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Adaption and Validation of the Picker Employee Questionnaire With Hospital Midwives

Katja Stahl, Claudia Schirmer, and Laura Kaise Q7

Correspondence
Katja Stahl, RM, MSc, PhD,
Picker Institut Deutschland gGmbH, Department of Research and Development,
Wendenstraße 375,
Hamburg 20537, Germany.
stahl@pickerinstitut.de

Keywords
engagement
midwives
Picker Employee Questionnaire
questionnaire development
work environment
work experience

ABSTRACT

Objective: To describe the adaption and psychometric testing of the Picker Employee Questionnaire to measure work environment, work experience, and employee engagement with midwives.

Design: Expert interviews, cognitive testing, and online survey for data collection.

Setting: Obstetric departments in Germany.

Participants: Midwives employed in German obstetric departments: 3,867 were invited to take part, and 1,692 (44%) responded to the survey.

Methods: Questionnaire adaption involved expert interviews and cognitive testing. Psychometric evaluation was done via exploratory factor analysis, reliability analysis, and construct validity assessment.

Results: The adaption of the Picker Employee Questionnaire resulted in a tool with 75 closed questions referring to central aspects of work environment, experience, and engagement. Factor analysis yielded 10 factors explaining 51% of the variance. Themes covered were *Support from Management (Immediate Superior and Hospital Management), Workload, Overtime, Scheduling, Education and Training, Interaction with Colleagues (Midwives, Physicians, and Nurses),* and *Engagement*. Eight scales had a Cronbach's alpha coefficient of 0.7 or greater; the remaining two were 0.6 or less. The questionnaire distinguished between different subgroups of midwives and hospitals.

Conclusion: The questionnaire is well suited for the measurement of midwives' work experience, environment, and engagement. It is a useful tool that supports employers and human resource managers in shaping and motivating an efficient work environment for midwives.

JOGNN, ■, ■–■; 2017. http://dx.doi.org/10.1016/j.jogn.2016.12.005

Accepted December 2016

UNCORRECTED PROOF

Katja Stahl, RM, MSc, PhD, is Director of the Department of Research and Development, Picker Institute Deutschland gGmbH, Hamburg, Germany.

Claudia Schirmer, MSc, is a quality manager for HELIOS Kliniken Schwerin, Schwerin, Germany.

Laura Kaise, MSc, is a project manager in the Department of Picker Evaluations, BQS Institute for Quality and Patient Safety GmbH, Hamburg, Germany.

Katja Stahl is employed by the Picker Institute Deutschland gGmbH.

Health care is not just another service industry. The people who deliver care are the system's most important resource (Institute of Medicine, 2001). Health care organizations are particularly dependent on highly experienced, engaged, and loyal employees. Finding and keeping qualified staff are prerequisites for high-quality care and therefore key aspects in human resource management for health care organizations not only in times of staff shortage. As with other health professional groups, there is growing concern in many countries over the shortages of midwives, because a shortage can have serious implications for the care of women during pregnancy and childbirth (Jarosova et al., 2016; Sandall et al., 2011; Sullivan, Lock, & Homer, 2011). In Germany, already one in five hospitals is unable to fill its midwife vacancies, and on average 1.6 full time positions per hospital are vacant (Blum, Löffert, Offermanns, & Steffen, 2014).

Health care in Germany is publicly funded. All Germans are required to have health insurance, which is provided by approximately 150 competing sickness funds and by a number of private health insurers. Public and private health insurances are required to provide a comprehensive package of health care benefits, including pre-, peri- and postnatal care (Clarke & Bidgood, 2012). Midwives in Germany are employed by hospitals, where they work on prenatal, labor, and/or postnatal wards. They can also work on a freelance basis as community midwives alone, in a group practice, or in a birth center. Community midwives provide care for

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The shortage of midwives is a growing concern in many countries because it can have serious implications for the care of women during pregnancy and childbirth.

women during pregnancy, labor, birth, and the postpartum period, and they are paid by the health insurance funds. Most births (98%) take place in hospitals, and a midwife is legally required to be present: physicians are required to call in a midwife for every birth. Physicians have to be called in for cases of complicated labor, for which they assume the final decision. In practice, most women who give birth in hospitals will be attended by midwives and physicians (Emons & Luiten, 2001). Many midwives in Germany choose to work as community midwives and (often part time) in a hospital. Currently, midwifery education in Germany is generally a 3-year vocational training at a higher professional midwifery school level. In the last 6 years, a number of bachelor's degree midwifery programs were introduced and are currently being evaluated (Bauer et al., 2015). Midwifery training is open to women and men. However, in 2013 there were only three male midwives in practice in Germany (Schleufe, 2013).

Job satisfaction and intention to stay have long been recognized as key indicators in corporate management tools in other industries, and the health care sector is now increasingly following suit (Gramlich, 2011). However, during the past few years, measurements of key indicators have moved away from the concepts of *job satisfaction* and *intention to leave* to more comprehensive concepts such as *engagement*. One of the primary reasons for this is the heterogeneous evidence regarding the relationship between job satisfaction and performance (Hauser, Schubert, & Aicher, 2008; Lowe, 2012a). *Engagement* describes the individual's degree of emotional attachment and loyalty to the organization. This encompasses aspects such as the degree of alignment of the employee's goals and values with those of the organization, the employee's overall job satisfaction, and her or his willingness to recommend the organization and "go the extra mile" to achieve the organization's goals (Lowe, 2012a; West & Dawson, 2012). There is evidence of relationships between employee engagement and performance, absenteeism, retention, and recruitment, as well as quality of care (Lowe, 2012b; Riechmann & Stahl, 2015). One of the main drivers of engagement is the work environment (Lowe, 2012a). Modern employee-oriented organizations therefore routinely conduct employee surveys as part of their corporate management strategy. The aim of these surveys is to measure the quality of the work environment from the employees' perspectives, their work experience, and some form of global indicator such as job satisfaction, intention to leave, or engagement (van Rooy & Oehler, 2013).

Valid and reliable instruments are needed to gain robust data for quality improvement. They need to be sufficiently concrete for valid exploration of the associations between work experience and environment and staff and perinatal outcomes measures. Questions need to be adequately formulated to provide actionable information for suitable and targeted improvement measures. There are a number of instruments available to measure hospital work environment, work experience, and/or different global indicators. Some are designed for use with all staff, and others are designed for use with certain professional groups or disciplines in particular (Lowe, 2012b; Riechmann & Stahl, 2013; van Saane, Sluiter, Verbeek, & Frings-Dresen, 2003). To our knowledge, an instrument for use with midwives was not available at the time of this study. Pallant, Dixon, Sidebotham, and Fenwick (2016) recently reported on the adaption of the Practice Environment Scale for use with midwives; it was initially developed by Lake (2002) to provide a measure of nurses' perceptions of their work environments.

The Picker Employee Questionnaire was originally developed by the Picker Institute–Boston and adapted to the German context by the Picker Institute–Germany. The aim in its development was to create a valid tool for use in human resources and quality management of hospitals. Furthermore, it was developed to be suitable for use in research to explore associations between work experience/environment and staff and patient outcomes. The questions are worded to be generic so as to apply to all professional groups that work in a hospital. The questionnaire was developed via a multistep process that included a review of the literature and focus groups with hospital staff. It covers the various facets of work experience and work environment relevant to job satisfaction of hospital employees. Good psychometric properties, the ability to differentiate between different groups, and practicability render the questionnaire well suited for its intended use (Riechmann & Stahl, 2013). The

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