Exploration of payment based on performance management in clinical practice in nursing unit

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Abstract: Objective To explore the nursing unit based job management performance evaluation of new models for improving care income distribution system, the establishment of long-term incentive mechanism and to promote the scientific management of the care team to provide a favorable basis. Methods Based on the nursing job management requires "Anlaoquchou, giving priority to efficiency, hard work and excellent labor excellent performance" nurse salary allocation principles, to establish the quality of care, nursing workload, department risk factors and patient satisfaction degree as the main performance evaluation based remuneration scheme nursing unit in the hospital 34 departments, a total of 45 nursing units in nursing clinical practice performance-based compensation allocated discussed, and were assigned to carry out the clinical practice of nursing pay for performance before and after the study, more nurses job satisfaction and patient satisfaction before and after hospitalization differences in nursing in order to evaluate the effectiveness of performance pay distribution reform. Results Performance distribution reform carried out before and after nursing, nurse job satisfaction and manage the overall average, wages and benefits, personal growth and development, work has been recognized by the four dimensions of satisfaction scores were 3.06±0.25/3.22±0.33, 3.13±0.30/3.50±0.41, 2.98±0.47/3.47±0.38, 2.73±0.56/2.98±0.48, 2.87±0.58/3.09±0.72; performance distribution reform carried out before and after nursing, hospital patient satisfaction overall average score was 9.02±0.44/9.49±0.214, there were significant differences (P <0.05). Conclusion nursing unit performance pay distribution reform improves job satisfaction of nurses, nurses work to mobilize the enthusiasm, improve patient satisfaction, care reform for promoting positive significance.

Keywords: job management; care; organization; Performance
(40%) had an occupancy rate (20%), the month average length of stay score (40%) consists of three parts. In considering the nursing unit workload, while taking into account the nursing unit risk factor. Our hospital through the convening of the hospital nursing unit will be assessed level of risk, according to the nurse occupational environment, stress response, the degree of risk, the nature of nursing work and rescue frequency and other indicators, the hospital nursing unit will be divided into three five categories namely: an A, a B; two A, two B; three, and give each class of nursing unit corresponding risk factor. Workload index score = a nursing unit of the workload index score, and * the nursing unit risk factor; ③ care satisfaction scores from the monthly nursing care unit for hospitalized patients (family) satisfaction survey results, total score of 100 points, in accordance with the corresponding proportion for conversion; ① additional score: According to the department appraised, welcome inspection, emergency support, etc., in accordance with the principle of reward and punishment prescribed hospital, using the method and the less points out additional points plus method, performance assessment in the nursing unit on the basis of the total score plus or minus points.

### 1.2.2 Care Unit Performance Evaluation distribution reform

Using Second Military Medical University School of Nursing Tao [2] and other preparation of the "nurse job satisfaction rating scale", scale reliability was 0.892, divided into management, workload, relationship with colleagues, work itself, wages and benefits, personal growth and development, work has been recognized, the balance of family and work eight dimensions. Scoring points system used likert5 from "totally agree" to "strongly disagree" were 5,4,3,2,1, with higher scores, which means that nurses' job satisfaction is higher. Respectively in December 2011 and August 2012 in the hospital 45 care units were randomly distributed 300 questionnaires for nurse job satisfaction survey. Meanwhile, the hospital in September 2011 August 2012 during the hospitalization patient satisfaction survey results were retrospectively analyzed and compared six months before implementation (September 2011 -2012 in February) hospitalized patient satisfaction average score and 6 months after implementation (2012 March-August) the average hospitalized patient satisfaction scores.

#### 1.3 Statistical Methods

SPSS18.0 statistical software to enter data, descriptive analysis and two independent samples t-test.

### 2 Results

#### 2.1 nurse job satisfaction survey results

Implementation of performance before the reform, issue a "nurse job satisfaction rating scale" 300 copies, 264 valid questionnaires, the effective rate of 88.0%; implementation of performance after the change, issue a "nurse job satisfaction rating scale" 300 were returned valid 283 questionnaires, the effective rate was 94.3%. Two independent samples t-test for performance assessment before and after nursing job satisfaction scores for each dimension of comparative analysis, the results shown in Table 1.

#### 2.2 Inpatient Satisfaction Survey Results

Hospitalized patients before and after the performance appraisal satisfaction average for two independent samples t-test, the results are shown in Table 2.

### Table 1 Comparison results before and after the performance appraisal nurse job satisfaction scores:

<table>
<thead>
<tr>
<th>Grouping</th>
<th>Overall average satisfaction</th>
<th>Management</th>
<th>Work Load</th>
<th>Relationships with colleagues</th>
<th>Work Itself</th>
<th>Wages and Benefits</th>
<th>Personal Growth And Development</th>
<th>Work Approved</th>
<th>Balance family and work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before performance appraisal</td>
<td>264</td>
<td>3.06±0.25</td>
<td>3.13±0.30</td>
<td>3.15±0.29</td>
<td>3.58±0.69</td>
<td>2.69±0.25</td>
<td>2.98±0.47</td>
<td>2.73±0.56</td>
<td>2.87±0.58</td>
</tr>
<tr>
<td>After performance appraisal</td>
<td>283</td>
<td>3.22±0.33</td>
<td>3.50±0.41</td>
<td>3.06±0.28</td>
<td>3.69±0.54</td>
<td>2.68±0.25</td>
<td>3.47±0.3</td>
<td>2.98±0.48</td>
<td>3.09±0.72</td>
</tr>
<tr>
<td>tValue</td>
<td>7.059</td>
<td>&lt;0.001</td>
<td>1.72</td>
<td>1.80</td>
<td>0.24</td>
<td>8.78</td>
<td>5.36</td>
<td>4.28</td>
<td>0.65</td>
</tr>
<tr>
<td>P</td>
<td>&lt;0.001</td>
<td>&lt;0.001</td>
<td>0.086</td>
<td>0.072</td>
<td>0.810</td>
<td>&lt;0.001</td>
<td>&lt;0.001</td>
<td>&lt;0.001</td>
<td>0.518</td>
</tr>
</tbody>
</table>

### Table 2 Performance Appraisal Inpatient satisfaction scores before and after comparison

<table>
<thead>
<tr>
<th>Group</th>
<th>Hospitalized patient satisfaction overall average</th>
<th>tvalue</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before performance appraisal (2011.9-2012.2)</td>
<td>9.02±0.447</td>
<td>2.375</td>
<td>0.042</td>
</tr>
<tr>
<td>After performance appraisal (2011.3-2011.8)</td>
<td>9.49±0.214</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 3 Discussion

#### 3.1 Nursing care vertical management is to achieve the key performance pay distribution reform

Care reform in the current critical period, if you want to do nursing positions in the deployment of personnel management and income distribution,
Nursing Department for nurses vertical management is an important prerequisite for the deployment if there is no direct nursing department nurses, nurse assigned labor compensation rights, it is difficult to realize the clinical nursing positions to achieve real hard work and labor compensation [3]. I'm in nursing homes on the basis of vertical management performance appraisal reform nursing practice, simplifying the management level, so that nursing department of human, financial and material management have more initiative in favor of nursing performance appraisal of each indicators for clinical research and simulation calculation. Nursing unit in a formal distribution plan before the introduction of pay for performance, our hospital for nearly six months salary distribution simulation performance. During simulation, the nursing unit based upon the actual remuneration remuneration scheme for the original issuance, while nursing allocation scheme in accordance with the new performance performance pay for nursing units are simulated, and the actual amount of compensation awarded for comparison to demonstrate pay for performance appraisal assignment after really achieve the "hard work and excellent labor was excellent," for in the simulation appear unreasonable phenomenon timely improvements and fixes. Through repeated simulation and verification, and ultimately Care Nurse salaries in accordance with the workload, risk, quality of work, and other indicators in the hospital overall allocation of the nursing unit no longer rely solely on the department pay the income level of the labor allocation to dirty, bitter, tired, risky nursing unit tilt, to better reflect the different nursing unit contains technology, risk, efficiency and responsibility, to adapt to the new situation of the hospital reform [4], fully embodies the "responsibility contract , vertical management, performance-linked, self-distribution "distribution.

3.2 nursing unit performance pay distribution reform helps improve job satisfaction of nurses

Since 2010 the Ministry of Health to carry out "quality care demonstration project" since the beginning of the hospital gradually completed the "change mode" tasks, establish a "patient-centered" accountability holistic nursing model, so that the gradual deepening of the clinical nurse line, followed by an increase in labor intensity of nursing work and work content of the expansion of the nurse's physical strength, energy, quality, ability to put forward higher requirements, how to encourage nurses ease frontline clinical work to improve the nursing profession to attract force [5], is that each nurse managers are facing important issues, which is to carry out position management, improve the performance pay distribution system of the important goals. Table 1 shows, the new distribution plan of care after the implementation of pay for performance, overall average satisfaction of nurses and management, payroll and benefits, personal growth and development, work has been recognized by four dimension scores improved significantly compared with before implementation. Visible, carry out performance distribution reform, so that nurses on their income level, work has been recognized degree, the future career development and more satisfied with the level of care management that has long been present in the population of nurses' pay for equal work "." more work is not little more, "lack of professional sense of the value of nurses and other issues can be controlled to some extent, and gradually shift nurses income and departments linked to the status quo, so that income and care nursing unit quantity, quality and patient satisfaction hooks, help to mobilize nursing team in clinical work enthusiasm, stable clinical care team, so as to promote quality care work more depth and sustained manner. The future, I will care unit hospital nursing positions for each performance pay distribution guidance to achieve positions and performance linked to identity management to achieve a thorough job management changes and improve the attractiveness of nursing work, to create everyone satisfied The "magnetic hospital" [6], the establishment of long-term mechanism quality care to try and investigate further.

3.3 nursing unit performance pay distribution reform helps improve hospital patient satisfaction

With physical medicine and health reform, more and more attention at all levels of medical institutions for medical treatment of patients with feelings of satisfaction of the masses as a test of the level of hospital medical care an important criterion. Seen from Table 2, the implementation of the new allocation of performance pay reform, hospital patient satisfaction than the overall average score assigned to carry out the pre-reform performance pay has significantly improved. On the one hand, due to the new performance pay nursing unit allocation methods to improve the efficiency of the organization and cohesion [4] and nurses working responsibility, and fully mobilize the nursing staff in their own work to maximize the initiative to form everything themselves, serious and responsible, good atmosphere, active in the service to communicate with patients, increasing the nurse-patient communication time and tour awareness, clearly showing that "patient-centered" service concept, improve patient satisfaction, quality of care has been improved so that . On the other hand, research indicates that nurse job satisfaction and job satisfaction of nurses were positively correlated, and for patient satisfaction to some extent, a positive predictive power [7]. Visible, performance pay distribution reform in nursing clinical practice study, to a certain extent, also indirectly promote service quality and level of care improvement, to improve the medical treatment of hospitalized patients experience an important role in promoting.
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References

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