Perception of Job Autonomy in the ICU Setting

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1 Background

Medical errors cost the United States an estimated $17.1 billion dollars in 2008, and an estimated 44,000 to 98,000 lives are taken annually as a result of medical errors (Den Bos et al., 2011; Kohn, Corrigan, & Donaldson, 2000). Possibly due to the complexity of care necessary for patients in the Intensive Care Unit (ICU), errors in this setting are more likely to cause harm (Latif, Rawat, Pustavoitau, Pronovost, & Pham, 2006). Project Emerge of the Armstrong Institute is a large-scale, multidisciplinary, and multi-site research and quality improvement initiative seeking to eliminate preventable harms and optimize patient outcomes and experiences while reducing healthcare costs.

While clinician skill is crucial to effective patient care, unit culture - the interpersonal environment of a unit - has received increasing attention as a determinant of patient outcomes. A culture of safety includes many cognitive mindsets and interpersonal practices, one of which is job autonomy for members of healthcare teams. As a Fuld Fellow, I worked in conjunction with Project Emerge's Learning and Accountability team to help develop the internet platform with which current perceptions of the safety culture in two Johns Hopkins-affiliated ICU's were measured.
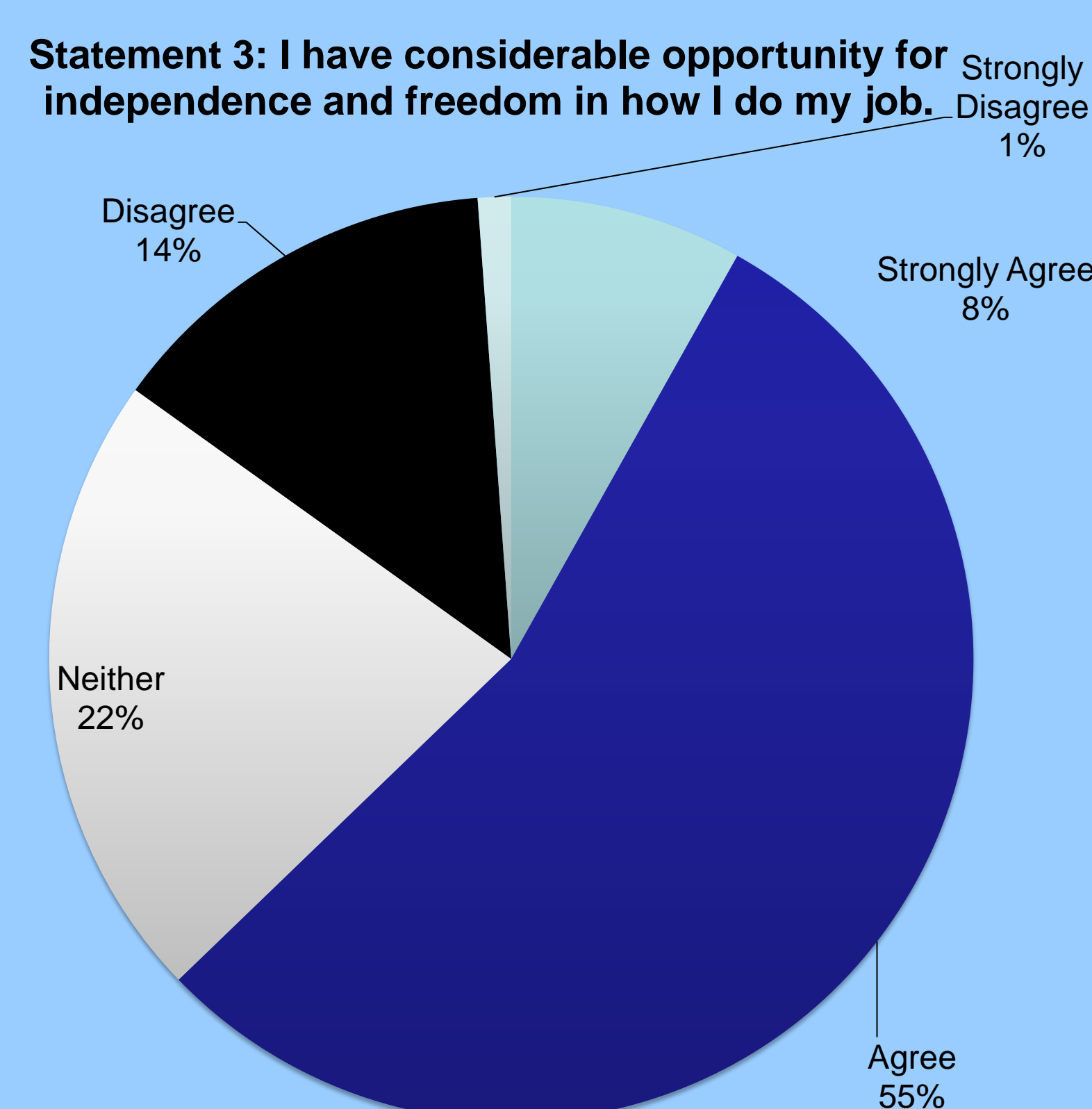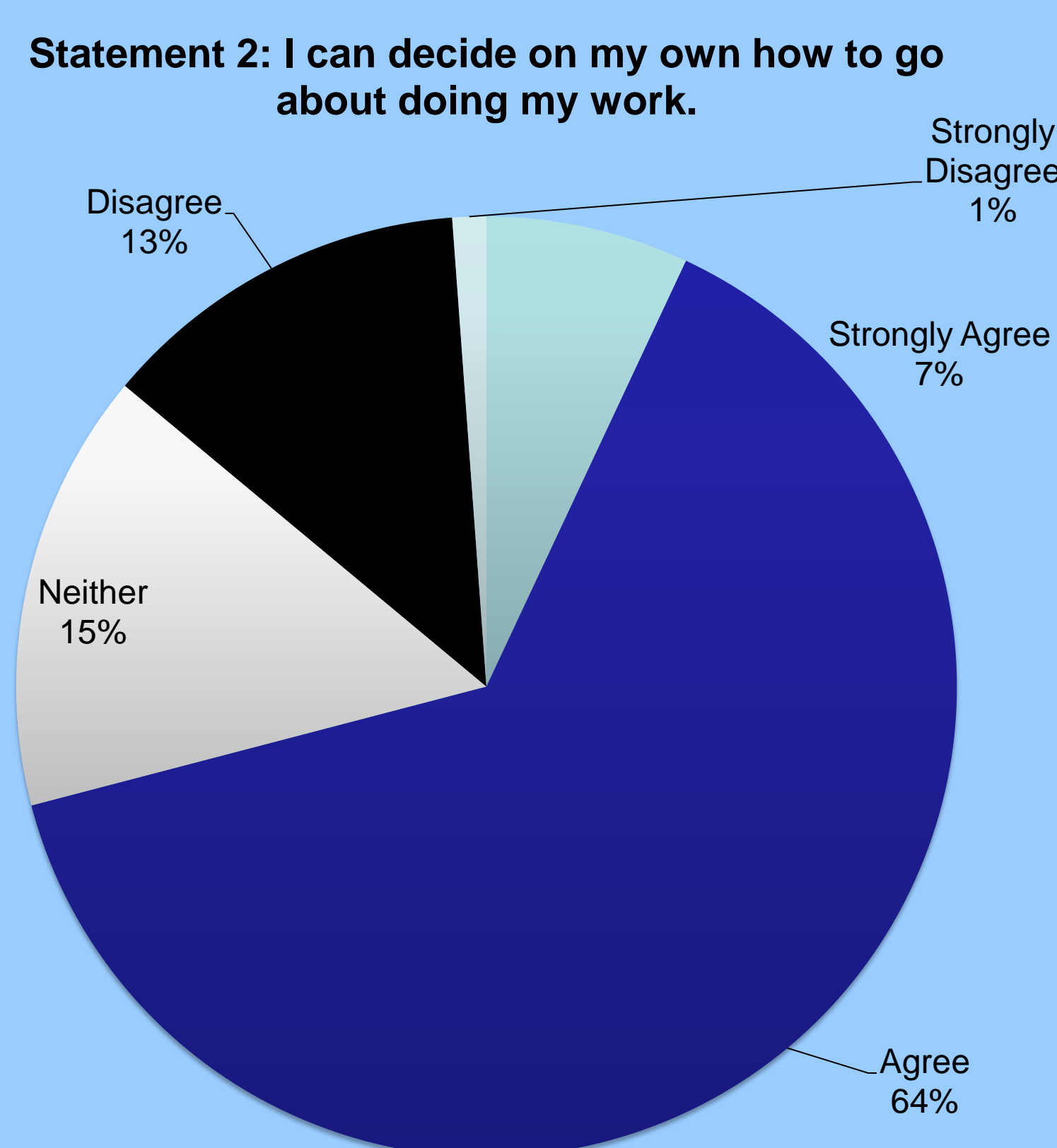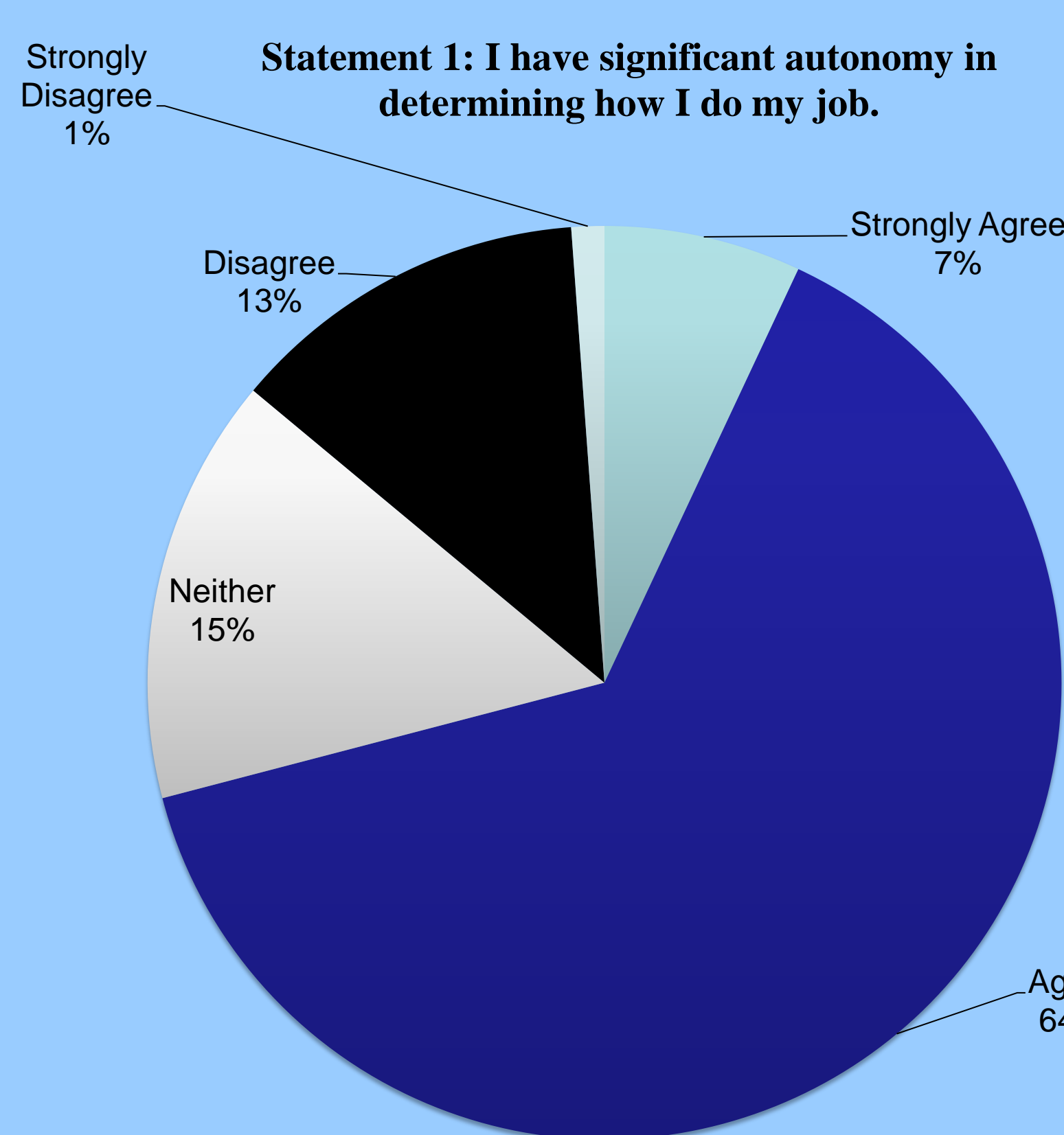
2 Methods

A series of validated surveys (referred to as Deep Dive I) were compiled to measure baseline safety information including clinician attitudes toward systems thinking, quality improvement, and the nature of clinician workload. The surveys were administered electronically via SurveyMonkey to multidisciplinary staff members at Johns Hopkins Surgical ICU and Johns Hopkins Bayview Medical ICU. Deep Dive I includes the Job Autonomy Scale (JAS) which assesses clinicians' perceptions of how much freedom, autonomy, and independence they have. This tool contains three statements with which respondents agree or disagree on a five-point Likert scale. Data from the JAS has been extrapolated from the larger Deep Dive I dataset and presented here to explore one aspect of a culture of safety, namely, job autonomy.

3 Results

As of 10/17/2013, 192 received the survey via email and 86 have completed the JAS of Deep Dive I. Respondents include 47 nurses (66.20%), 7 attending/staff physicians (9.86%), 14 fellows/physicians in training (19.72%), 1 administration/management (1.41%) and 2 other staff (2.82%).

The pie charts below display the breakdown of responses to the three statements of the JAS.*

*The results are unpublished data and are not to be shared and remain the property of the EMERGE team.

Statement 1: I have significant autonomy in determining how I do my job.
Strongly Disagree 1%
Strongly Agree 7%
Disagree 13%
Neither 15%
Agree 64%

Statement 2: I can decide on my own how to go about doing my work.
Strongly Disagree 1%
Strongly Agree 7%
Disagree 13%
Neither 15%
Agree 64%

Statement 3: I have considerable opportunity for independence and freedom in how I do my job.
Strongly Disagree 1%
Strongly Agree 8%
Disagree 14%
Neither 22%
Agree 55%

4 Conclusions

•The majority of survey respondents report having job autonomy in their work.

•A sizable minority of clinician respondents report neutrality in response to the statements of job autonomy, and a smaller yet considerable portion report that they do not have job autonomy.

Lack of job autonomy has been linked to increased levels of job dissatisfaction, stress, and burnout for physicians(Wallace, Lemaire, & Ghali, 2009). In a recent literature review on nursing management style, Germain and Cummings (2010) concluded that greater job autonomy led to increased confidence and job performance for hospital nurses. Furthermore, review of the current literature suggests that increased job autonomy is one nonfinancial incentive that improves patient outcomes (Misfeldt et al., 2013). Therefore, increasing job autonomy may increase job satisfaction, clinician confidence, reduce burnout, and improve patient outcomes.

5 Future Directions

As Project Emerge moves into its interventional stage, the survey data will:

•Establish quantifiable scales to measure components of a culture of safety that will be utilized in subsequent phases of the project

•Provide a baseline for measuring change in unit safety culture

6 References

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