed by Insel and Moos (1974). This tool contains 90 true/false questions that measure 10 subscales of the social environment of work settings. The WES was developed using several methods including a naturalistic approach with structured interviews. The WES has been tested for validity and reliability. Established normative data demonstrated internal consistencies (Cronbach's alpha) for the 10 sub-

scales to range from .81 to .84 in an initial sample of $n = 1,045$. Test-retest reliability resulted in a range from .71 to .83. Intercorrelations verify that the sub-scales measure distinct aspects of the work environment supporting validity (Moos, 1994).

Three groups of dimensions are represented. The relationship dimension measures involvement, peer cohesion, and supervisor support. Involvement is defined as the degree to which employees are concerned and committed to the job. Cohesion is how the group of employees support one another, and supervisor support is the measure of manager support and encouragement of the employees.

The personal growth dimension measures autonomy, task orientation, and work pressure. Autonomy is the degree to which employees are encouraged to independently make decisions. Task orientation refers to getting the job done by planning, orientation, and efficiency. Work pressure measures the work demands and time pressures in the work environment.

The third dimension is system maintenance and change which contains the sub-concepts of clarity, control, innovation, and physical comfort. Clarity is defined as the degree to which employees understand the rules and policies. Control is the degree to which management uses rules and policies to control the employee. Innovation reflects the emphasis on creativity in new approaches, variety, and change. Physical comfort is the degree that the work environment lends to a pleasant work surrounding (Moos, 1994, p.1).

The WES manual (Moos, 1994) lists normative data on 4,879 health care employees, which includes direct care providers, maintenance workers, administrators, clerks, and others. Health care workers rate involvement, coworker cohesion, supervisor support, and clarity lower than general work setting employees. Moos attributes these lower scores to the stressful and emotionally difficult work environment found in typical health care work settings (p. 21).

The demographic tool used in the study contained eight questions including information on gender, job, education, and ethnic background. For purposes of this study, only the four questions on work experience were examined (Appendix C). These four questions were:

- 1) How long have you worked on your current unit (years/months)?
- 2) How long have you worked for the Veteran's Administration (years/months)?
- 3) How long have you worked in Psychiatry (years/months)?
- 4) How long have you worked with your current manager (years/months)?

Analysis

Data were analyzed using Pearson's Product Moment correlation coefficients to show relationships between identified variables. Alpha, or level of significance, was set at $p \leq .05$. Relationships (r) are designated as small (less than .4), moderate r (between .4 and .7) and strong (greater than .7). Four tables were designed to show the r and the alpha of select scores of the WES and work experience. Tables were used, as opposed to a

correlation matrix, for display of data due to the number of subscales and for clarity.

Summary

In chapter 3, an exploratory study design was depicted. The setting was a large Veteran's hospital, and the sample comprised psychiatric nursing staff ranging from nursing assistants to administrators. Human subjects approval was obtained, and confidentiality for study participants was assured. The tools used, WES and demographics, were described as well as the plan for data analysis. In the next chapter, findings from the study will be analyzed.

Chapter 4

ANALYSIS AND INTERPRETATION OF DATA

The sample of psychiatric nursing staff were asked to complete a variety of tools including the WES and a demographic tool. The report of findings includes a summary of the relationship between scores on the WES and four measurements of work experience. A secondary analysis of the data was completed applying Pearson Product Moment Correlation Coefficient utilizing Crunch software version 4.0. For the purposes of this study, strength of the relationships or associations are described as small, moderate, or strong. A small relationship reflects an r of less than .4, moderate relationship is between .4 and .7, and greater than .7 would be described as a strong relationship.

Time Worked on the Unit

The personal growth dimension (autonomy, task orientation, and work pressure) correlated to time worked on the unit resulted in a small but significant positive relationship for task ($r = .19, p \leq .05$). Task orientation is defined as getting the job done by planning, orientation, and efficiency. The longer the psychiatric nursing staff worked on the unit the more positive the correlation to getting the job done. Table 1 below contains the numerical evidence supporting this assertion. Note that the Pearson r value is nearly .2, a clear indication of correlation between tenure on a unit and overall effectiveness at defining, executing and completing tasks.

Table 1

Relationship Between Personal Growth Scores on the WES and Time Worked on the Unit.

	Autonomy ^a	Task Orientation ^b	Work Pressure ^c
Work/Unit $r =$	-.04	.19*	-.02

Note. Not all participants completed the entire survey, therefore n varies.

^a $n = 111$, ^b $n = 110$, and ^c $n = 106$.

* $p \leq .05$.

The system maintenance and change dimension (clarity, control, innovation, and physical comfort) relative to time worked on the unit also resulted in two areas of small but significant positive correlation. The two areas were innovation ($r = .22$, $p \leq .01$) and comfort ($r = .28$, $p \leq .05$). Innovation reflects creativity in new approaches and comfort is the degree that the work environment lends to a pleasant work surrounding. The greater the time worked on the unit the higher the perception by the psychiatric nursing staff of greater creativity and comfort on the job. This evidence supports a conclusion that familiarity with the surroundings is crucial to creativity. Since the environment poses little threat, energy may be placed into generating ideas. This is energy that might otherwise be spent in becoming knowledgeable of the immediate surroundings. Table 2 shows the correlation in the system maintenance and change dimension relative to the time spent working on a unit.

Table 2

Relationship Between System Maintenance and Change Scores on the WES and Time Worked on the Unit.

		Innovation ^a	Comfort ^b	Clarity ^c	Control ^d
Work/Unit	$r =$	.22*	.28**	.12	.13

Note. Not all participants completed the entire survey, therefore n varies.

^a $n = 111$, ^b $n = 101$, ^c $n = 111$, and ^d $n = 112$.

* $p \leq .05$. ** $p \leq .01$.

In the relationship dimension (involvement, peer cohesion, and supervisor support) the time worked on the unit showed no significant correlation. This may indicate that experience has little impact on relationships.

Time Worked at the VA

There were no significant relationships between any of the ten subscales of the WES when correlated to work experience as measured by tenure at the VA. The overall organizational system has no impact on the perceived social climate of the psychiatry work place by the nursing staff.

Time Worked in Psychiatry

Work experience, as measured by the time worked in psychiatry, was correlated to the WES resulting in the following findings. The personal growth dimension produced one area of a significant positive relationship. Work pressure showed a small but positive

correlation to time worked in psychiatry ($r = .23, p \leq .05$). Work pressure is defined as the work demands and time pressures in the work environment. Psychiatric nursing staff perceptions of work pressure were greater in staff who had worked a longer time in psychiatry. Perhaps expectations are greater for the more experienced nurses leading to perceptions of greater work pressure. For example, extra tasks such as mentoring less experienced nurses and taking the most difficult patient assignments are frequently given to the more experienced psychiatric nursing staff. Written job descriptions require greater demonstration of skills in practice as the nursing staff progresses to higher grade levels. Table 3 illustrates the relationship between the Personal Growth Scores and time worked in psychiatry.

Table 3

Relationship Between Personal Growth Scores on the WES and Time Worked in Psychiatry.

		Autonomy ^a	Task Orientation ^b	Work Pressure ^c
Work/Psychiatry	$r =$	-.08	-.02	.23*

Note. Not all participants completed the entire survey, therefore n varies.

^a $n = 112$, ^b $n = 111$, and ^c $n = 107$.

* $p \leq .05$.

The relationship dimension (involvement, peer cohesion, and supervisor support) did not reveal any significant correlations to length of time worked in psychiatry. The third dimension, system maintenance and change, which includes four subscales (clarity, control, innovation, and physical comfort), also did not result in any significant relationships.

Time Worked with Manager

The system maintenance and change dimension reported a significant outcome in only one area. Innovation was correlated to working with the manager ($r = .25$, $p \leq .05$). The correlation is a small positively significant finding. Innovation (creativity in new approaches) was reported earlier to be positively correlated to length of time worked on the unit. The psychiatric nursing staff's perceptions of their ability to be creative in the work environment were related to the length of time they had worked on their current unit and with their current nurse manager.

Comfort, clarity, and control did not reveal any significant correlations to time worked with the manager. Of these three subconcepts, psychiatric nursing staff's perceptions of clarity were predicted to correlate to length of time worked with the manager, but this was not the finding. Clarity is defined as the degree to which employees understand the rules and policies. Table 4 details the System Maintenance and Change relationship to work experience with the manager.

Table 4

Relationship Between System Maintenance and Change Scores on the WES and Time Worked with the Manager.

	Innovation ^a	Comfort ^b	Clarity ^c	Control ^d
Work/Manager $r = .25^*$	.14	.08	.10	

Note. Not all participants completed the entire survey, therefore n varies.

^a $n = 109$, ^b $n = 99$, ^c $n = 109$, and ^d $n = 110$.

* $p \leq .05$.

Similar to the report on time worked in psychiatry and time worked on the unit, the time worked with the manager did not result in any significant correlations to the relationship dimension. Based on the study by Hendren, Thacker, and Lockhart (1995) on perceptions of management leadership styles, it would be expected that the relationship dimension would be positively correlated to time worked with the manager. Hendren, Thacker, and Lockhart (1995) found that the perceived primary leadership style used was high task/high relationship or selling, and the secondary leadership style was high relationship/low task or participating (p.9). Psychiatric nurse managers practice a leadership style that is high in relationship but this is not necessarily in response to the needs of the psychiatric staff.

The personal growth dimension (autonomy, task orientation, and work pressure) did not result in any areas of correlation with time worked with the manager. It is

somewhat surprising that the staff did not perceive greater autonomy as they became more familiar with the unit routine and manager expectations. Hendren, Thacker, and Lockhart (1995) found that autonomy was positively correlated to an environment where selling and participatory leadership styles were used, and found that the perceived primary leadership styles of the VAMC psychiatric nurse managers were selling and participatory.

Summary

Findings reported for this study have been described listing Pearson Correlations, strengths of relationships, and probability values for the subscales of the WES related to each of the four demographic measures of work experience. Length of time the psychiatric nursing staff worked on the unit was positively correlated to both task orientation (getting the job done), innovation (creativity in approaches), and comfort (pleasant work surroundings). The length of time psychiatric nursing staff had worked for the VA organization was not significantly correlated to perceptions of social climate by the nursing staff. The length of time the nursing staff had worked in the specialty psychiatry was positively correlated to work pressure. The length of time the psychiatric nursing staff worked for the nurse manager was positively related to innovation. The next chapter will summarize the study and provide conclusions.

Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

Summary of Study

This study examined the relationship between work experience of psychiatric nursing staff and social climate. In today's health care climate, change and flexibility are the key principles in operation. Nurses are being asked to provide nursing care using new delivery systems and paying close attention to cost. Nurses perceptions of the social climate or work environment are influenced by these changes, and ultimately job satisfaction is impacted. The purpose of this study was to conduct a secondary analysis of the relationship between the perceived work environment of psychiatric nursing staff and work experience, measuring social climate after an organizational change had occurred.

The following research questions were posed:

1. What is the relationship between work experience, the length of time the psychiatric nursing staff have worked on their current unit, and ten subscales of the Work Environment Scale (WES)?
2. What is the relationship between work experience, the length of time the psychiatric nursing staff have worked for the VAMC organization, and the ten subscales of the WES?

3. What is the relationship between work experience, the number of years the psychiatric nursing staff have worked in psychiatric nursing, and the ten subscales of the WES?

4. What is the relationship between work experience, number of years psychiatric nursing staff have worked with their current nurse manager, and the ten subscales of the WES?

The conceptual framework used for the study described systems or links between work factors and staff/patient outcomes and was developed by Moos and Schaefer (1987). One system, referred to as the organizational system, includes physical features of the work environment, organizational structures and policies, and task factors. A second system, the personal system, is defined as the type of job and work role held by an individual. These two systems help to shape the work climate or environment.

One study described in the review of literature actually detailed the value of using the Work Environment Scale (WES) to assess work environment. In Turnipseed's (1990) study, management at a hospital used the WES to assess morale problems among nursing staff. Based on the WES scores, management took corrective action in an attempt to improve work environment.

This study was a secondary analysis of data collected for research done by Hendren, Thacker, and Lockhart (1995). The purpose of the original research was to

measure relationships between leadership styles, work maturity, and work environment. A correlational survey design allowed for a convenience sample of psychiatric nursing staff from a Northern California VAMC which encompassed direct care givers, line management, and nursing administration. The sample represented 51.83% of the psychiatric nursing staff.

Findings reveal statistically significant positive correlations between task orientation, innovation, and comfort related to length of time the psychiatric nursing staff worked on the unit. No correlations resulted from examining the length of time the psychiatric nursing staff had worked for the VA organization and the WES. The length of time the nursing staff had worked in psychiatry was positively correlated to work pressure. The length of time the psychiatric nursing staff worked for the nurse manager was positively related to innovation.

Conclusions

This secondary analysis of the relationship between perceived work environment and work experience did reveal small but statistically significant relationships. The length of time psychiatric nursing staff worked on a unit was correlated to task orientation, innovation, and comfort. The implications are that familiarity in the work environment increases psychiatric nursing staff's ability to get the job done in an efficient, creative, and comfortable manner. Knowledge of these results lend support to management activities

designed to retain a stable work force of psychiatric nurses and to minimize floating to unfamiliar work environments.

The relationship dimension did not reveal any correlation to any of the four work experience variables. The relationship dimension encompassed involvement, peer cohesion, and supervisor support. Surprisingly, no correlation were found between the length of time nursing staff worked with the manager and the subconcepts of relationship dimensions. Recall that the psychiatric nursing staff had perceived the primary leadership style as selling and as participatory which are both defined as being high in relationship (Hendren, Thacker, & Lockhart, 1995). Given the perceptions of leadership style, one would expect that relationship dimension scores would be positively correlated to length of time psychiatric nursing staff worked with the manager, but such was not the case.

One explanation for the findings on the relationship dimension and work experience may be related to the standard relationship dimension scores for health care workers. In Chapter 3, normative data by Moos (1994) reported that relationship dimension scores were lower for health care workers as compared to general work setting employees. Moos hypothesized that “stressful and emotionally difficult work in health care settings and some of the problems of working in large bureaucratic health care organizations under pressure to contain costs and deliver services more efficiently” reflected the lower scores (p. 21).

The length of time psychiatric nursing staff worked for the VA system was not correlated to any of the ten subscales of the WES. The WES is designed to measure climate not organizational culture. The VA system may be viewed as too broad and abstract to have much impact on perceptions of social climate. Further studies might reveal a relationship between organizational culture (shared beliefs, values, and assumptions) and length of time a psychiatric nursing staff member is employed by the VA system.

The length of time psychiatric nursing staff worked in psychiatry showed a positive relationship to work pressure. This finding was anticipated as expectations from management pressure psychiatric nursing staff to demonstrate more complexity in practice as they move from entry level to higher grade levels.

Innovation (creativity in new approaches) was positively correlated to length of time psychiatric staff had worked with the manager as well as to length of time worked on the unit. This finding was expected. As staff become more familiar with the manager's expectations and the unit routines, they would be able to express increased creativity in getting the job done.

Scope and Limitations

The scope of this study was limited by design to a secondary analysis of existing data. The original sample comprised administering the instruments to the total population

and a 51.83% return rate was obtained. This limits generalizability to other hospital settings and other groups of nursing staff.

Recommendations

Based on the relationship dimension findings, nurse managers might choose to focus staff development activities on the individual psychiatric nursing staff member rather than on team building activities. It is recommended that the study be replicated at non-government psychiatric settings to see if similar relationship dimension findings result. Replication in other settings would be useful for comparison to determine if correlations of perceptions of work climate and work experience vary depending on the type of nursing unit.

Many changes have taken place in psychiatric nursing at the Veteran's hospital such as new leadership, programs closing, and staff moving frequently to new assignments. Future plans are for lay off notices to go to nursing staff in the summer. It would be interesting to do a comparison study using the WES now to measure the work environment and comparing findings to the data collected for this study. Finally, strengthening the design of the study by random sampling would lead to greater generalizability.

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APPENDIX A

Stanford University Institutional Review Board Certification

STANFORD UNIVERSITY
Stanford, California 94305
(415) 723-5244

INSTITUTIONAL REVIEW BOARD CERTIFICATION

NOTICE OF EXEMPT REVIEW

DATE: December 5, 1995

TO: C.A. Thacker, B.S., R.N.
Department of Nursing Service

FROM: Chairman, Administrative Panel
on Human Subjects in Medical Research

PROTOCOL ENTITLED:
An Analysis of the Relationship Between Social Climate of Psychiatric
Nursing Staff and Work Experience.

The Human Subjects Panel reviewed your research protocol on December 5, 1995.

If this proposal is used in conjunction with any other human experimentation or if it is modified in any way, it must be re-reviewed for these special circumstances. In addition, the Panel requests prompt notification of any complications which may occur during any experimental procedure.

for James Theodore, M.D., Chairman

cc: M. Hays, M.D.

Funding Agency: (VA Study)(N)
Exempt Under Paragraph Number: 4
Assurance Number: M1272
IRB #01

APPENDIX B

San Jose State Human Subjects-Institutional Review Board

A campus of The California State University

Office of the Academic Vice President • Associate Academic Vice President • Graduate Studies and Research
One Washington Square • San Jose, California 95192-0025 • 408/924-2480

TO: Carry Thacker
1380 Settle Ave.
San Jose, CA 95125

FROM: Serena W. Stanford *Serena W. Stanford*
AAVP, Graduate Studies & Research

DATE: January 8, 1996

The Human Subjects-Institutional Review Board has approved your request to use human subjects in the study entitled:

"An Analysis of the Social Climate of Psychiatric Nursing Staff"

This approval is contingent upon the subjects participating in your research project being appropriately protected from risk. This includes the protection of the anonymity of the subjects' identity when they participate in your research project, and with regard to any and all data that may be collected from the subjects. The Board's approval includes continued monitoring of your research by the Board to assure that the subjects are being adequately and properly protected from such risks. If at any time a subject becomes injured or complains of injury, you must notify Serena Stanford, Ph.D., immediately. Injury includes but is not limited to bodily harm, psychological trauma and release of potentially damaging personal information.

Please also be advised that each subject needs to be fully informed and aware that their participation in your research project is voluntary, and that he or she may withdraw from the project at any time. Further, a subject's participation, refusal to participate, or withdrawal will not affect any services the subject is receiving or will receive at the institution in which the research is being conducted.

If you have any questions, please contact me at (408) 924-2480.

APPENDIX C
Demographic Tool

Demographic Information**1. Gender:**

- ☐ 1. Male
☐ 2. Female

2. Job (check one)

- ☐ 1. Nursing Administrator (Chief)
☐ 2. Supervisor
☐ 3. Head Nurse
☐ 4. Clinical Specialist
☐ 5. Staff Nurse
☐ 6. Licensed Vocational Nurse
☐ 7. Nursing Assistant

3. How many years of school did you finish? (check only one)

- ☐ 1. 8 years or less
☐ 2. 1 year of high school
☐ 3. 2 years of high school
☐ 4. 3 years of high school
☐ 5. 4 years of high school
☐ 6. 1 year of college/vocational school
☐ 7. 2 years of college/vocational school
☐ 8. 3 years of college/vocational school
☐ 9. 4 years of college/vocational school
☐ 10. 5 or more years of college/vocational school

4. How long have you worked on your current unit?

____ years, ____ months

5. How long have you worked for the Veterans Administration?

____ years, ____ months

6. How long have you worked in Psychiatry?

____ years, ____ months

7. How long have you worked with your current manager?

____ years, ____ months