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Title Page

Renal in-patient ward nurse experience and job satisfaction: A qualitative study

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Renal in-patient ward nurse experience and job satisfaction: A qualitative study

Aims and objectives: The aim of this study was to examine the experience of registered nurses working in renal inpatients wards at an acute National Health Service (NHS) hospital Trust. Nurse perceptions of their experience particularly in relation to job satisfaction was analysed.

Background: Increased understanding of workplace organisation and culture can contribute to improved nurse work experience and better patient care. Worldwide many studies conducted on nurse experience and job satisfaction show that job satisfaction level varies across work settings so analysis of job satisfaction at a local level such as in a ward is important for producing useful analysis and recommendations

Method: Using purposive sampling, semi structured individual interviews were conducted on twelve registered nurses working on renal inpatient wards.

Results: The study identified three themes: safe care, organisational culture and work environment. Although staffing was identified as a key element to providing safe care maintaining adequate staffing levels remained a challenge. Whilst there were opportunities for professional development more support is needed for newly qualified nurses.

Conclusions: Findings highlighted that renal patients were complex. It is important to maintain adequate staffing levels. Good clinical leadership is required to support and develop the positive experience of nurses.

Relevance to clinical practice: The high turnover of newly qualified nurses is a particular problem and nurse managers need to develop strategies to retain such nurses. Regular audits on staffing levels as part of improving workforce planning and patient safety need to be conducted.

Keywords: Renal Nursing, Acute Care, Experiences, Work Satisfaction

1. INTRUDUCTION

Renal nurses provide care for patients with renal failure who have complex needs with multiple concurrent illnesses (Hayes et al. 2015). The complex role of a renal nurse on an inpatient ward involves general medicine care, dialysis support, management of concurrent illnesses, surgical care skills and rehabilitation (Bednar and Latham 2014). For nurses the challenge of caring for renal patients results in high levels of stress, burn out and dissatisfaction which are further linked to high nurse turnover, staff shortages, poor morale and poor patient outcomes (Argentero *et al.* 2008, Ross *et al.* 2009 and Hayes *et al.* 2015). As in most of the National Health Service (NHS) renal inpatient wards are currently experiencing with nurse turnover and staff shortages. There has been an overall nurse shortage in the NHS for several years (for example, in 2017 Health Education England estimated that a full time equivalent (FTE) vacancy rate of 8.9% in March 2015 could rise to 11.4% in 2020 (King's Fund 2017)). In 2015 the Care Quality Commission (CQC) reported that one of the most significant barriers to the delivery of high quality healthcare in the United Kingdom (UK) is staffing levels and the critical shortage of qualified and well trained nurses remains ongoing problem for healthcare organisations aiming to meet evolving health care needs (RCN, 2014).

2. BACKGROUND

Increased understanding of workplace organisation and culture can contribute to improved nurse work experience and better patient care. Worldwide many studies conducted on nurse experience and job satisfaction (Ross *et al.* 2009, Hayes *et al.* 2013, Khamira *et al.* 2016) show that job satisfaction level varies across work settings so analysis of job satisfaction at a local (such as ward) level is important for producing useful analysis and recommendations. There have been several haemodialysis unit studies including a notable one by Hayes *et al.* (2015) which focussed on increased stressors experienced by outpatient renal haemodialysis nurses and highlighted their consequent emotional exhaustion. Nurses on renal inpatient wards work in a complex environment with highly demanding jobs (Jones 2014) so it is important to explore their perceptions of their work experience and the factors affecting their job satisfaction. For nurse managers to maintain high quality standards of care and job satisfaction amongst nurses in a renal inpatient ward setting it is vital that they understand what determines nurse job satisfaction and the support needed to maintain this satisfaction at a suitably high level (Cicolini *et al.* 2014). For these reasons our study fills an important gap in the current literature as it examined the experience of registered nurses working in renal inpatients wards at an acute NHS hospital Trust. It used a qualitative approach with semi-structured interviews to investigate what support is needed to improve the experience and job satisfaction of renal nurses on inpatient wards. A well-known theory of job satisfaction is that of Herzberg who claims that the experience and job satisfaction in the work environment is influenced by two kinds of factors, namely, motivators (arising from the intrinsic conditions of the job) and hygiene factors (which are extrinsic to the work itself) (Herzberg *et al.* 2010). Motivators are central to job satisfaction whilst hygiene factors are central to job dissatisfaction. This

general approach has been utilised in a number of studies. With respect to motivators Ramoo *et al.* (2013) conducted a study to assess nurse job satisfaction levels by determining the correlation between job satisfaction and an intention to leave a current job and found that the highest satisfaction scores were noted for professional development, autonomy and task performance. In a related way Cicolini *et al.* (2014) reported that a lack of promotion and career advancement opportunities resulted in lower job satisfaction scores. Differences of organisational context and cultural values may influence nurse perception of being empowered to advance professionally and thereby indirectly their job satisfaction.

Interpersonal relationships foster positive attitudes to work (Caricati *et al.* 2014), and co-worker relationships in the form of group cohesion and having work friends fosters team work (Hayes *et al.* 2015) with both promoting job satisfaction. The latter found that job satisfaction is importantly dependent on professional relationships where respect and a clear acknowledgement of roles are present with nurses generally reporting high levels of job satisfaction where there are positive social and professional relationships. A cross sectional study conducted by Kalisch *et al.* (2010) explored how unit characteristics, staff characteristics and teamwork influenced job satisfaction. They found better teamwork resulted in increased nurse job satisfaction as nurses rating their teamwork highly were highly satisfied with their job.

3. METHODS

3.1 Setting and participant recruitment

The study was conducted in four inpatient renal wards in an acute healthcare organisation in London. A Trust (also known as an acute trust) is one or more public

hospitals that provide secondary health care within the English NHS. The ward sizes were 12, 16, 21 and 22 beds.

Participants were band 5 or band 6 registered nurses who had worked on these renal inpatient wards for more than a year. Band 7 nurses and above, and nurses working in an outpatient setting were excluded because their job roles differ from those of the band 5 and 6 nurses in the renal inpatient wards. Band 5 is the initial grade for qualified nurses and band 6 is senior staff nurses who are more experienced nurses. Consent was gained from the renal nurse centre manager (who acted as a gate keeper for the project) as well as the managers from all four wards. An email invitation including a participant information sheet and consent form was sent to all 57 nurses who met the inclusion criteria inviting them to participate on a voluntary basis and interviews continued until the data saturation was reached.

3.2 Data collection

The interviews conducted with a purposively selected sample of staff. All individual semi-structured interviews were conducted by the first author at a mutually agreed time and place. All staff were interviewed in a private office in the hospital and the researcher placed the meeting sign on the door to ensure privacy. The interview provided a semi-structured approach with prompts and probing questions included to gather data. The questions were developed from the literature review and informal conversations with the nursing staff (Table 1). The written consent obtained from the participants prior the interviews. Each interview lasted between 25-38 min (median length 30 min) and was terminated when the participants felt they had nothing to add further. All interviews were audio recorded and transcribed verbatim by a professional

transcriber. All staff were given the opportunity to see the transcripts in case of comments and/or corrections but none took this up. All the topics were addressed in every interview.

Insert table 1 here

3.3 Ethical considerations

The study was approved by University Ethics Committee and the Trust Service Evaluation Department (Trust reference number 120). Informed consent was obtained from all participants and they were told that they had a right to withdraw from the study at any time without giving a reason. All participants were assured of their confidentiality and anonymity. Relevant support such as Trust counselling services were available if necessary.

3.4 Data analysis

Qualitative data was gathered from twelve participants who gave semi-structured interviews. The approach used for data analysis was six phases of thematic analysis which relies on the similarity principle and commonalities (Braun and Clarke 2006). In the first stage the transcribed interviews were separately read and re-read by two of the authors to familiarise themselves with the data. Initial codes were created in the second phase and subsequently revised as required. After all the data was initially coded and collated similar codes were sorted and arranged into categories. Categories were put together into possible themes in the third phase. In the fourth phase both authors reviewed the themes. Discussion between them was used to reach consensus

on themes and subthemes in phase five. Writing up the report was the last phase of the data analysis.

4. RESULTS

in total, twelve interview were conducted. All of the participants were front line nurses who worked on one of the four different renal inpatient wards in the same hospital. The vast majority (83.3%) were female with half at band 5 and half at band 6. Three main themes emerged from the qualitative data. These were safe care, organisational culture and work environment with several subthemes identified within these. Staffing, nurse-patient ratio, workload and complexity of renal patients were subthemes which influenced the provision of safe care and indirectly nurse experience and job satisfaction. In organisational culture support for newly qualified nurses, professional development, leadership and work life balance played an important role in nurse experience and job satisfaction. With regard to the work environment the physical facilities and/or resources and teamwork were subthemes.

4.1 Safe Care

What emerged from the study were the key elements for providing "safe care" within the renal ward such as staffing, nurse patient ratio, workload and taking into account the complexity and dependency of renal patients. A common thread throughout participant interviews was implicit and explicit reference to staffing. Staff shortage was one of the major challenges faced by the wards resulting in high turnover of nurses as illustrated by the following participants:

"... Most of the times we tend not to have enough nurses." (Interview 4, Band 6).

"There's just not enough staff ... and patient safety is going to be compromised no matter what because we have no staff ..." (Interview 8, Band 6).

Due to the complexity of renal patients nurses felt that the nurse patient ratio resulted in an increased workload. Many of them felt that there was not enough time to complete nursing tasks which resulted in working for long periods without breaks.

"... When it comes to renal department, most of the patients are complex care cases ..., most of them tend to be bedbound; the staff allocation is like one to eight or seven, which I think is not fair in our area". (Interview 4, Band 6).

"The staffing is not stable ratio wise, it's not safe" (Interview 8, Band 6).

"Workload, it's getting heavier as well because there's a lot of shortage of nurses". (Interview 11, Band 5).

"Our patients are quite challenging patients. They have complex medical issues, most of the time they're staying for quite a long time, a minimum of a month. Most of them tend to have other complications of renal: diabetes, heart related problems. We tend to have complex discharges". (Interview 4, Band 6).

4.2 Organisational Culture

Organisational culture included interaction and support for nurses which influenced their perceptions of their experience at work. The subthemes which emerged were support for newly qualified nurses, organisational culture, leadership, and work life balance. Organisational failings were reported with critical analysis of the systems and people responsible for supporting them. Nurses recognised that there was a high turnover of newly qualified nurses.

"Most of the junior staff tends to find it a bit challenging to work on the renal ward.... When I started in renal, the education team will come and work with you for the whole

shift continuously like a month, but recently what they do is that they come for like an hour or two". (Interview 4, Band 6).

Conversely other band 5 nurses who had started on their current wards as newly qualified nurses experienced with opportunities for professional development positively.

"I had a good experience on this ward, it was my first ward working on as I finished, I developed quite a lot, and still to improve my experience." (Interview 5, Band 5).

"This was my last placement ... one of the reasons I decided to stay here was because I thought the department was a nurturing environment ". (Interview 2, Band 5).

"The most satisfying thing here...what I can say is the training because, and it's one of the reasons I have stayed with this Trust." (Interview 1, Band 5).

"I am quite lucky to kind of have been pursuing my own endeavours in terms of my academic purpose. They offer like education days especially for new staff". (Interview 2, Band 5).

Despite this it is worth noting that concerns were raised regarding recent budget reductions which limited staff access to courses.

"The Trust does courses, which nurses can do, although the budget that the Trust has at the moment is a bit limited and they will not be able to put everyone on the course that they want ". (Interview 5, Band 5).

Furthermore it was suggested that management did not understand the issues experienced by frontline nurses on a day to day basis. They seemed to fail to recognise staff and the efforts made as echoed in the following statements:

"I don't think we get enough support from our leaders or head of department ..., I mean honestly speaking, we don't get enough moral support or anything ... We just feel like it's our duty and we are being paid for it". (Interview 4, Band 6).

"... None of the Band 8's are around, they are all in the office". (Interview 7, Band 6).

Nevertheless other nurses reported positive experiences with their managers as one participant stated:

"At the moment we are getting a good support from our manager ... she takes things in a positive way, so I think the ward is well lead at the moment". (Interview 3, Band 6).

Work life balance was important to many nurses. When asked about the current support received from the department or Trust reports were as follows:

"Many of the of the older staff members, they take advantage of the flexibility leave and so on that aspect of the Trust actually supports the department". (Interview 2, Band 5).

"I get support with my flexible working, since I had my child ... That's the thing that really keeps me here". (Interview 11, Band 5).

4.3 Work Environment

Work environment focused on the working conditions needed to improve the experience of the nurses. Key themes which dominated this part of the study were physical facilities and/or resources and teamwork. It appears physical facilities had an effect on nurses' ability to do their jobs effectively which in turn impacted on their experience of work and job satisfaction. With regard to the physical facilities and/or resources within the renal department nurses stated:

"... we need to go out into the main kitchen area to get drinking water ... I think it's important because we all work hard and when you're tired you want to sit down and relax". (Interview 2, Band 5).

"We have good nursing facility, all the equipment we need, and everything we need to provide safe patient care". (Interview 4, Band 6).

"Having half the ward that's plumbed for dialysis can be extremely hectic, especially when there's sometimes five or six patients having dialysis ". (Interview 9, Band 5).

All the nurses discussed their teamwork culture within their environment. The comments made suggested that teamwork was variable and fluctuated on a daily basis. The general consensus was that poorly functioning teams made work difficult.

"When you work with a good team ... it's quite satisfying". (Interview 7, Band 6).

"If there was no teamwork, I don't think we could survive to work in the renal ward". (Interview 4, Band 6).

"The teamwork and the shift you have are very much dependent on the staff on that day. The shift is much easier when everyone works as a team and supports each other ...". (Interview 6, Band 6).

"Teamwork has its ups and downs ... depending on who you work with. We need a lot of teamwork. What I'm experiencing at the moment is a lot of divisions in the sort of groups ... Colleagues, they're so happy to see you fail". (Interview 9, Band 5).

5. DISCUSSION

Our study results showed the impact of staffing, nurse patient ratio and workload on providing safe care for patients. The findings suggested that nurses regarded renal inpatients as having complex needs with high dependency which increased workload

with the consequence that they recommended a lower nurse to patient ratio. This aligns with the earlier work of Hayes *et al.* (2015) who established that heavy workload and high nurse patient ratios in renal departments resulted in staff stress. Additionally Jones (2014) indicated that a renal setting was a particularly stressful patient care environment. There is generally a positive relationship between adequate staffing and job experience as noted in previous studies (Kalisch *et al.* 2010, Choi *et al.* 2013 and Atefi *et al.* 2014). The results in our study suggest that staffing levels were inadequate (possibly caused by a high turnover) thereby having negative effect on job satisfaction. Since workload is a key stress factor any organisational change should attempt to reduce pressure on staff whenever possible.

It is well known that new nurses experience reality shock (often also termed role transition) (Kramer 1974) which is the reaction new nurses have when they enter the workforce and feel unprepared for this (National Nursing Research Unit 2008). However new nurses do have positive experiences (Hayes *et al.* 2013). Subsequent studies building on Kramer (Duchscher 2009 and Sparacino 2015) have indicated the important role managers and experienced practitioners have in supporting and facilitating professional adjustment for new nurses. This accords with our study where many band 6 nurses expressed concern about the support for and the levels of turnover amongst newly qualified nurses. Despite this newly qualified registered nurses (who were graduates) were satisfied with professional development opportunities regardless of budget reductions limiting access to some courses. This matters because previous research clearly shows that professional development opportunities impact positively on nurse satisfaction and experience (Lephalala *et al.* 2008, Kvist *et al.* 2012, Lu *et al.* 2012 and Atefi *et al.* 2014). More experienced nurses

who had worked in renal wards had higher satisfaction levels, less stress and lower burnout levels (Hayes *et al.* 2015). The findings in the our study tend to confirm that professional development opportunities have a positive impact on job satisfaction.

Existing research suggests that nurses resent managers who do not understand their concerns and workload, that limited communication between managers and staff is a major cause of job dissatisfaction, and that management style influences staff turnover (Lu *et al.* 2012, Choi *et al.* 2013 and Kaddourah *et al.* 2013). Interestingly our study revealed mixed opinions regarding the influence of nurse managers on job satisfaction and experience. Nurses who reported positive experiences with their managers appeared to have higher satisfaction levels whilst nurses who were critical of their managers appeared to have lower satisfaction levels. Whilst some nurses expressed concern with the support received from nurse managers others were reasonably satisfied thereby raising a question about whether a particular leadership styles adopted by nurse managers were better received by staff than others. Consistently with previous studies the current study showed that there is a correlation of transformational leadership and clinical leadership (such as Back to the Floor Friday) which focuses on building the relationship between employees and employers with increased job satisfaction (Ahmad *et al.* 2013 and Morsiani *et al.* 2017).

With respect to work environment previous studies suggest that optimal physical facilities and equipment enhance the work environment and have a significant impact on nurse performance thereby improving nurse experience and job satisfaction (Atefi *et al.* 2014 and Jones 2014). In our study most nurses felt there was a satisfactory amount of nursing equipment. However, nurses mentioned that the limited facilities for

bedside haemodialysis were a cause of additional stress and dissatisfaction with the working environment. It is difficult to assess the generality of these particular findings as there are no previous specific studies of inpatient haemodialysis provision and its impact on nurse experience. However, more generally the results of our study are consistent with previous research which confirms that adequate working conditions have a positive effect on both nurse and patient satisfaction levels, and quality of care (McHugh *et al.* 2011).

In terms of teamwork our study indicated the varying quality of relationships within renal ward nursing teams. Nurses viewed poor teamwork (including negative interactions with team members) as increasing the difficulty of the job. The variable quality of team work relations indicates scope for development through renal ward group cohesion and team building exercises. Evidence from the literature suggests a significant relationship between work life balance, job satisfaction, and commitment to the organisation (Azeem and Akhtar 2014, Raddaha *et al.* 2012 and Ramoo *et al.* 2013). In our study nurses indicated that work life balance was a substantial part of their renal ward job experience and some were satisfied by the flexible working patterns. Work life balance did go some way to counteracting the pressures on the ward.

6. LIMITATIONS AND STRENGTHS OF THE STUDY

Our study contributes to knowledge about renal nurse ward experience based on qualitative interviews with nurses working in four inpatient renal wards on a single NHS trust site. It identifies some gaps in service provision which can inform local and more widely national renal ward workforce planning in the areas where renal nurses

require additional support. The major limitation of the present study was its relatively small scale and the fact that interviews were conducted during work time which limited their length.

7. RELEVANCE TO CLINICAL PRACTICE

In 2002 the National Renal Workforce Planning Group recommended a nurse to patient ratio of 1 to 4 for low dependency renal patients and 1 to 3 for medium dependency patients. The Trust in our study uses a safe care tool to monitor patient dependency against staff availability on a daily basis. Consistent usage of this tool provides clear data on safe staffing levels and facilitate better workforce planning. The high turnover of newly qualified nurses is an international problem (Boamah *et al.* 2017 and Karakoc *et al.* 2016) and management needs to develop strategies to retain such nurses. For example, these nurses could be given fewer patients and more mentoring for the first six months to help them to adapt to the pressures on the ward. Nurses leaving the ward should complete exit interviews to gain better information on the types of reasons for leaving. Renal wards require improved clinical leadership particularly with respect to management being present in the wards. Although nurses welcomed the trust initiative 'Back to the Floor Friday' (where senior nurses work in uniform in clinical practice) on Fridays they highlighted the need for still more regular management presence in the wards. This is important as Boamah *et al.* (2017) indicates that authentic leadership improves the working environment and job satisfaction.

Nurse managers should conduct regular audits on staffing levels as part of improving workforce planning. Regular nurse satisfaction surveys within renal wards would

provide useful information on job experience and satisfaction of nurses. Better understanding of the stresses of renal ward work will enable managers to provide improved support for staff including developing appropriate skill development. Decisions to implement professional practice models should be carefully assessed as there is international evidence that introducing such models may increase awareness of deficiencies within the working environment thereby leading to lower overall satisfaction (McGlynn *et al.* 2012). Good team work increases job satisfaction on the wards. Management should develop this particularly by developing team building activities for renal ward nurses as there is evidence that such activities can reduce turnover rates, and improve group cohesion and job satisfaction (DiMeglio *et al* 2005 and Karakoc *et al.* 2016). This highlights the importance of reviewing nurse retention policies.

8. CONCLUSION

In our study nurses were positive about some aspects of their work on renal inpatient wards but mentioned a number of significant challenges. Various areas of specific support to improve the experience of renal nurses on inpatient renal wards were identified. There is a national problem with shortage of nurses but it is particularly significant within renal inpatient wards. This underlines the value of monitoring and maintaining appropriate nurse to patient ratios to reduce workload to safe levels. The orientation needs of newly qualified nurses should be reviewed with an augmented orientation programme being a possible policy strategy for retention of renal ward novice nurses. Although there were many opportunities for continuous professional development in the renal care area some nurses felt unable to take full advantage of them due to work pressures. Positive experience in the renal inpatient wards require

good clinical leadership but nurses emphasized that management had limited appreciation of the pressures staff actually faced which suggests that narrowing this gap is an area for organisational development. A straightforward way of achieving this would be through more managerial support in the form of feedback and debriefing, and greater management presence on the wards.

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Summary box

What this paper contribute to wider global clinical community?

- Provide a comprehensive understanding of nurses' experience in the renal in-patient area.
- Highlights important issues in renal in-patient nursing care particularly those around improving nurse job satisfaction and retention

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