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Visual management; condition or consequence to social capital and clinical engagement among nurses?

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Introduction

Collaboration and communication in health care can be supported by using visual management (VM) in patient and/or improvement work. Research shows a positive association between social capital (social reciprocity, trust and collaboration) and clinical engagement among health care staff. VM research shows to give social, cognitive and emotional benefits which improve engagement and commitment to work. The aim of this paper is to explore whether VM act as condition for or consequence of social capital and clinical engagement among nurses over time.

Methods

Five hospitals (20 units) were included in a three year study. Questionnaire A (QA) was distributed to nurses (T0 N=948, T1 N=900, T2 N=621). The observed presence of VM at the hospitals increased between T0 and T1. Hence, questionnaire B (QB) was distributed (T1) to first line managers (n=20) to identify units with a higher degree of daily VM use. QA validated QB concerning nurses daily VM use (T1), and measure the indices; social capital and clinical engagement in patient safety work and care quality (T0, T1 and T2). To compare differences between units with higher daily VM use, to units with lower daily VM use, means with Wilcoxon signed rank was used.

Results

Combined QA and QB analysis (T1) identified four higher use units (n=148) to be compared to lower use units (n=719). Nurses at higher use units (HVM) rated higher social capital than nurses at lower use units (LVM) all three years. No difference in social capital where seen within HVM T0-T1 or T1-T2. A small increase in social capital where seen within LVM T0-T1 and an equally small decrease T1-T2. HVM rated higher clinical engagement in care quality all three years, but no significant changes over time where seen within HVM or LVM.

Conclusions

Following nurses undergoing care process redesign, social capital seemed not to be a consequence of VM use but a pre-condition for higher VM use. Similar to previous studies, clinical engagement was an outcome of social capital. However the result shows signs that VM use may act as a buffer on social capital for nurses undergoing care process redesign.