

**FOCUSED GROUP MEETINGS TO PROMOTE JOB SATISFACTION FOR  
EMERGENCY DEPARTMENT ADVANCED PROVIDERS**

A Scholarly Project

Submitted to the

Faculty of Liberty University

In partial fulfillment of

The requirements for the degree Of Doctor of Nursing Practice

By

Kendra Osei-Wusu

Liberty University

Lynchburg, VA

November 2022

**FOCUSED GROUP MEETINGS TO PROMOTE JOB SATISFACTION FOR  
EMERGENCY DEPARTMENT ADVANCED PROVIDERS**

A Scholarly Project

Submitted to the

Faculty of Liberty University

In partial fulfillment of

The requirements for the degree Of Doctor of Nursing Practice

By

Kendra Osei-Wusu

Liberty University

Lynchburg, VA

October 2022

Scholarly Project Chair Approval: Dr Candi Payne

Candi Marie Payne , DNP

## ABSTRACT

**Objective:** Over the last few years, the pattern of increased burnout, operating under adverse environments, and being under- appreciated as led to a decrease in job satisfaction among emergency room providers(physicians, advanced practicing nurses, and physician assistants). Therefore, this scholarly project examined if small focused group discussions among emergency room providers will help combat poor job satisfaction scores and increase the well-being of the practitioners that keep the emergency room functioning.

**Methods:** Using a quasi-experimental design, 10 providers that work in the emergency department at Lifebridge Health were randomly selected. Baseline well-being and job satisfaction rates were measured prior to implementing the focused group discussion. A total of five discussions took place over the course of two months, which involved work reflections, and group shared experiences. The main measurable outcomes included job satisfaction and provider well-being.

**Results:** At the end of the focused group discussions, the job satisfaction rate had increased from six out of 10 of the providers with a P value of .06. There were no statistically-significant differences in well-being post intervention.

**Keywords:** *Burnout, job satisfaction, emergency department providers,*

## Table of Contents

<b>SECTION ONE: INTRODUCTION.....</b>	<b>7</b>
Background .....	7
Problem Statement .....	11
Purpose of the Project .....	12
Clinical Question .....	13
<b>SECTION TWO: LITERATURE REVIEW .....</b>	<b>13</b>
Search Strategy .....	13
Critical Appraisal .....	14
Synthesis .....	15
Conceptual Framework/Model .....	17
Theoretical Framework .....	17
Summary.....	18
<b>SECTION THREE: METHODOLOGY</b>	
Design.....	21
Measurable Outcomes.....	21
Setting.....	22
Population.....	22
Ethical Considerations.....	23

<b>Data Collection.....</b>	<b>24</b>
<b>Tools.....</b>	<b>25</b>
<b>Intervention.....</b>	<b>26</b>
<b>Data Analysis.....</b>	<b>26</b>
<b>SECTION FOUR: RESULTS .....</b>	<b>26</b>
<b>SECTION FIVE: DISCUSSION.....</b>	<b>27</b>
<b>Implication for Practice .....</b>	<b>27</b>
<b>Sustainability.....</b>	<b>28</b>
<b>Dissemination Plan.....</b>	<b>28</b>
<b>References .....</b>	<b>30</b>
<b>Appendix.....</b>	<b>34</b>

## SECTION ONE: INTRODUCTION

Intense productivity expectations, conflicting management relationships, and unrealistic demands have a significant impact on the job satisfaction of emergency room providers. Additionally, a lack of support and solidarity amongst fellow providers has contributed to increased burnout and decreased emotional wellness, with immediate implications on quality of care for patients (Rocha et al., 2019). In 2004, 65.2% of emergency room physicians reported high career satisfaction in a longitudinal study conducted by the American Board of Emergency Medicine. In 2019, an article assessing job satisfaction levels reported a decrease in job satisfaction as much as 26% for emergency room providers. (Bagherian & Hosseini, 2019). This article also found that emergency providers have consistently ranked job satisfaction levels as four out of five on the Likert scale. In recent years, that score has decreased to an average of 2.9 on the Likert scale according to Bagherian and Hosseini (2019).

The Joint Commission attests that a heavy workload with inadequate staffing, increasing patient acuity levels, and unpredictable and often traumatic events contribute to poor job satisfaction levels for providers that work in the emergency department. Therefore, these providers have an increased risk of near-miss error incidents (Joint Commission, 2022). Consequently, advanced providers such as physicians, physician assistants, and nurse practitioners experience increased rates of burnout, stress, and depression, and as a result, they experience poor job satisfaction levels. The rates of negative symptoms are especially higher in providers that work in the intense environment of the emergency department. This has led to grave consequences where patients are directly affected, where high turnover rates occur, and where decreased

clinical involvement becomes more frequent (West et al., 2021). Shields et al. (2020) attest that an estimate of four billion in provider-related expenditures and a decrease in working in a clinical arena is attributed to a decrease in job satisfaction along with provider burnout. Not only is this an extreme financial burden, but this has also led to an astounding increase in administrative tasks partly due to electronic medical records, stifling neglect by employers, decrease in autonomy and leadership, and inadequate organizational support. Ultimately, this leads to reduced job satisfaction. Lastly, it has been recorded that those providers who work in the emergency department are more likely to exhibit symptoms of job burnout, leading to an unsatisfactory quality of life (Rocha et al., 2019).

There are evidence-based interventions that have been discovered to improve job satisfaction for providers, with approaches varying from an individual level to an organization level. Upon researching multiple evidence-based interventions, there were themes that continued to stand out, such as encouraging emergency room providers to establish a deeper purpose and increased comraderies within the field of medicine. Also, themes such as organizational counseling, employee assistance programs, and participating in open communication have contributed to increased productivity and increased job satisfaction (Shields et al., 2020). Talk therapy has been a key source to driving motivation, advancing careers as providers, and abating workplace stressors to increase job satisfaction amongst emergency room providers (Rocha et al., 2019). The goal of this project is to explore the following: whether the evidenced-based intervention using focused group discussions, where providers have a chance to reflect on challenges faced in the emergency department and explore deeper virtues of being an emergency room provider, would promote positive job satisfaction. The small groups occurred monthly with a facilitated team lead for approximately 30 minutes.

**Background**

Job satisfaction for providers is a diverse and complex topic. The topic alone has been a target of organizational research and work behavior for decades. Lu, et al. (2019) define job satisfaction as not only how an individual feels about their job, but also the nature of the job and the individuals' expectation of what their job should provide. Job burnout is often a significant factor that impacts job satisfaction. Physicians and mid-level providers that experience burnout have lack of motivation, decreased enthusiasm for the profession, extreme stress levels, and depression (Shields et al., 2020). Burnout rates, depression, and anxiety have run rampant amongst emergency department providers in the United States. Watson et al. (2019) report that depression rates have jumped from 45% to 60% from the year 2020 to 2022 amongst emergency room providers. Furthermore, from the year 2019 to 2021, nearly 50% of emergency room providers reported increased anxiety rates, one of the significant factors that cause burnout.

The emergency department is a key source for many organizations in providing expedited care to the community. Emergency department providers are significantly prone to high stress levels and intense pressure. Governing job satisfaction is essential, as it helps to increase retention and the human capital of the provider. This subsequently affects the quality of patient outcomes and the quality of medical care (Ratnasari & Tan, 2022). One of the greatest challenges of an emergency room provider is capacity. The illnesses of patients have become more complex, which requires more time to be allotted. A recent article has shown that there has been an increase in referrals from urgent and rapid care facilities, which also leads to an increase in volume (Carayo & Hoonakker, 2019). Secondly, increased length of stay in the emergency department adds to the tasks of the emergency room provider. When the admitted patient must



remain in the emergency department because of lack of beds in the hospital, the emergency room provider continues to oversee the care of the admitted patient. These days, the patient could potentially remain in the emergency department for hours, sometimes days, until a bed becomes vacant in the hospital. A qualitative study examining career satisfaction among emergency room physicians determined that “emergency room crowding” also impacts job satisfaction (Morley et al., 2018). In this study, it was concluded that the consequences of emergency room crowding led to increased stress on the clinical staff and contributed to provider dissatisfaction. Dangerous work environments, increased patient census, demanding productivity numbers, political interpersonal employee relations, and staff shortages contribute to poor job satisfaction rates amongst providers who work in the emergency department. Demands for high quality care, in a high intensity work area trigger responses that are liable to suppress job contentment and impair the work ethic of emergency room providers. The burden of decreased job satisfaction is characterized by withdrawal, physical and emotional exhaustion, reduced resiliency, decreased patient satisfaction, suboptimal patient health outcomes, shortages in emergency room providers, and greater amounts of medical errors (West et al., 2021). Providers that are victims of decreased job satisfaction are more likely to have a decreased sense of worth in the workplace and are more likely to experience feelings of depression, anxiety, insomnia, and substance addiction (Shields et al., 2020).

Over a two-month period, this scholarly project evaluated the approach of small-group discussions in order to increase job satisfaction and increase overall well-being for providers working in the emergency department. The organization where this project was conducted has a mission to improve the health and wellness of the community by providing thorough comprehensive care along with a vision to become nationally recognized as a noble health

system that consistently provides stellar health outcomes (lifebridgehealth, 2022). For years, this organization has been dedicated to fully integrating advanced medicine and compassionate care to service their community. The administration of the facility recognizes that to continue their mission and efficiently execute the vision of the organization, the healthcare professionals who facilitate the care have to be in a mental space that is optimal to perform at high levels. Based on a survey completed by the organization in 2018, job satisfaction among the providers that work in the emergency department has decreased from a mean rate of four on a Likert scale to 2.5. This decrease in satisfaction resulted from unplanned emergency department admissions, an increase of outpatient referrals to the emergency department, growing patient volumes, and higher acuity patients. This alarming regression prompted this proposal to take place to determine feasible solutions.

The Mayo Clinic well-being tool is a metric used to increase job satisfaction by improving provider mental wellness. This well-being index uses an online questionnaire to evaluate the different dimensions of job satisfaction such as depression, fatigue, burnout, and work environment stress (Appendix B). The well-being index is also designed to promote provider self-awareness and provide the opportunity for organizations to track provider experiences. This index will be used as a tool for the focused group discussions amongst the providers at Lifebridge emergency department.

### **Problem Statement**

The problem that is prevalent in job satisfaction among emergency room providers has resulted in a burden in patient care by inducing low performance in healthcare delivery (Jin et al., 2019). This predisposes patients to adverse events and suboptimal conditions during their visit to the emergency department. Complex work environments, stressful schedules, inadequate

staffing, and lack of available resources maintain subpar career satisfaction for emergency room providers. This negative outcome is the main motivation to investigate strategies that combat poor job satisfaction rates. It is important to recognize the detriment to the future of emergency medicine if job satisfaction among the providers continues to steadily decline. Two, if effective interventions are not considered to combat provider burnout and reduced job satisfaction, this could lead to increased mortality rates in patients across the lifespan. Circumstance triggered corresponding action plans to identify different approaches that healthcare organizations can adopt to combat the issue of poor job satisfaction among emergency room providers. The emergency room providers at Lifebridge Health have expressed low job satisfaction scores. This has been illustrated in a most recent survey from the organization's "employee relations survey" in 2018. This unhappiness also manifests in conversations of mass resignation and early retirement at Lifebridge Health. An obvious cause of low job satisfaction for the providers in this organization is being inundated with heavy workloads accompanied with feelings of being under supported. This was expressed by one of the senior family nurse practitioners, an employee of Lifebridge Health for 10 years. The provider goes on to say that countless initiatives are promised but when it comes down to it, the interventions are cancelled and the operations fall through the cracks. The process to admit and discharge patients has been increasingly difficult because comprehensive services such as nursing and case management are decreasing. All in all, the providers in these organizations feel as though they are battling the organizational system rather than being supported by it.

### **Purpose of the Project**

Using an evidenced-based focused group method, the purpose of this scholarly project is to evaluate whether monthly focused group approach discussions would have a positive impact

on job satisfaction for emergency department providers. Moreover, it was investigated how monthly, small, focused group discussion affects job satisfaction for emergency department providers. The small discussion group was titled “Focused group discussions for providers to promote and maintain job satisfaction”.

### **Clinical Question**

The aim of this study is to examine if monthly group discussion sessions amongst emergency room providers aid in increasing job satisfaction rates from 2.5 to three on the Likert scale. Furthermore, will emergency department providers benefit from monthly group discussion sessions in efforts to increase job satisfaction? An internal survey conducted by the organization in 2018 will be utilized to compare the job satisfaction rates.

## **SECTION TWO: LITERATURE REVIEW**

### **Search Strategy**

A search strategy was conducted using a variety of databases. Search terms included: emergency department, ED, patient outcomes, mortality, strategies, interventions, burnout, coping, and patient outcomes. Five-year date restrictions and evidenced-based publication were also eligible for the search inclusion. A CINAHL search (2017-2022) was conducted with inclusion criteria of keywords such as “emergency department physician job satisfaction.” The CINAHL searches were combined with searches from Google Scholar to identify randomized trials and relevant evidenced-based articles. Keywords that were developed in the search had to incorporate the wording: emergency department, providers, general practitioner, and physicians. The search terms were further narrowed to focus on articles supporting jobs with interventions to include low cost, therapeutic solutions. Before performing the electronic searches, feedback was obtained from the hospital liaison specialist to inquire about services in place that were similar to

those explored in this study. The initial search generated over 200 publications. Once the five-year restriction was applied (2017-2022), along with inclusion criteria selections, this narrowed it down to 112 publications. Following the removal of duplicates, an assessment of relevancy was conducted, resulting in 20 articles.

### **Critical Appraisal**

The abstract and background from of all the studies that were researched included both qualitative and quantitative research. The group of evidenced-based articles (20 total) that were researched met the keyword criteria of population, research method, and intervention. The results included a few articles that addressed the main purpose of this scholarly project. The studies that met the inclusion criteria were: job satisfaction among doctors, a multi-faceted subject studied at a tertiary care hospital in Lahore, Pakistan; effectiveness of a multimodal training program to improve general practitioners' burnout, job satisfaction, and psychological well-being; executive leadership and physician well-being; nine organizational strategies to promote engagement and reduce burnout, and strategies to improve general practitioner well-being; and findings from a focus group study (Atif et al., 2018; Alvarado et al., 2019; Shanafelt et al., 2017; Hall et al., 2018).

The most pertinent results from the evidenced-based literature provided information on different factors that contribute to decreased job satisfaction. These factors were conditions of the work environment, financial gain, difficulty in working with coworkers, insufficient staff, and ability for upward mobility. Two of the factors repeated multiple times throughout the articles. They were dissatisfaction of income, increased workload, lack of support, and conditions of the work environment. Thus, these factors were made to be significant to consider when conducting the study for this review. Additionally, strategies to improve job satisfaction

was a common theme in the evidenced-based articles that were evaluated. Different strategies that were implemented included facilitated organization engagement excursions, focused group discussions, expressing possible strategies to increase provider well-being and reduce burnout among the employees, and supplying daily coffee and donuts to employees. In summation: the consistent theme of focused group discussions allowed this intervention to be explored further in this study.

### **Synthesis**

A comprehensive search of evidenced-based articles was conducted to review variables that lead to advanced provider burnout, job satisfaction levels of emergency room providers, and strategies to increase job satisfaction levels. Research publication from online platforms such as CINAHL, Thesis Global and Google Scholar were reviewed using search strategies to produce data that were relevant to the project topic.

By nature of the purpose, the emergency room can create a unique environment that presents as a challenging part of the hospital. Maintaining high satisfaction amongst the clinical leaders of the emergency room fosters a culture of patient satisfaction, loyalty, and provider retention (Ratnasari & Tan, 2022). By exploring interventions to increase job satisfaction among emergency room providers, provider shortages and turnover will decrease. Implementing different strategies to boost the morale of emergency room providers is not an easy task. It is a great responsibility that healthcare organizations bear in order to be successful financially and operationally.

Ratnasari & Tan (2022) investigated job satisfaction among emergency department providers in a private hospital. Elements of the daily duties of emergency room providers were explored. These duties were investigated as factors that were directly correlated with job

satisfaction levels. Job requirements such as high work volumes, staffing shortages, increased acuity, lack of upward mobility, working under immense pressure, and decreased pay, all contributed to poor job satisfaction rates. In this study, 52 providers were interviewed; 38 of the sample reported unsatisfactory job satisfaction. Thirty providers out of the sample indicated that they planned on transitioning from the specialty within the next five years. In this study, interventions to support the providers included recruiting more staff, organizing a more efficient throughput process, and more efficient use of facility would help the providers have a better outlook on their job.

West et al. (2021) established that the use of focused discussion groups was recommended to improve job satisfaction in providers that work in emergency rooms. Their interventions of self-facilitated discussion groups helped to promote physician well-being and increase job satisfaction. Following their six-month implementation of these meetings, overall burnout amongst the physicians decreased by 1.9%. The prevalence of depressive symptoms had decreased by 12.8%, and job satisfaction scores had increased by 6.1%. West et al. (2021) utilized mindfulness topic suggestions and educational podcasts on mental health to help guide the formal group sessions.

Taking into consideration that the main objective is to develop strategies to increase job satisfaction for emergency room providers, this act could potentially take place by educating providers on the early signs and symptoms of burnout. Atif et al. (2018) acknowledged that early detection of the risk factors of burnout and career fatigue could be empowering to minimize the risk of increased burnout. In this study, the providers were skeptical about the educational programs that were put in place to identify the signs of work burnout and stress. The providers

felt that this subject should be categorized as innate knowledge and did not view this knowledge as beneficial to their practice.

## **CONCEPTUAL FRAMEWORK/MODEL**

The Iowa Model of Evidence Based Practice was the conceptual framework for this project. The model exudes quality improvement with the pertinent research to support the evidence (Melnik & Fineout-Overholt, 2019). This model is set up with an algorithm that is easily understandable in order to help nurses identify key components in their research using seven steps: establishing trigger areas, identifying specific research questions, assembling the appropriate team, gathering, appraising, and analyzing the evidence, outlining and executing the practice change, establishing the practice change, and dispersing the results (Melnik & Fineout-Overholt, 2019). The Iowa Model is unique, as it triggers the notion that evidence-based practice may be influenced by a clinical problem stemming from an outside organization to set the project into motion (Titler et. al, 2001). It is also developed through a series of steps providing a systemic process to ensure quality care. In addition, this framework enables advanced providers to translate research data into clinical practice while greatly improving care for patients (Buckwalter et al., 2017). The inclusion of these properties regulates patient outcomes in the acute care setting when it comes to assessing job satisfaction. The factors of the Iowa Model will be incorporated in the research to produce reliable data.

## **Theoretical Framework**

Watson's Theory of Human Caring involves practicing compassion towards patients in order to cater to them in a holistic manner. This theory uses the approach of meaningful relationships between clinicians and their patients in order to produce the best patient outcomes (Ozan, 2017). Practices like kindness, equality, and the integration of the mind, body, and spirit



are major concepts for this theory. Furthermore, this theory intertwines the idea that caring and displaying empathy and humanity towards patients promotes optimal health and wellness (Ozan, 2017). This theory incorporates 10 curative facets including instilling faith and hope, creating humanistic-altruistic system of values, cultivating understanding of self and other people, developing a helping-trust relationship, promotion of expressing feelings, using a problem-solving approach in making decisions, promotion of teaching-learning, promoting an environment that is supportive, offering help in gratifying human needs, and allowing for existential-phenomenological forces (Ozan, 2017). Reduction of hospital readmissions, producing an efficient throughput process, and maintaining patient safety are priorities for the emergency department. Leadership becoming aware of the importance of maintaining job satisfaction rates leads to safer patient outcomes and enables providers to do their job more efficiently. Therefore, the Watson Theory of Human caring was an ideal selection for the structure of this project. When providers are content in their workplace, it is more likely that they display care that is compassionate and benevolent, which in turn produces improved patient experiences.

### **Summary**

Clinical pathways provide detailed guidance for each stage in the management of a patient, such as treatments and interventions, with a specific condition over a given time period. Clinical pathway implementation has the potential to standardize treatment and improve outcomes (Riza & Nurwahyuni, 2019). The purpose of this evidence-based project is to answer the groundbreaking PICOT question: Will emergency department providers benefit from monthly group discussion sessions in efforts to increase job satisfaction? As a result, a synthesized compilation of evidence-based research was utilized to support the answer to the

question. A systemic analysis of studies that were related to the PICOT question revealed a discovery of encouraging results. Alvarado, Barrio, Fleta, Ruiz, and Torrubia, (2019) provided insight into work-related factors that affected the psychological well-being of advanced providers working in the emergency department. Their findings revealed that the potential of multimodal therapy programming being incorporated in the providers' work schedule led to improvements in the providers' mental health along with work satisfaction. The authors continued to describe the effects of Multimodal Therapy Programming (MTP) on emergency room physicians based on the number of years served on the unit. Approximately 25% of novice emergency room providers (under 2 years of experience) found the program to be tedious and irrelevant as they were trying to master the specialty of emergency medicine. Almost 35% of the emergency providers that had more than four years of experience working in the emergency department found that the therapy program was pivotal in empowering their profession and assisted in adding quality to their work (Alvarado et al., 2019).

According to Rocha, Cortes, Dias, de Meira Fernandes, and Gontijo (2019) the emotional exhaustion that was experienced working in the emergency department significantly correlated to job dissatisfaction. The authors stressed that this factor was an early symptom of burnout, and if detected early enough, this could reduce the probability of decreased job satisfaction.

In a study conducted by West, Dyrbye, Satele, and Shanafelt (2021) empirical data found that their randomized self-facilitated focused group discussions promoted decreased rates of burnout and symptoms of lower job satisfaction. Additionally, the meetings also concluded a lower probability of the provider transitioning out of their current practice within the span of two years (West et al., 2021).

The quality of the articles was diverse in nature. It was concluded that the more recent articles provided evidence of greater relevance to the project. The majority of the research conducted randomized clinical trials or questionnaires to gain results. Although the questionnaires varied in length and depth, they were all anonymous. Generalizability was a common theme for articles in relation to the limitations.

A strength of this review was that all the articles were within a span of five years. This ensures that the information is current, increasing confidence in the information. Limitations that were encountered during the evidence-based research were the difference in definition of “advanced provider” and job satisfaction. Even though the term “advanced provider” had multiple meanings across the globe, the universal work conditions of the emergency department were similar for valid conclusions to be made. An additional limitation was that a small number of articles considered part time or per diem employees. This information was impactful as job satisfaction among these groups was higher than full time providers.

The literature review to determine strategies to increase job satisfaction for advanced providers in emergency medicine provided great insight to consequently improve the quality and safety of patient care. In the randomized case study trials of group reflection and shared discussions, the candidates that participated in these focused groups had reduced burnout and significantly improved job satisfaction for providers in the emergency department. However, although job satisfaction rates numerically improved, measures of wellness support and meaning had greatly improved, the impacts were not significant. Further research is needed to investigate the effects of alternative measures to combat poor job satisfaction for emergency department providers.

### **SECTION 3: METHODOLOGY**

## **Design**

Utilizing a single, metropolitan community hospital in Baltimore, a quasi-experimental trial was conducted with a maximum of 10 providers in the emergency department. Study data were collected from August to October 2022, with the implementation of the focused group discussion efforts during those months. Participants were enlisted by the department patient relations liaison through email and unit meetings. Consent was obtained from each participant on the trial with copies stored in a locked file cabinet in the manager's office (Appendix H). The study has been approved by the Institutional Review Board. Participants gathered monthly for a total of four months, equating to four sessions. Each intervention meeting comprised 30 minutes of a self-facilitated discussion relevant to an assigned topic. These discussions were held over a meal sponsored by management of the department. Sample topics were derived from the "physician wellness topic of discussion" from Mayo Clinic.

## **Measurable Outcomes**

A variety of evidence-based instruments were used to measure the domains of job satisfaction and overall job stressors. The researcher used a universal provider job satisfaction scale, which consisted of an average of 12 question items, with scale assessments from strongly agree to strongly disagree to measure job satisfaction. Additionally, provider burnout, a characteristic related to job satisfaction, was also measured using the Maslach Burnout Scale, which identified significant thresholds to determine levels of burnout (Appendix D). Utilized in over 88% of publications on burnout, this scale incorporates three different categories affecting burnout, which include emotional exhaustion, depersonalization, and reduced personal accomplishment (Schaufeli et al., 2020). This assessment has been used as a successful practical tool to measure individual burnout.

**Setting**

The setting for the scholarly project was a community hospital in metropolitan Baltimore, Maryland. The setting was chosen as administrators in the facility have recognized the extreme work environment this facility faces. Additionally, this facility faces a provider turnover rate of 10% according to the organization's healthcare retention and staffing report. The mission and vision of the hospital is to "improve the health of the individuals and communities they serve through compassionate, high-quality care" (Lifebridge Health, 2020). The intervention to improve job satisfaction offers major benefits to this hospital and embodies the culture of the mission of this organization.

**Population**

Detrimental work factors contribute to poor job satisfaction levels among emergency room providers. Approximately 51% of emergency providers report burnout for work-related factors that include complex patient populations, intense time constraints, a variety of interruptions, and decreased sleep cycles for emergency room providers (Schneider et al., 2019). Adverse patient outcomes are also linked with poor job satisfaction levels. These suboptimal patient outcomes include injury as a result of a specific treatment, hospital readmissions, and death. This scholarly project involved emergency physicians and mid-level providers to evaluate prospective efforts to decrease job satisfaction and increase the quality of care provided by emergency providers. The efforts were centered on strategies that curated a sense of commodity and teamwork amongst the profession. Obtaining data that was significant from the population was highly feasible. As a result, obtaining an unbiased group of providers that were open minded and willing to participate was essential. Access to the providers and previous data were also important factors in the selection of the population. Inclusion criteria for this evidence-based

project were: agreement to participate in the intervention and providers with at least two years of experience in emergency medicine at the specific organization. In order to eliminate any characteristics that would affect the validity of the project's results, an exclusion criterion was established to maintain patient confidentiality, to maximize the time allotted for the study, and to provide the most benefits for the intervention. Therefore, providers known to be biased, and those who did not have a great rapport with members of the team were excluded. The recruitment strategy was simplistic in nature. Emails and in-person recruitments were facilitated. A detailed explanation of the initiative was described through email and a morning huddle amongst the unit employees.

### **Ethical Considerations**

Ethical considerations that were examined in this study include requesting approval from the Institutional Review Board. This ensured that this research is benevolent and ethically acceptable. This approval validates that the methods and research aims are following proper standards. Secondly, it is important to protect the privacy and integrity of all participants. This was done by obtaining informed consent from each provider to ensure that they were well informed of the purpose, benefits, and risks of the study. For this study, the providers had the opportunity to opt in and out of the study. It is also essential that the information that is filled out in questionnaires and discussion meetings were kept confidential. Questionnaires and surveys also excluded identifiable information in order to protect the provider's identity. Surveys and questionnaires were secured in the patient care liaison's office, a location that only she has access to. Lastly, the consideration for potential to harm was analyzed. During discussion, all possible sources to cause social harm or psychological harm were explored. This was done by

identifying the potential risks of disturbing topics and evaluating ways to mitigate them prior to the focused discussion.

The collaborative institutional training initiative is a platform dedicated to providing ethical needs to advance professionals in their careers with integrity and morale. Using this web-based program, training on maintaining ethics and integrity during research of human subjects was obtained (Appendix E).

### **Data Collection**

This scholarly project was conducted in a metropolitan community hospital under the Institutional Review Board system. This community hospital consists of 34 providers (12 advanced providers and 22 physicians) as of April 1st, 2022. Ranging from ages 34 to 65, this diverse group of providers comes from various backgrounds of training. A survey from the healthy work environment task committee was established in 2018 at this institution, evaluating a variety of factors that could potentially play a role in employee job satisfaction. This survey consisted of responses from all employees in the specialty of emergency medicine. An electronic record of the results is kept with the Emergency Department Engagement Specialist.

The advanced practice providers Well-Being Index Tool was created by Mayo Clinic for the sole purpose of evaluating factors influencing stress and job satisfaction (Mayo Clinic, 2020). This surveillance tool was implemented at the community hospital during the months of August to October will include quality of work conditions, thoughts about opportunities for advancement, coworker/leadership relationship, quality of current workload, probability of medical error, financial satisfaction, and risk of leaving the organization. Advanced providers were asked to participate on this index survey as anonymous, unidentified partakers. Surveys were sent to provider emails along with paper handouts over the course of two months. Following the

discussion forums, an end of study analysis survey was distributed to assess the effects of this pilot project.

## **Tools**

Basic tools used for data collection and analysis included surveys and questionnaires. This quantitative method allowed for a large amount of data to be collected over a short amount of time. The Global Job Satisfaction domain of the Physician Job Satisfaction Scale (12) (an average of 5 items on a 1 to 5 scale ranging from "strongly disagree" to "strongly agree") obtained from Mayo Clinic was used to measure job satisfaction (Appendix B). Burnout, an associating symptom of work-related satisfaction, was assessed using the Maslach Burnout inventory. This survey comprised three different domains: emotional exhaustion, low morale, and depersonalization. The survey comprised 22 items including a six-point Likert scale with a numerical range of zero to six. (Zero indicating never, and 6 indicating every day (Appendix D) from “strongly agree” to “strongly disagree.” Secondly, focused group discussions are an important tool designed to act as the intervention method for this study. The feedback from this tool determined the strength of the of this study. Leadership of the facility provided a majority of the resources needed to complete this project. The meeting space and on-site group discussions were made available at the organization. Sealed boxes to secure the questionnaires and surveys were provided by the patient care liaison no cost.

## **Intervention**

The different components of the intervention included data from a pre-assessment survey and post-intervention survey. Baseline data was obtained from the facility’s online internal survey platform provided by leadership to compare the data found to the job satisfaction of emergency room providers in the past. This project met all the criteria that



the Institutional Review Board (IRB) deemed appropriate to carry out. The study took place at a single center hospital in Baltimore, Maryland and was conducted as a quasi-experimental study. Participants were recruited through emails, department huddle meetings, and handouts distributed throughout the unit. After recruitment, participants gather monthly for three to four months for a total of four sessions. The sessions comprised a 30-minute self-facilitated discussion over a provided meal. Discussions addressed matters that were tailored to the providers' recent experiences in the emergency department. Additionally, these sessions focused on the well-being of the providers, involvement of teamwork, work relationships, and greater meaning to the profession. At the completion of this intervention, an end-of-study survey was completed to analyze if there was an increase in the Likert Scale for job satisfaction.

### **Data Analysis**

The purpose of this scholarly project was to provide answers to an undeniable question: Will routine focused discussion groups help increase job satisfaction levels in emergency department providers? The data provided reassuring results. From the data collection, it was found to be a positive relationship between the engagement of the focused discussion groups and increasing job satisfaction amongst the emergency room providers. Although the statistical significance was modest in number, there was certainly improvement.

## **SECTION FOUR: RESULTS**

### **Descriptive Statistics**

The standard, one-step data analysis tool was used to describe the sample. The ANOVA one step tool was set to analyze statistical significance. An ANOVA single factor was performed for this project in order to assess if the intervention of the focused group discussion was statistically significant or not. A one-way ANOVA test is typically used when there is one

independent variable, and the objective is to assess if there can be variations to that factor to have a measurable outcome on the dependent variable (Breitsohl, 2019). According to the ANOVA analysis, the p value is greater than our alpha of .05, (.06) and therefore, we accept the null hypothesis that the intervention has a positive effect on the providers job satisfaction. The numerical average of job satisfaction increased from 28.2 to 30.5. Although the mean improvement in job satisfaction was modest, this increase proved to be statistically significant. The statistical analysis was performed using Microsoft Excel 2020 (Appendix I).

Poor job satisfaction levels among emergency department providers can be attributed to burnout levels. In the Maslach Burnout Survey, approximately 20% of the participants had occupational exhaustion (EE) as a sign of burnout. The majority reported a moderate level of depersonalization (DP) and personal accomplishment (PA). Promotion of access to emotional support services might decrease the occupational exhaustion experienced in emergency room providers. The high mean scores of occupation exhaustion found in this project suggest that strategies are needed in healthcare organizations to maintain the standard of service quality.

## **SECTION FIVE: DISCUSSION**

### **Implications of Practice**

The implications of practice of this project are important, as adequate levels of job satisfaction correlate with decreased burnout and improved quality delivery for patients of various populations. The results from the surveys of this project indicate that more preventative methods are needed from emergency room directors to standardize support and decrease burnout among providers.

Healthcare is constantly evolving. Given that the turnover rate of emergency department providers continue to rise due to increased burnout and decreased job satisfaction, introducing

organizational small focused-group discussions to improve the well-being of the providers proves to be a cost-effective plan to retain emergency room providers and positively impact job satisfaction in this group of professionals. It is evident that this organizational level change will be a valuable practice to foster an effective team culture. This strategy could potentially evolve into an increased awareness of early signs of decreased job satisfaction, and in turn evaluate the impact it has on the well-being of the workforce. Factors that influence provider burnout and reduced job satisfaction merit further research by healthcare systems and policy makers nationwide.

### **Sustainability**

The substantiality of the practice change is evaluated to assure that continued benefits will be satisfied on a long-term scale. The goal to implement the intervention permanently will be considered in the near future, and it is our hope to transfer the knowledge gained from this study to local community hospitals. Key stakeholders will be included to support an environment of healthy job satisfaction and increased well-being. Moreover, emergency room providers are encouraged to adopt this new practice and continue to generate new solutions to improve the job satisfaction of their peers.

### **Dissemination Plan**

In order to ensure that the outcomes of this study are maximized, and the benefits are received, the following dissemination plan will be established using the appropriate strategy to translate the information into standard practice. A variety of vehicles such as in-person interactions, media outlets (company website, Twitter, and Instagram) along with announcements during daily huddles will be utilized as the distribution strategy. Additionally, multiple formats of graphic

flyers and posters will be dispersed throughout the unit, to present the findings of this scholarly project.

Submitting this DNP project for publication in the Journal of Nursing Administration is a goal for dissemination of the findings. This platform touts its reputation of quality patient care and patient safety leadership. The main audience for this journal are nurse executives, medical directors, nurse managers and director of nursing in hospitals and inpatient health settings. This project will be most successful in this journal because it is centered around real world evidenced based solutions.

### **Conclusion**

Evidence-based practice is imperative in order to provide safe, quality care. This pilot project demonstrated that by implementing routine focused group discussions at Lifebridge Health, there is a strong potential for improvement in job satisfaction rates amongst the providers.

Organizations must make it a priority to assess the wellness of the providers and promote healthy work environments they continue to produce quality health outcomes to various populations.

This project not only analyzed the PICOT question but will also pave the way for the betterment of healthcare organizations and future research projects.

Limitations for this project included limited time, not including a non-randomized controlled sample, and the lack of different participating emergency department providers at another organization to combat potential bias. Future considerations include allotting more time for the focused group meetings to increase the validity of the data. Strengths of the project include its aligned relationship with the vision, values and mission of the organization. This was most beneficial to gain optimal support from the organization. Despite the projects limitations, the projects findings may imply that implementation of evidenced based focused meetings could

improve the overall job satisfaction rates of medical providers in emergency departments. This will not only support provider retention in emergency medicine but improve patient outcomes and increase the quality of care received in the emergency department.

In addition to the recommendations of this project, the IOWA model and the Watson Theory of Human caring were used to support the implementation of this evidenced based approach. The IOWA model served as a guide for this project as it provided structure for the project design, on an organizational level.

### References

- Alvarado, C. E., Barrio, C., Fleta, J. C., Ruiz, D., & Torrubia, R. (2019). Effectiveness of a multimodal training programme to improve general practitioners' burnout, job satisfaction and psychological well-being. *BMC Family Practice*, 20(1), 1–12. <https://doi.org/10.1186/s12875-019-1036-2>
- Atif, K., Khan, H. U., & Maqbool, S. (2018). Job satisfaction among doctors, a multi-faceted subject studied at a tertiary care hospital in Lahore. *Pakistan Journal of Medical Sciences*, 31(3), 610–614. <https://doi.org/10.12669/pjms.313.7402>

- Bagherian, F., & Hosseini, S. A. (2019). Burnout and job satisfaction in the emergency department staff: A review focusing on emergency physicians. *International Journal of Medical Investigation*, 8(3), 13-20.
- Breitsohl, H. (2019). Beyond ANOVA: An introduction to structural equation models for experimental designs. *Organizational Research Methods*, 22(3), 649-677.
- Buckwalter, K. C., Cullen, L., Hanrahan, K., Kleiber, C., McCarthy, A. M., Rakel, B., . . . (2017). Iowa model of Evidence-Based practice: Revisions and validation. *Worldviews on Evidence-Based Nursing*, 14(3), 175-182. doi:10.1111/wvn.1222
- Carayon, P., & Hoonakker, P. (2019). Human factors and usability for health information technology: old and new challenges. *Yearbook of Medical Informatics*, 28(01), 071-077.
- Halcomb, E., Smyth, E., & McInnes, S. (2018). Job satisfaction and career intentions of registered nurses in primary health care: an integrative review. *BMC Family Practice*, 19(1), 1-14.
- Improving patient and worker safety - joint commission. (n.d.). Retrieved June 26, 2022, from <https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/patient-safety/tjc-improvingpatientandworkersafety-monograph.pdf>
- Jin, Y., Wang, H., Wang, D., & Yuan, B. (2019). Job satisfaction of the primary healthcare providers with expanded roles in the context of health service integration in rural China: a cross-sectional mixed methods study. *Human Resources for Health*, 17(1), 1-13.
- Lifebridge Health. Main. (n.d.). Retrieved June 26, 2022, from <https://www.lifebridgehealth.org/Main/AboutLifeBridgeHealth.aspx#:~:text=Mission,through%20compassionate%2C%20high%20quality%20care.>

Lu, J., Zhang, Z., & Jia, M. (2019). Does servant leadership affect employees' emotional labor?

A social information-processing perspective. *Journal of Business Ethics*, 159(2), 507-518.

Melnyk, B. & Fineout-Overholt, E. (2019). Evidence-based practice in nursing and healthcare: A guide to best practice (4th ed.). Philadelphia, PA: Wolters Kluwer Health.

Morley, C., Unwin, M., Peterson, G. M., Stankovich, J., & Kinsman, L. (2018). Emergency department crowding: a systematic review of causes, consequences and solutions. *PloS One*, 13(8), e0203316.

Oseiwusu, K. (2020). *Literature Review*. Liberty University

Ozan, Y. D., & Okumuş, H. (2017). Effects of nursing care based on watson's theory of human caring on anxiety, distress, and coping, when infertility treatment fails: A randomized controlled trial. *Journal of Caring Sciences*, 6(2), 95.

Ratnasari, C., & Tan, J. D. (2022). Investigating Job Satisfaction Among Emergency Department Workers in A Private Hospital During The Pandemic. *Syntax Literate; Jurnal Ilmiah Indonesia*, 7(2), 579-591.

Riza, R., & Nurwahyuni, A. (2019, February). The implementation and outcome of clinical pathway: a systematic review. In *The 5th International Conference on Public Health* (pp. 677-686).

Rocha, L. J., Cortes, M. D. C. J. W., Dias, E. C., de Meira Fernandes, F., & Gontijo, E. D. (2019). Burnout and job satisfaction among emergency and intensive care providers in a public hospital. *Revista Brasileira de Medicina Do Trabalho*, 17(3), 300.

- Schneider, A., Wehler, M., & Weigl, M. (2019). Effects of work conditions on provider mental well-being and quality of care: a mixed-methods intervention study in the emergency department. *BMC Emergency Medicine*, 19(1), 1-12.
- Schaufeli, W. B., Desart, S., & De Witte, H. (2020). Burnout Assessment Tool (BAT)—development, validity, and reliability. *International Journal of Environmental Research and Public Health*, 17(24), 9495.
- Shanafelt, T. D., & Noseworthy, J. H. (2017, January). Executive leadership and physician well-being: nine organizational strategies to promote engagement and reduce burnout. In *Mayo Clinic Proceedings* (Vol. 92, No. 1, pp. 129-146). Elsevier.
- Shanafelt, T. D., West, C. P., Dyrbye, L. N., Trockel, M., Tutty, M., Wang, H., ... & Sinsky, C. (2022, September). Changes in Burnout and Satisfaction With Work-Life Integration in Physicians During the First 2 Years of the COVID-19 Pandemic. In *Mayo Clinic Proceedings*. Elsevier.
- Shields, L. B., Jennings, J. T., & Honaker, J. T. (2020). Multidisciplinary approach to enhancing provider well-being in a metropolitan medical group in the United States. *BMC Family Practice*, 21(1), 1-9.
- Titler, M. G., Kleiber, C., Steelman, V. J., Rakel, B. A., Budreau, G., Everett, L. Q., ... & Goode, C. J. (2001). The Iowa model of evidence-based practice to promote quality care. *Critical Care Nursing Clinics of North America*, 13(4), 497-509.
- Watson, A. G., McCoy, J. V., Mathew, J., Gundersen, D. A., & Eisenstein, R. M. (2019). Impact of physician workload on burnout in the emergency department. *Psychology, Health & Medicine*, 24(4)



West, C. P., Dyrbye, L. N., Satele, D. V., & Shanafelt, T. D. (2021, October). Colleagues Meeting to Promote and Sustain Satisfaction (COMPASS) Groups for Physician Well-Being: A Randomized Clinical Trial. In Mayo Clinic Proceedings (Vol. 96, No. 10, pp. 2606-2614). Elsevier.

## Appendix A Data Matrix

<p>Article 1</p> <p>Alvarado, C. E., Barrio, C., Fleta, J. C., Ruiz, D., &amp; Torrubia, R. (2019). Effectiveness of a multimodal training programme to improve general practitioners' burnout, job satisfaction and psychological well-being. <i>BMC Family Practice</i>, 20(1), 1–12. <a href="https://doi.org/10.1186/s12875-019-1036-2">https://doi.org/10.1186/s12875-019-1036-2</a></p>	<p>The purpose of this study is to determine if the module program designed for mental health patients will be beneficial in improving job satisfaction and managing burnout for general practitioners.</p>	<p>Eighteen general practitioners constituted a control group that underwent the routine clinical Mental health support programme for primary care. An experimental group (N = 20) additionally received a Multimodal training programme (MTP) with an Integrated Brief Systemic Therapy (IBST) approach.</p>	<p>quasi-experimental study with two non-randomized groups</p>	<p>The research concluded that the multimodal training program and the clinical mental health support group had positive effects on job satisfaction; however, results were inconclusive related to burnout.</p>	<p>Level I: randomized controlled trials</p>	<p>Modest sample size influences statistical significance and <i>power</i>, since statistically significant differences are more difficult to identify in smaller samples.</p>	<p>Yes, the research displayed reliable implications of practice. The approach of brief therapy showed positive effects on work-related health factors</p>
<p>Article 2</p> <p>Atif, K., Khan, H. U., &amp; Maqbool, S. (2018). Job satisfaction among doctors,</p>	<p>“To study the level of job satisfaction among doctors</p>	<p>203 volunteered physicians agreed to participate filling out pre-</p>	<p>cross sectional study with non-probability</p>	<p>A significant number of doctors were found discontented with their job,</p>	<p>Level II: Cohort Study</p>	<p>Authors state that the limitations include potential bias, high</p>	<p>Yes, the results give great examples on</p>

<p>a multi-faceted subject studied at a tertiary care hospital in Lahore. <i>Pakistan Journal of Medical Sciences</i>, 31(3), 610–614.  <a href="https://doi.org/10.12669/pjms.313.7402">https://doi.org/10.12669/pjms.313.7402</a></p>	<p>serving in a tertiary care hospital in Lahore and ascertain its correlation with multiple demographic variables which had a profound impact” (Atif et al., 2018).</p>	<p>formed questionnaires.</p>		<p>which may consequently impact their yield/performance. The job satisfaction can be substantially improved if these contributory factors are aptly addressed at all tiers. Physician follow up visits.</p>		<p>generalization rate and small sample size.</p>	<p>factors that affect job satisfaction levels of physicians.</p>
<p>Article 3</p> <p>Hall, L. H., Johnson, J., Heyhoe, J., Watt, I., Anderson, K., O, C. D. B., &amp; O’Connor, D. B. (2018). Strategies to improve general practitioner well-being: findings from a focus group study. <i>Family Practice</i>, 35(4), 511–516.</p>	<p>To identify interventions that could improve general practitioners wellbeing in the workplace in the urgent care setting.</p>	<p>Five focus groups were conducted, with 25 GPs (locums, salaried, trainees, and partners) in the UK, between September 2015 and February 2016strongly agreed</p>	<p>Focus groups took place in emergency department units and private meeting rooms. Discussions were centered on the workplace factors that they perceived to influence</p>	<p>The following strategies to increase job satisfaction and decrease burnout were as follows: compulsory daily coffee breaks, increasing self-and organizational awareness of</p>	<p>Level II</p>	<p>A limitation of this study was generalization of the sample and results.</p>	<p>Yes, the strategies that were researched to increase burnout were feasible and the data and provides useful foundati</p>

<a href="https://doi.org/10.1093/fampra/cmz130">https://doi.org/10.1093/fampra/cmz130</a>	Strategies to reduce burnout were also explored.	(O'Connor, 2018).	their well-being, along with strategies that they use either personally, or as a practice, to try and prevent burnout (2018).	the risks of burnout and mentoring focused group sessions systems(O'Connor, 2018).			onal information
---	--	-------------------	---	--	--	--	------------------

<p>Article 4</p> <p>Heath, C., Sommerfield, A., &amp; von Ungern-Sternberg, B. S. (2020). Resilience strategies to manage psychological distress among healthcare workers during the COVID-19 pandemic: a narrative review. <i>Anaesthesia</i>, 75(10), 1364-1371.</p>	<p>The article details a variety of interventions to minimize psychological turmoil for clinicians and increase resilience during disease outbreaks.</p>	<p>Healthcare workers</p>	<p>Literature review</p>	<p>The researchers identified four variables deemed likely to mediate stress responses in a pandemic. These were: confidence in support and training; pandemic self-efficacy (ability to respond adaptively); coping style; and interpersonal problems</p> <p>(Heath et al., 2020).</p>	<p>Level V</p>	<p>One limitation mentioned in this article is that some of the interventions outlined required an ample amount of time to implement and were additionally challenging.</p>	<p>Yes, the study provided practical models to foster change in healthcare resiliency.</p>
--	--	---------------------------	--------------------------	---	----------------	---	--

<p>Article 5</p> <p>Schneider, A., Wehler, M., &amp; Weigl, M. (2019). Effects of work conditions on provider mental well-being and quality of care: a mixed-methods intervention study in the emergency department. <i>BMC Emergency Medicine</i>, 19(1), 1-12.</p>	<p>This study evaluated prospective effects of a multi-professional organizational-level intervention on changes in ED providers' work conditions and well-being (primary outcomes) and patient-perceived quality of ED care (Schneider, 2019).</p>	<p>A before and after study consisting of 46 ED providers, incorporating physicians, nurse insightoner, and physician assistants (Schneider, 2019).</p>	<p>Mixed method approach of standardized provider surveys, expert work observations, patient surveys, and register data. In addition, The intervention comprised ten multi-professional meetings in which ED physicians developed solutions to work stressors in a systematic moderated process (Schneider, 2019).</p>	<p>findings indicate that interprofessional approaches targeting work system factors are well-accepted by ED physicians and nurses. Improvement measures developed by ED providers largely focused on changes in organizational work factors (Schneider, 2019).</p>	<p>Level III</p>	<p>Lack of a control group is one limitation of this study. Secondly results strongly depend on local contextual factors and the process of intervention implementation (Schneider, 2019)</p>	<p>Yes, This study provides valuable first insight into the feasibility of organizational-level interventions in Eds to improve work conditions, provider well-being, and quality of care (Schneider, 2019).</p>
<p>Article 6</p> <p>Shanafelt, T. D., &amp; Noseworthy, J. H.</p>	<p>The purpose of this study</p>	<p>9 organizational strategies were explored to</p>	<p>literature review</p>	<p>This study demonstrates the power of</p>	<p>Level V</p>	<p>None mentioned</p>	<p>Yes, effective and</p>

(2017, January). Executive leadership and physician well-being: nine organizational strategies to promote engagement and reduce burnout. In <i>Mayo Clinic Proceedings</i> (Vol. 92, No. 1, pp. 129-146). Elsevier.	is to examine how provider engagement reduces burnout and increases job satisfaction.	promote physician engagement/discussion to describe how these methods can be operationalized (Shanafelt & Noseworthy, 2017).		deliberate interventions including promoting focused group engagement to positively impact job satisfaction in healthcare leadership.			relatively inexpensive interventions were presented in this article.
Article 7 Shields, L. B. E., Jennings, J. T., & Honaker, J. T. (2020). Multidisciplinary approach to enhancing provider well-being in a metropolitan medical group in the United States. <i>BMC Family Practice</i> , 21(1), 1–9. <a href="https://doi.org/10.1186/s12875-020-01323-6">https://doi.org/10.1186/s12875-020-01323-6</a> .	A multidisciplinary Well-Being Task Force was established at our Institution in 2017 to assess the myriad factors that may play a role in provider burnout and offer	Sample of 79 providers interviewed and provided surveys to assess level of burnout.	Providers at our Institution took the Mayo Clinic's well-being index survey on 3 occasions over 3 years. Their scores were compared to those of providers nationally at baseline and at 1 and 2 years after implementing organizational and	Following the implementation of the Well-Being Task Force at our Institution, the average overall well-being index scores of our Institution's providers decreased from 1.76 at baseline to 1.32 2 years later compared to an increase in well-being	Level I	Limitations include researchers being unable to specify the particular provider who may benefit from individualized attention. Secondly, the relatively low percentage of providers at our Institution who completed the 3 well-being index	Yes, organizational and individual interventions suggested to increase job satisfaction

	solutions to mitigate the stressors that may lead to decreased provider well-being		individualized techniques to enhance provider well-being. Lower well-being index scores reflected better well-being.	index scores of U.S. physicians nationally.		surveys was a limiting factor(Shields et al., 2020).	
<p>Article 8</p> <p>Tarcan, M., Hikmet, N., Schooley, B., Top, M., &amp; Tarcan, G. Y. (2017). An analysis of the relationship between burnout, socio-demographic and workplace factors and job satisfaction among emergency department health professionals. <i>Applied nursing research</i>, 34, 40-47.</p>	This study investigated the relationship between the perceptions of burnout and job satisfaction of those working in two different hospital's emergency departments assessing the effect of burnout dimensions and additional	two hundred and fifty participants . 38 physicians, 21 APRNS	A cross-sectional survey of two hundred and fifty participants was interviewed, using validated instruments (the Maslach Burnout Scale and the Minnesota Satisfaction. Participants composed of 38 physicians, 21 APRNS	The results of this study identified a significant correlation between annual income and household economic-well-being had a positive association with job satisfaction, whereas gender, age, education, marital status had no significant effect on any form of satisfaction.	Level II	Results of the research cannot be generalized due to study taking place in only two public hospitals.	Yes, the limitations of this study are very few. The research is strong in validity and reliability.



	factors (age, position, marital status, annual income, employment type, gender, patient encounters, and household economic well-being) on job satisfaction						
Article 9 West CP, Dyrbye LN, Satele DV, Shanafelt TD. Colleagues Meeting to Promote and Sustain Satisfaction (COMPASS) Groups for Physician Well-Being: A Randomized Clinical Trial.	To evaluate physician small groups to promote physician well-being in a scenario with provided discussion	125 practicing physicians in the Department of Medicine, Mayo Clinic,	randomized controlled trial. Twelve biweekly self-facilitated discussion groups involving reflection, shared experience, and small-group learning took	Self-facilitated physician small-group meetings improved burnout, depressive symptoms, and job satisfaction. This intervention represents a	Level I	One limitation is that the optimal frequency of group meetings remains unknown.	Yes this study directly correlates with interventions that are common to this writers solutions to

Mayo Clin Proc. 2021 Oct;96(10):2606-2614. doi: 10.1016/j.mayocp.2021.02.028. Epub 2021 Aug 5. PMID: 34366134.	topics but without trained facilitators .		place over 6 months.	low-cost strategy to promote important dimensions of physician well-being.			increase job satisfaction
Article 10 West, C. P., Dyrbye, L. N., & Shanafelt, T. D. (2018). Physician burnout: contributors, consequences and solutions. <i>Journal of Internal Medicine</i> , 283(6), 516-529.	Evaluate interventions that ED providers, organizations and medical schools can implement to combat epidemics	Attending Physicians,Nurses & Physician Assistants,Residents & Medical Students.	Literature review of peer reviewed case studies	Yet evidence suggests that encouraging physician solidarity reduces burnout: when Mayo physicians engaged in one hour of small group discussions every other week, they experienced significant reductions in depersonalization and emotional exhaustion	Level IV	Better focus on one group of population to strengthen the study	Yes, the strategies are relevant and can easily be implemented. The interventions can be applied to a variety of health providers long term



## **Appendix B: Mayo Clinic Wellness Index Survey**

**Appendix removed to comply with copyright.**

Dyrbye, L. N., Satele, D., & Shanafelt, T. (2016). Ability of a 9-item well-being index to identify distress and stratify quality of life in US workers. *Journal of occupational and environmental medicine*, 58(8), 810-817.

**Appendix C: Global Job Satisfaction domain of the Physician Job Satisfaction**

**Appendix removed to comply with copyright.**

Williams, E. S., Konrad, T. R., Linzer, M., McMurray, J., Pathman, D. E., Gerrity, M., Schwartz, M. D., Scheckler, W. E., Van Kirk, J., Rhodes, E., & Douglas, J. (1999). Refining the Measurement of Physician Job Satisfaction: Results from the Physician Worklife Survey. *Medical Care*, 37(11), 1140–1154. <http://www.jstor.org/stable/3767067>

### **Appendix D: Maslach Burnout Inventory (MBI)**

**Appendix removed to comply with copyright.**

Maslach, C., Jackson, S. E., & Leiter, M. P. (1997). Maslach Burnout Inventory: Third edition.

In C. P. Zalaquett & R. J. Wood (Eds.), *Evaluating stress: A book of resources* (pp. 191–218). Scarecrow Education.

## Appendix E: CITI Training Certificate



### **Appendix F: Meeting Goals and Objectives**

- Discuss meaning of work and job satisfaction
- Discuss work-life balance
- Personal strengths as an ER provider
- Personal weaknesses as an ER provider
- Coping mechanisms for stressful shifts and negative patient outcomes
- Resources used to thrive as an emergency room provider
- Strategies of improvement of the work environment in the emergency department
- Barriers to successfully completing duties as an ER provider



## Appendix G: Organization Approval Letter



Date	6/13/22
------	---------

To whom it may concern:

I understand that student Kendra Osei-wusu is a DNP candidate and is planning to complete her final requirements for the DNP degree at LifeBridge Health (Northwest). Kendra has explained that she will be designing, implementing, and evaluating an evidence-based intervention using Strategies to increase Job Satisfaction for emergency room providers in the emergency department unit as a pilot study. I understand this project is not a research study. Kendra Osei has also explained that the information and data usage will remain confidential without naming patients or using identifiers in the scholarly project. Kendra also told me she would keep Life bridge health System and its employees' names confidential in the scholarly project. I am writing and signing this letter to support Kendra in her endeavor in the scholarly project for Liberty University.

Sincerely,

[Redacted signature]

Contacts

[Redacted contact information]

is enclosed accompanying this teletype transmission contain confidential information belonging to the sender that is legally privileged. The information is intended only for the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the a teletyped information is strictly prohibited. If you have received this teletype in error, please notify us immediately via telephone to arrange for return of the document to us.

## **Appendix H: Consent Form**

### ***Sample Consent Form***

*I am asking you to participate in a research study titled “**FOCOUSED GROUP MEETINGS TO PROMOTE JOB SATISFACTION FOR EMERGENCY DEPARTMENT ADVANCED PROVIDERS**” I will describe this study to you and answer any of your questions. This study is being led by Kendra Osei-Wusu, Doctor of Nursing Practice student at Liberty University. The Faculty Advisor for this study is Dr. Candace Payne, Department of Doctoral Studies at Liberty University.*

### **What the study is about**

The purpose of this scholarly project is to evaluate whether monthly focused group approach discussions would have a positive impact on job satisfaction for emergency department providers. Moreover, we will investigate how monthly small, focused group discussion affects job satisfaction for emergency department providers. The small discussion group would be titled “Focused group discussions for providers to promote and maintain job satisfaction”.

### **What we will ask you to do**

*Participate in biweekly focused group meetings directed by myself and guest relations management*

### **Risks and discomforts**

**Sensitive research topic that may or may not trigger emotional response**

### **Benefits**

*Reflecting on experiences in the emergency department in order to reduce burnout and increase job satisfaction.*

***Describe the expected benefits to society or scientific knowledge: e.g., “...information from this study may benefit other people now or in the future...” or “...we hope to learn more about \_\_\_\_\_ ...”***

*Information from this project will allow discussion of reflective experiences in hopes to promote positive well-being in emergency room providers. By doing so, it will increase job satisfaction and in turn lead to better patient outcomes.*

### **Incentives for participation**

*Provided meals will act as an incentive for participation*

### **Audio/Video Recording**

*No audio or visual recording will be used.*

### **Privacy/Confidentiality/Data Security**

**The following will be considered to protect the privacy and data of participants.**

**Anonymous surveys , de-identification of data, secured location of consent forms and data in managers office in locked file cabinet, Only I (the researcher) will have access to data)**

Please note that email communication is neither private nor secure. Though [I am/we are] taking precautions to protect your privacy, you should be aware that information sent through e-mail could be read by a third party.

### **Taking part is voluntary**

*Participation of this project is voluntary, and you may refuse to participate before the project begins, discontinue at any time, with no penalty associated with your decision*

### **If you have questions**

*Explain how the participant can contact you with questions or concerns. A standard statement follows:*

The main researcher conducting this study is [REDACTED], a student pursuing her doctorate in nursing practice at Liberty University. If you have questions, you may contact Kendra Osei-wusu at [REDACTED] or at phone [REDACTED]. If you have any questions or concerns regarding your rights as a subject in this study, you may contact the Institutional Review Board (IRB) for Human Participants at [REDACTED] or access their website at [REDACTED]. You may also report your concerns or complaints anonymously through Ethicspoint online [REDACTED] or by calling toll free at [REDACTED]. Ethicspoint is an independent organization that serves as a liaison between the University and the person bringing the complaint so that anonymity can be ensured.

I have read the above information and have received answers to any questions I asked. I consent to take part in the study.

Your Signature\_\_\_\_\_ Date\_\_\_\_\_

Your Name (printed)\_\_\_\_\_  
\_\_\_\_\_

Signature of person obtaining consent\_\_\_\_\_ Date\_\_\_\_\_

Printed name of person obtaining consent\_\_\_\_\_  
\_\_\_\_\_

## Appendix I: Descriptive Statistics

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
	Average Job satisfaction rate pretest 1-5		Job satisfaction rate post test		Difference										
Provider	2.5		2.5	0											
Provider	3.5		4	0.5											
Provider	2.5		3	0.5											
Provider	4		4	0											
Provider	4.5		4	-0.5											
Provider	1.5		2	0.5											
Provider	3.2		3	-0.2											
Provider	1.5		2	0.5											
Provider	2		2.5	0.5											
Provider	3		3.5	0.5											
Averages of job satisfaction was measured by taking from a summation of each providers scores divided by the total perfect score of 55. The percentage was converted to a number on the 1-5 likert scale.															
		Strongly Disagree	Disagree	Neutral	Agree	Strongly	Total								
Option															
Score for answer		1	2	3	4	5									
Number of answers		2	3	3	2	0	10								
Value		2	6	9	8	0	25								
10x5=55															
The total is then multiplied by the maximum value according to smart survey.uk															
Total maximum value =50															
Average satisfaction rate = 25/50 x100 =50% average satisfaction rate ( also 2.5/5)															
Anova: Single Factor															
SUMMARY															
Groups		Count	Sum	Average	Variance										
Average Job satisfaction rate pretest		10	28.2	2.82	1.024										
		0	0	0	0										
Job satisfaction rate post test		10	30.5	3.05	0.636										
ANOVA															
Source of Variation		SS	df	MS	F	P-value	F crit								
Between Groups			2			0.064	3.592								
Within Groups			17												
Total			15.2055	19											

A single Anova factor is performed for this project in order to prove if the intervention is statistically significant or not. A one-way ANOVA test is typically used when there is one independent variable, and the objective is to assess if there can be variations to that factor to have a measurable outcome on the dependent variable (Breitsohl, 2019). According to the ANOVA analysis, the p value is greater than our alpha of .05, and therefore, we accept the null hypothesis that the intervention has a positive effect on the providers job satisfaction.