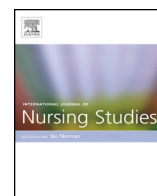




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Testing the Nursing Worklife Model in Canada and Australia: A multi-group comparison study



Michael A. Roche^{a,*}, Heather K. Spence Laschinger^b, Christine Duffield^{a,c}

^a Centre for Health Services Management, Faculty of Health, University of Technology, Sydney, NSW, Australia

^b Arthur Labatt Family School of Nursing, Faculty of Health Sciences, University of Western Ontario, London, ON, Canada

^c School of Nursing and Midwifery, Edith Cowan University, Joondalup, WA, Australia

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ABSTRACT

Study aim: To test a model derived from the Nursing Worklife Model linking elements of supportive practice environments to nurses' turnover intentions and behaviours in Canada and Australia.

Background: With the worldwide shortage of nurses, retaining nurses within fiscally challenged health care systems is critical to sustaining the future of the nursing workforce and ultimately safe patient care. The Nursing Worklife Model describes a pattern of relationships amongst environmental factors that support nursing practice and link to nurse turnover. This model has been tested in north American settings but not in other countries.

Methods: A secondary analysis of data collected in two cross-sectional studies in Canadian and Australian hospitals ($N=4816$) was conducted to test our theoretical model. Multigroup structural equation modelling techniques were used to determine the validity of our model in both countries and to identify differences between countries.

Results: The hypothesized model relationships were supported in both countries with few differences between groups. Components of supportive professional practice work environments, particularly resources, were significantly linked to nurses' turnover intentions and active search for new jobs. Leadership played a critical role in shaping the pattern of relationships to other components of supportive practice environments and ultimately turnover behaviours.

Conclusion: The Nursing Worklife Model was shown to be valid in both countries, suggesting that management efforts to ensure that features of supportive practice environments are in place to promote the retention of valuable nursing resources.

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What is already known about the topic?

- Magnet hospital professional practice environment features influence the quality of nurses' worklife and subsequent nurse and patient outcomes.

What this paper adds?

- Cross-cultural confirmation of the pattern of relationships among Magnet hospital practice environment domains described in the Nursing Worklife Model and their relationship to turnover behaviours.
- Cross-country validation and extension of the Nursing Worklife Model to nurse turnover intentions and behaviours.

* Corresponding author. Tel.: +61 2 9514 4811; fax: +61 2 9514 4835.
E-mail address: Michael.Roche@uts.edu.au (M.A. Roche).

1. Introduction

The work environment of nurses has long been a major concern in the nursing profession (Aiken et al., 2001a,b; Clarke et al., 2001; Laschinger and Leiter, 2006). Management practices, organisational culture and work design within hospitals shape nursing practice environments, which have an impact on nurse, system, and patient outcomes (Aiken et al., 2001a,b; Aiken et al., 2012; Institute of Medicine, 2004). Work environment factors have an impact on nurses' perceptions of quality care (Gormley, 2011) and importantly, nurse perceived quality of care is associated with job satisfaction (Aiken et al., 2002) and turnover intentions (Gormley, 2011). Magnet Hospitals, characterized by working environments that support professional nursing practice and thus attract and retain nurses (McClure et al., 1983), have been consistently linked to higher ratings of patient care quality and nurse workplace wellbeing (Faller et al., 2011; Schmalenberg and Kramer, 2008). A large body of work has demonstrated the importance of worklife features characteristic of Magnet Hospitals to a variety of nurse and patient outcomes in numerous countries around the world (Aiken et al., 2001a,b; Clarke et al., 2001; Laschinger and Leiter, 2006).

While this research has linked these Magnet Hospital characteristics to a variety of outcomes, few have examined how these characteristics interact with each other to provide an explanation of their effects on nurse and patient outcomes. The Nursing Worklife Model (NWM) was proposed by Leiter and Laschinger (2006) to suggest a pattern of relationship among the various worklife domains that more fully explicates how nursing management can create work environments that support

professional nursing practice and ensure high quality of patient care. Encouraging empirical support for this model has been demonstrated in north American settings, but to our knowledge, the model has not been tested in other countries. To examine the cross-cultural applicability of the model, we examined the extent to which the pattern of relationships of the NWM was consistent in Canadian and Australian nursing settings. This study extends previous work by examining the relationship to of the core worklife domains to turnover behaviours.

2. Theoretical framework

Developed by Leiter and Laschinger (2006), the original Nursing Worklife Model described relationships among 5 domains of supportive professional practice environments identified in research on Magnet Hospitals (Lake, 2002; Lake and Friese, 2006). The five domains described by Lake (2002) are, (1) effective nursing leadership, (2) staff participation in organisational affairs, (3) adequate staffing for quality care, (4) support for a nursing (vs medical) model of patient care, and (5) effective nurse–physician relationships. Leiter and Laschinger (2006) argued that by specifying logical patterns of relations among the work environment domains, a greater understanding of the mechanisms by which they influence each other is possible, thereby identifying potential points of interventions to improve nursing worklife. The model has been subsequently expanded to include patient outcomes and other nurse outcomes (Laschinger and Leiter, 2006).

The theorized pattern of relationships among Lake's five domains of professional nursing work environments is illustrated in Fig. 1. Leadership is the starting point, with direct paths to (or influence on) policy involvement,

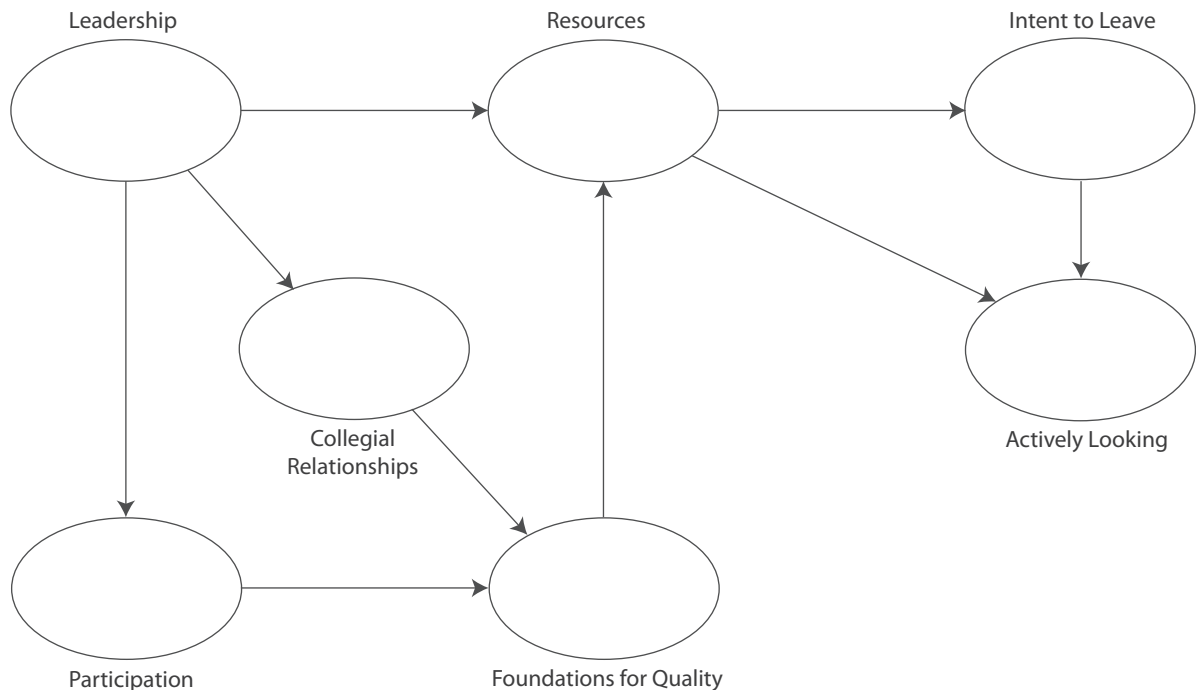


Fig. 1. Hypothesized model.

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