



Nurses' perceptions of feedback to nursing teams on quality measurements: An embedded case study design



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ABSTRACT

Background: Providing nursing teams with feedback on quality measurements is used as a quality improvement instrument in healthcare organizations worldwide. Previous research indicated contradictory results regarding the effect of such feedback on both nurses' well-being and performance. **Objectives:** Building on the Job Demands-Resources model this study explores: (1) whether and how nurses' perceptions of feedback on quality measurements (as a burdening job demand or rather as an intrinsically or extrinsically motivating job resource) are respectively related to nurses' well-being and performance; and (2) whether and how team reflection influences nurses' perceptions.

Design: An embedded case study.

Settings: Four surgical wards within three different acute teaching-hospital settings in the Netherlands.

Methods: During a period of four months, the nurses on each ward were provided with similar feedback on quality measurements. After this period, interviews with eight nurses and the ward manager for each ward were conducted. Additionally, observational data were collected from three oral feedback moments on each of the participating wards.

Results: The data revealed that individual nurses perceive the same feedback on quality measurements differently, leading to different effects on nurses' well-being and performance: 1) feedback can be perceived as a job demand that pressures nurses to improve the results on the quality measurements; 2) feedback can be perceived as an extrinsically motivating job resource, that is instrumental to improve the results on quality measurements; 3) feedback can be perceived as an intrinsically motivating job resource that stimulates nurses to improve the results on the quality measurements; and 4) feedback can be perceived neither as a job demand, nor as a job resource, and has no effect on nurses' well-being and performance. Additionally, this study indicates that team reflection after feedback seems to be very low in practice, while our data also provides evidence that nursing teams using the feedback to jointly reflect and analyse their performance and strategies will be able to better translate information about quality measurements into corrective behaviours, which may result in more positive perceptions of feedback on quality measurements among individual nurses.

Conclusions: To better understand the impact of feedback to nursing teams on quality measurements, we should take nurses' individual perceptions of this feedback into account. Supporting nursing teams in team reflection after them having received feedback on quality measurements may help in eliciting positive perceptions among nurses, and therewith create positive effects of feedback on both their well-being and performance.

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What is known already about the topic

- Providing nursing teams with feedback on quality measurements is a widely used strategy for quality improvement.
- Previous research shows variability, both in the effect of feedback to nursing teams on quality measurements on nurses' well-being (motivating versus alienating) and in its effect on performance.

What this paper adds

- The effect of feedback to nursing teams on quality measurements on nurses' well-being and performance depends on nurses' individual perceptions of this feedback; that is, negatively in case of perceptions as a job demand while positively when seen as a job resource.
- When nursing teams engage in meaningful team reflection after having received feedback on quality measurements, nurses are able to use feedback more effectively.

1. Introduction

1.1. Background

With increasing frequency, nursing teams are provided with feedback about the quality of care they deliver, based on quality measurements such as the number of patient falls and the incidence of pressure ulcers. Previous research highlighted that feedback to nursing teams on quality measurements can lead to a higher motivation among nurses (e.g., [Lindblom et al., 2012](#)), but the focus on quality measurements may also possibly lead to alienation and demotivation among nursing staff (e.g., [Struijs and Vathorst, 2009](#)). In addition to this variability in effects of feedback on nurses' well-being, earlier studies on the effects of feedback on performance, both within and outside healthcare, showed similar heterogeneous results ([Gabelica et al., 2012](#); [Ivers et al., 2012](#); [Kluger and DeNisi, 1996](#)). For example, the extensive review by [Ivers et al. \(2012\)](#) of 140 studies (randomised trials) showed that the effect of performance feedback to healthcare professionals on professional behaviour and on patient outcomes ranged from little or no effect to a substantial effect. The complexity regarding the effects of feedback on well-being and performance, led [Kluger and DeNisi \(1998\)](#) to refer to feedback as 'a double-edged sword' that calls for more empirical work. Therefore, this study is aimed at better understanding *how* feedback to nursing teams on quality measurements affects nurses' well-being and performance.

1.2. Job demand versus job resource

This study builds on the Job Demands-Resources (JD-R) model ([Bakker and Demerouti, 2007](#); [Demerouti et al., 2001](#)) which is a widely used framework by scholars around the world to investigate the effect of job characteristics on employee well-being and performance. Within nursing studies, the JD-R model plays an important role in research on work engagement, burn-out and intention to leave the nursing profession (e.g. [Hansen et al., 2009](#); [Jourdain and Chênevert, 2010](#); [Keyko et al., 2016](#)). Although the JD-R model is non-limitative in terms of the study concepts ([Schaufeli and Taris, 2014](#)), the use of the model within quality improvement research has been sparse to date. Some researchers have used the JD-R model to study safety outcomes, such as incidents and unsafe behaviour, within and beyond the healthcare industry (e.g. [Hansez and Chmiel, 2010](#); [Nahrgang et al., 2011](#)).

The JD-R model distinguishes two different categories of job characteristics – job demands and job resources – which have different effects on employee well-being and performance. In this article, we follow the definitions by [Schaufeli and Taris \(2014, p.56\)](#): “1) *job demands* are negatively valued physical, social, or organizational aspects of the job that require sustained physical or psychological effort and are therefore associated with certain physiological and psychological costs; and 2) *job resources* are positively valued physical, social, or organizational aspects of the job that are functional in achieving work goals or that reduce job demands (extrinsically motivating job resource), or stimulate personal growth and development (intrinsically motivating job resource)”. These value-based definitions of job demands and job resources indicate that not all job characteristics are perceived the same by employees.

Feedback is often described as a job resource that can motivate employees to increase performance ([Bakker and Demerouti, 2007](#); [Demerouti et al., 2001](#)). Based on an integration of scholarly literature on feedback provision and strategic human resource management, [Giesbers et al. \(2013\)](#) argued that feedback to nursing teams on quality measurements can be perceived by individual nurses either as a job demand or as an extrinsically or intrinsically job resource and that these perceptions are differently related to nurses' well-being and performance. First, nurses may perceive feedback on quality measurements as a job demand in a situation wherein, for example, feedback on quality measurements shows that the nurses' practice is inconsistent with a desirable target. This may pressure nurses to improve their performance resulting in stress, which may, in its turn, contribute to an increased effort by nurses to improve performance. This process, where performance is 'indirectly' – by negatively affecting nurses' well-being – influenced by feedback on quality measurements, is referred to as the 'conflicting outcomes perspective' by [Giesbers et al. \(2013\)](#).

Second, nurses may perceive feedback on quality measurements as an extrinsically motivating job resource that is instrumental in their work as a nurse. For example, feedback may increase nurses' knowledge, by which nurses are more informed of what to do, and how to improve performance. This process where performance is 'directly' influenced by feedback on quality measurements, is referred to as the 'parallel outcomes perspective' by [Giesbers et al. \(2013\)](#). From the parallel outcomes perspective, the effect of feedback on quality measurements on nurses' well-being is analogous to the side effect of the treatment, and may range from a negative or no effect, to a positive effect.

Finally, nurses may perceive feedback on quality measurements as an intrinsically motivating job resource when, for example, the feedback increases their understanding of the hospital's objectives, and their role in the achievement of these goals. This may give nurses more control over their work and may reduce their uncertainty, because they know what their ward managers expect from them. As a result, these nurses may be intrinsically motivated to improve performance. This process where performance is 'indirectly' – by positively affecting nurses' well-being – influenced by feedback on quality measurements, is referred to as the 'mutual gains perspective' by [Giesbers et al. \(2013\)](#).

This study explores how feedback to nursing teams on quality measurements is perceived by individual nurses (as a burdening job demand or rather as an intrinsically or extrinsically motivating job resource), and how this is related to nurses' well-being and performance. More specifically, based on the above, the validity of the following assumed 'perspectives' is explored:

- 1) *Conflicting outcomes perspective*: when nurses perceive feedback on quality measurements as a job demand, it is assumed

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