

Influence of the Nursing Assistant Role in Nurse Satisfaction, Efficiency and Patient Satisfaction in the Post Anesthesia Care Unit

Jill Setaro, MSN, RN, ACNS-BC CPAN; Edana Ree, BSN, RN, CPAN; Allison Julian, BSN, RN, CPAN; Jan M. Johrden, MSN, BA, RN, CCRN; Nicole Cruse, BSN, RN, CPAN; Jill Agostino, BSN, RN; Laurie Malloy, BSN, RN; Jenna Shackles, BSN, RN; Elisabeth Stein, BSN, RN



Stony Brook University Hospital
Stony Brook, NY

INTRODUCTION

Nursing Assistants (NA) in the Post Anesthesia Care Unit (PACU) differ from inpatient NAs, as they facilitate patient recovery as a team with RNs post-operatively. As we returned from deployment post COVID, the role of PACU NA shifted from bedside care to servicing patient transports. While this change supported staffing shortages, RNs were left without aide at the bedside.

PROBLEM AND PURPOSE OF STUDY

NAs were often off the unit transporting patients to inpatient units. The PACU nurse's perception of lack of support at the bedside contributed to professional dissatisfaction.

In response to nurse concerns for additional support from NAs at the bedside, we set a goal to improve RN satisfaction with the NA role in the PACU by 10%. The PACU education committee engaged to restructure the role of the NA to improve RN satisfaction and to align the NA focus back to bedside tasks.

METHODS

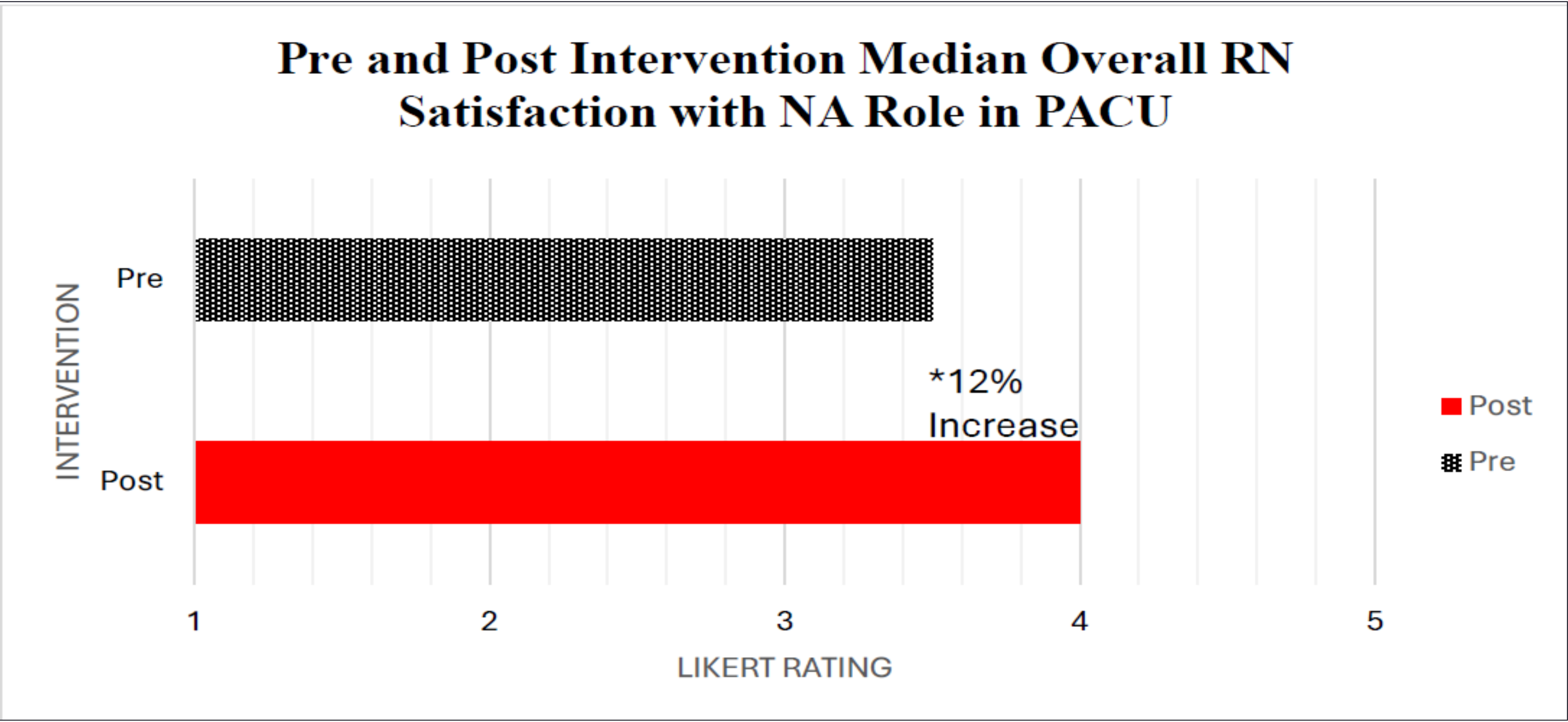
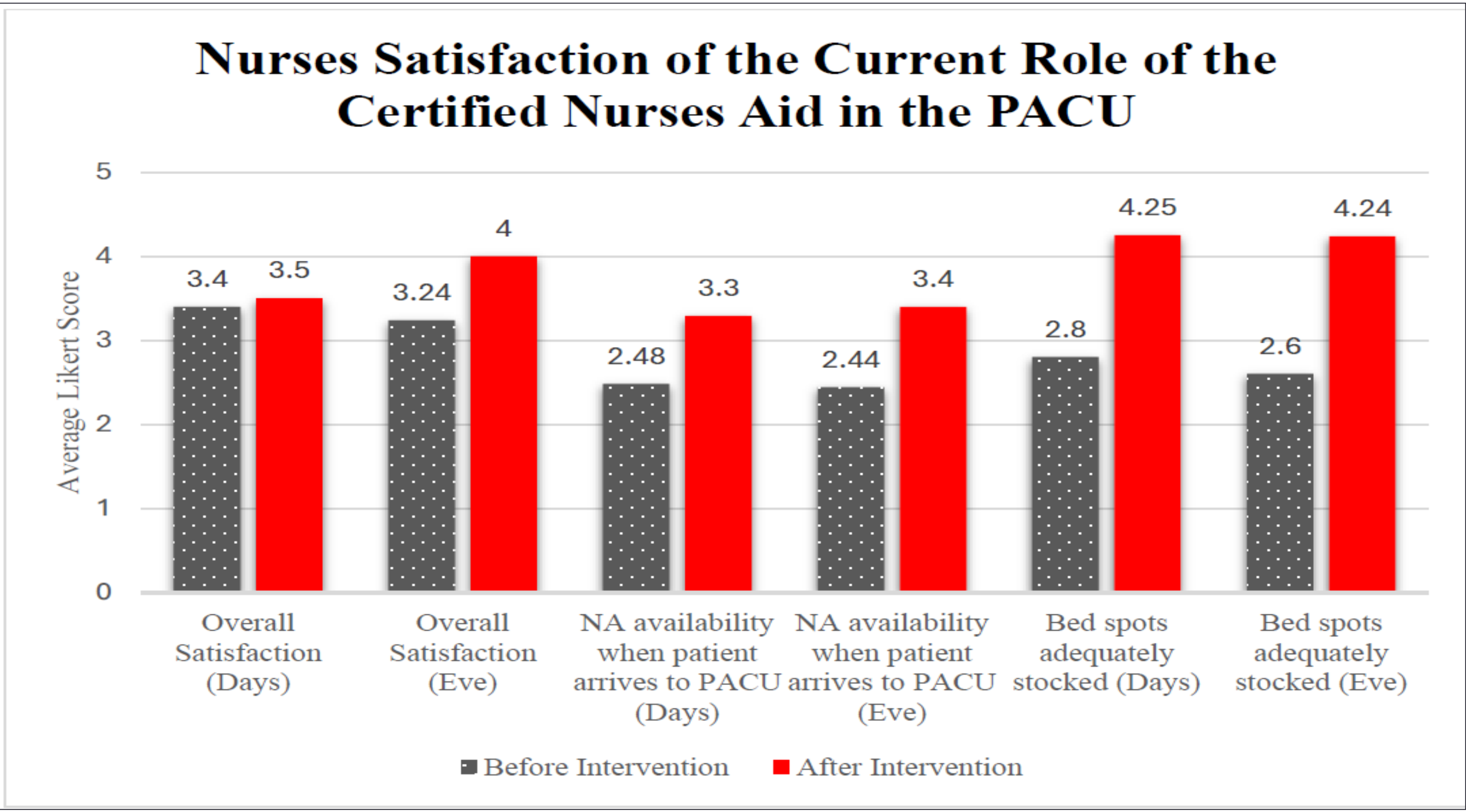
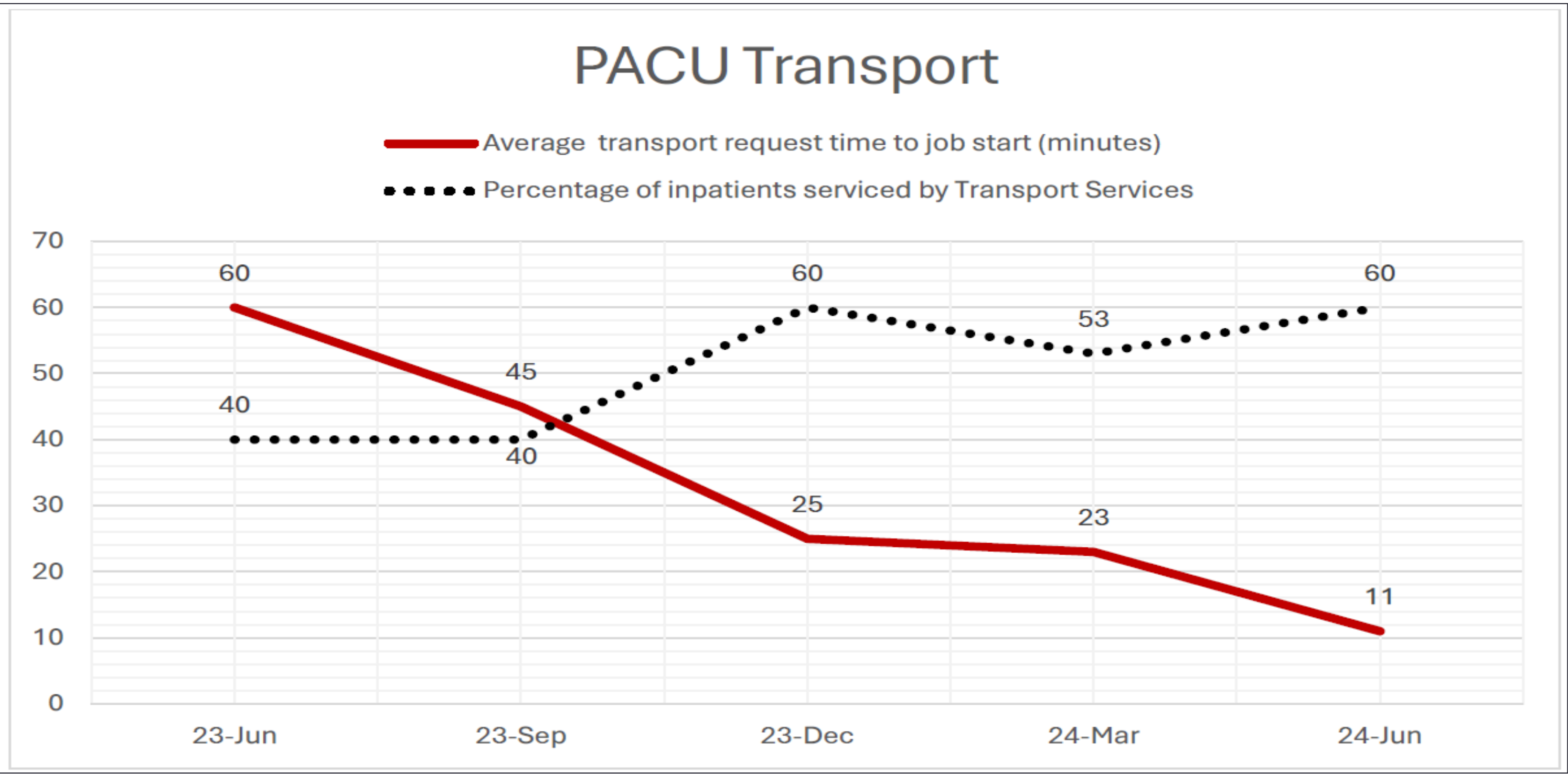
Utilizing LEAN methodology, it was determined that patient transports absorbed a significant amount of NA time. The responsibility of patient transports from PACU was reallocated to a Centralized Transport Service over a six-month period, with a goal to increase transports by 10%. This allowed the NA to remain on the unit and assist the RN at the bedside.

NAs were engaged in implementing changes to improve task prioritization. They were reeducated on ASPAN's Competency Based Orientation to provide structure to their procedural role. Engaging the NA also included education about our Shared Governance Model, Jean Watson's Theory of Caring and the 10 Caritas Processes.

A prospective pre and post analysis of the PACU RNs' perception of the NA role was conducted. RNs rated their satisfaction with the NA role in three domains utilizing a Likert scale with a goal of increasing RN satisfaction by 10%.

RESULTS

Centralized Transport absorbed 20% more patient transports per month. Transport response time decreased from an average of 56 minutes to 11 minutes. Overall RN satisfaction with the NA role increased 12.5%.

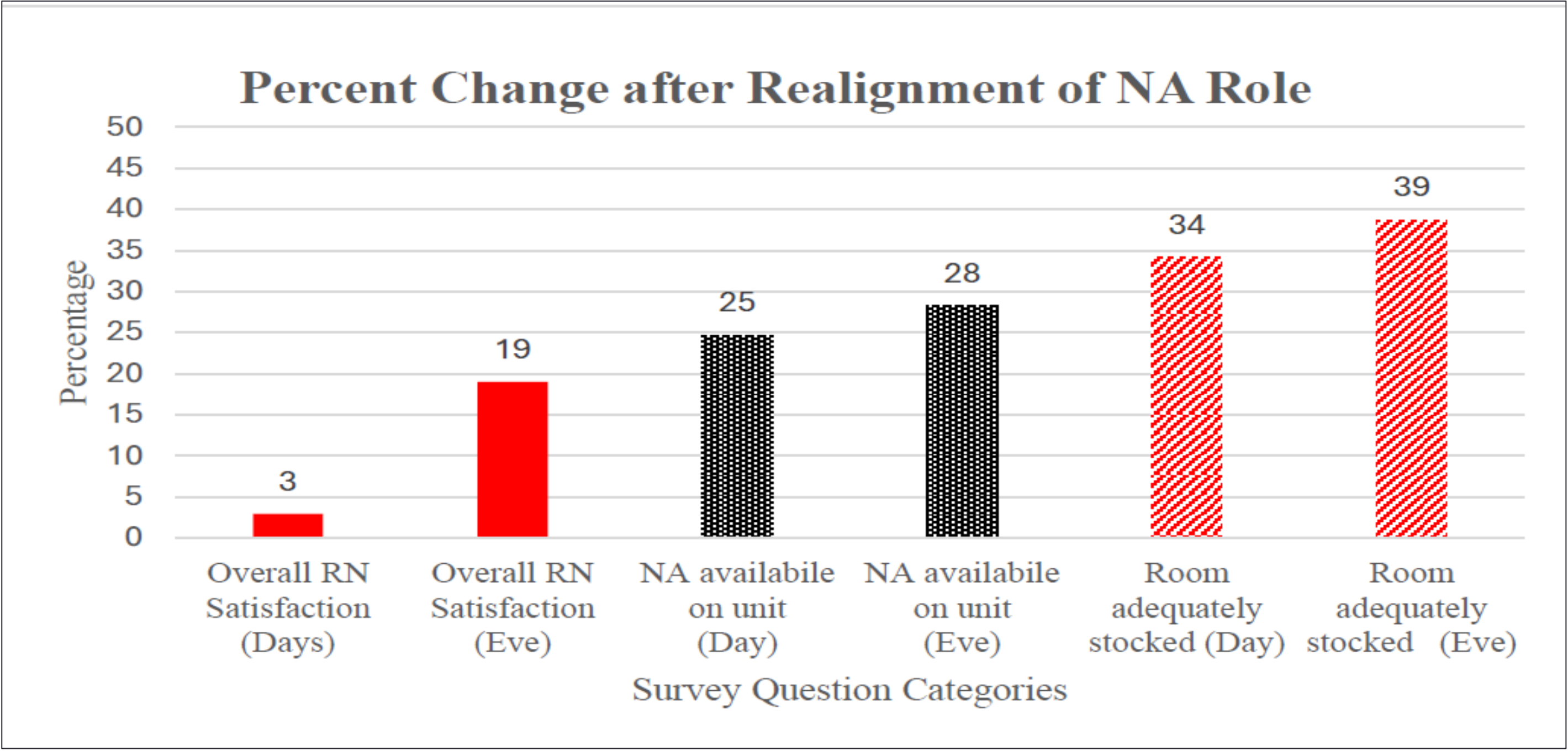


DISCUSSION

Initially, it was a challenge to wait for transport services to arrive to PACU. Response times decreased as Central Transport collaborated to accommodate PACU workflow.

Significant improvements were noted between pre and post intervention survey results. The greatest gains were noted with the evening shift satisfaction and equipment availability.

Simultaneously, we experienced a significant sustained increase in unit patient experience scores related to patient comfort (20% comparison rank).

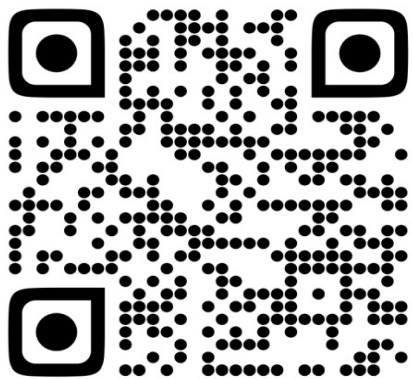


CONCLUSIONS

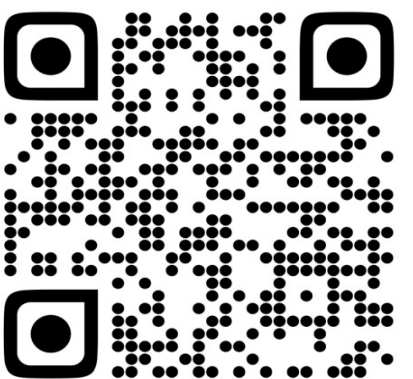
This QI project highlighted the importance of the role of the NA at the bedside in PACU. RN satisfaction increases when the nurses are empowered to advocate for resources to improve patient care. Realignment of roles can promote efficiency and throughput. Collaboration is essential in workplace improvements and staff satisfaction.

IMPLICATIONS FOR FUTURE RESEARCH

This project can influence others to investigate how unit workflow relates to RN satisfaction. We will continue to explore ways for staff to share feedback and opinions to make improvements through shared governance.



Publication



References/Acknowledgements