Journal of Neonatal Nursing (2016) 22, 74—80

www.elsevier.com/jneo

The impact of special care nursery design on neonatal nurses

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Available online 21 October 2015

KEYWORDS
Single family room;
Nurse wellbeing;
Neonatal nursery

Abstract The current study examined the impact of neonatal nursery design on nursing staff in an Australian context. Nurses' employee adjustment and job demands and resources were examined, using surveys and interviews, before and after the transition from an open-bay to a single family room (SFR) design. Results revealed significant increases in the level of nurse workload and isolation. Most employee adjustment and resources indicators remained relatively unchanged after the transition, however inconsistencies were found between survey and interview findings. Personal accomplishment improved in the SFR, and nurses reported increased satisfaction from the benefits accruing to infants and parents in SFR, which we argue potentially ameliorate the impact of increased workload and isolation within the SFR.
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Introduction

Historically, Neonatal Intensive Care Units (NICUs) and Special Care Nurseries (SCNs) were constructed as *Open-bay* (OB) wards, where infants were cared for in one or more large rooms (Cone et al., 2010), allowing for direct observation from nursing staff. While the OB ward is still most common, there is a trend toward single rooms for each patient, changing the working conditions of nurses (Stichler, 2012). Research to date has found *Single-family-rooms* (SFRs) benefit both parents and infants in neonatal nurseries, providing appropriate sensory stimulation for the infant, improved infection control, decreased length of stay, enhanced parental privacy and involvement, and increased breastfeeding and skin-to-skin contact (Cone et al., 2010; Harris et al., 2006; White, 2010).

However, little research is available on the effects of different ward designs on staff,

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http://dx.doi.org/10.1016/j.jnn.2015.09.001
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particularly nurses, working in neonatal nurseries. Working in neonatal nurseries can be highly stressful, with nurses at higher risk of burnout than other professions (Braithwaite, 2008). Nurses are key care providers in neonatal nurseries, and previous research has found transitioning to a SFR environment impacts nursing staff more than other staff (Stevens et al., 2010; Swanson et al., 2013). In the current study, we focus on the effect of the SFR environment on employee adjustment. Employee adjustment encompasses individual employee outcomes, including job satisfaction, organisational commitment, psychological well-being and turnover intentions, which collectively are important for an organisation's health (Martin et al., 2005). Research to date examining the impact of SFRs on employee adjustment has been mixed. Job satisfaction has increased in the SFR after a move from an OB (Bosch et al., 2012; Carlson et al., 2006; Shepley et al., 2008; Smith et al., 2009; Stevens et al., 2010), except in one study where staff satisfaction remained stable (Watson et al., 2014). SFRs reduce staff stress (Bosch et al., 2012; Cone et al., 2010) and fatigue (Bosch et al., 2012) in some studies, but increase stress in others (Domanico et al., 2010) or have no effect on fatigue (Watson et al., 2014). However, many of these studies use single-item, not well validated measures, and a limited range of adjustment indicators. Our key aim is to examine two new indicators (turnover intentions and burnout), using validated measures, that are important for both individuals and organisational performance.

It is well established that job demands (such as workload and conflicting requirements) predict burnout and decreased job satisfaction (Bakker and Demerouti, 2007). Research to date is limited and inconsistent but suggests SFRs may increase demands on staff (Domanico et al., 2010; Shepley et al., 2008; Walsh et al., 2006), although some report no change (Bosch et al., 2012; Cone et al., 2010). At the same time, job resources, such as support and feedback, may temper the exhaustion that demands provoke (Bakker and Demerouti, 2007). Again, there is limited research to date on the effects of SFRs on resources. Smith et al. (2009) found perceptions of supervisor support remained similar over time, whereas Carlson et al. (2006) found peer support to be higher in the SFR. Staff isolation has either not changed between the two designs (Bosch et al., 2012; Cone et al., 2010; Stevens et al., 2010; Swanson et al., 2013), or increased in the SFR (Domanico et al., 2010; Smith et al., 2009; Walsh et al., 2006).

Overall, research suggests SFRs benefit parents and infants, but there is both less research and less consistency in the findings for staff. Moreover, burnout and turnover in nurses in SFRs have not been examined. The current study assessed how the change from an OB to a SFR design influenced nurses' adjustment, including two new indicators, burnout and turnover, as well as their perceptions of job demands (workload) and resources (support).

Method

Setting

In 2013, the Gold Coast relocated 2 km to the Gold Coast University Hospital (GCUH), where the SCN and NICU changed from an OB to SFRs, enabling this prospective study comparing the impact of the two designs on nurses, while controlling for geographical hospital region. There were no systematic differences between the two hospitals in general procedures and policies, nor the ratio of care (babies to nurses).

OB nursery

The Gold Coast hospital had a level three SCN with capacity for 20 special care infants and two NICU infants. The SCN was made up of two smaller rooms (6 $\times$ 4.5 m) caring for four infants, a NICU room and an isolation room both caring for two infants, and a larger area caring for ten infants. The two smaller rooms had a nursing station located next to the opening. All rooms had one wall with a glass window and cardiovascular monitoring was not universal, with infants due to transition home from hospital rarely monitored.

SFR nursery

The new SFR nursery is a level three nursery with capacity for 28 SCN infants and 16 NICU infants (although only two NICU beds were in use when study conducted). Each SFR in the SCN is 17—19 m^2, enclosed by three floor-to-ceiling walls. The fourth wall is a glass sliding door with a curtain for privacy. Each SFR contains a bed for the infant, medical equipment, infant bath, and a fridge to store expressed breast milk. Cardiovascular monitoring is available on a computer screen within each SFR and at nursing stations and infants are monitored until discharge.

Participants

Nurses and midwives who regularly worked in the SCNs were invited to participate in the study.

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