

Nurses' and Midwives' Perceptions and Experiences about the Hospital Clínic de Barcelona Work Environment: implications for the internal marketing approach

Pedro Filipe Cartaxo Cintra

Tutor/a: Dra. Paola Galbany Estragués

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*Principium cuius hinc nobis exordia sumet,
nullam rem e nihilo gigni divinitus umquam*

Ex nihilo nihil fit

De rerum natura
Titi Lucreti Cari

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ABSTRACT

Each healthcare organisation should continuously monitor their nursing work environment to pursuit better outcomes and to improve the organisational attractiveness, quality of care and clinical safety. The acknowledgment of the unique dimensions of the institutional work environment enables the identification and development of strategies that may be applied to the workforce, with the ambition to fortify the organisation's strengths and mitigate its weaknesses: but specially to meet nurses' and midwives' needs.

Objective: The present research aims to comprehend the nurses' and midwives' perceptions and experiences about the Hospital Clínic de Barcelona work environment.

Scope of research: The Hospital Clínic de Barcelona – a leading tertiary Spanish public healthcare institution where 30% of the workforce are nurses and midwives.

Methodology: A descriptive qualitative study design with a Heideggerian phenomenological-hermeneutic approach (based on a constructivist paradigm), using a theoretical sampling and semi-structured in-depth interviews to enhance a holistic and interpretative understanding about the institutional nursing work environment.

Applicability: Promote the development of an adjusted internal marketing plan according to the nurses' and midwives' needs, which might increase the organisational attractiveness of the institution, decrease the turnover rate and promote a higher retention of healthcare professionals.

Keywords

Working environment; marketing of health services; nursing staff; nurse midwives

RESUMEN

Cada institución sanitaria debe monitorizar el ambiente de trabajo de las enfermeras con el objetivo de mejorar sus resultados, el atractivo organizacional, la calidad asistencial y la seguridad clínica. El reconocimiento de las dimensiones del ambiente de trabajo permite identificar/desarrollar estrategias con la ambición de potenciar sus fortalezas y de mitigar las debilidades, pero especialmente para atender a las necesidades de las enfermeras y matronas de la institución.

Objetivo: La presente investigación tiene como objetivo comprender las percepciones y experiencias vividas por las enfermeras y matronas sobre el ambiente de trabajo en el Hospital Clínic de Barcelona.

Ámbito del estudio: El Hospital Clínic de Barcelona es una institución sanitaria pública de tercer nivel, donde el 30% del número total de profesionales está compuesto por enfermeras y matronas.

Metodología: Diseño de estudio cualitativo descriptivo con un enfoque fenomenológico-hermenéutico Heideggeriano (paradigma constructivista), utilizando un muestreo teórico de variancia máxima y entrevistas semiestructuradas en profundidad, para objetivar una comprensión holística e interpretativa del ambiente de trabajo de las enfermeras y matronas.

Implicaciones para la práctica: Suscitará el desarrollo de un plan de marketing interno ajustado a las necesidades de las enfermeras y matronas, por lo cual podría aumentar el atractivo organizacional, disminuir la tasa de turnover y promover la retención de profesionales en la institución.

Palabras clave

Entorno laboral; marketing de los servicios de salud; personal de enfermería; enfermeras matronas

1. SUSTAINABLE DEVELOPMENT GOALS

1.1. IDENTIFICATION

Goal 3 – Good health and well-being (1)

Target 3C – “Substantially increase health financing and the recruitment, development, training and retention of the health workforce (...)”.

Goal 8 – Decent work and economic growth (2)

Target 8.3. – “Promote development-oriented policies that support productive activities, decent job creation, entrepreneurship, creativity and innovation (...)”.

1.2. DISCUSSION

The present study intends to analyse the perspective of nurses' and midwives' regarding their work environment in a specific context of a tertiary hospital in Barcelona. Although being an institution with a singular culture, services and organisation, we believe that this study may represent the local healthcare professionals needs of the region. Furthermore, the research serves as a crucial reminder to the scientific community to reconsider the evolving needs of these workforce regarding the generational, technological and sociodemographic changes of the past and future years. As any human being, nurses and midwives must be cared: their physical and psychological/emotional safety are gradually being neglected. On the other hand, the development of strategies to promote the attraction and retention of the talent is imperative, considering the increased shortage of nurses and midwives. Therefore, applying new models as the internal marketing to the healthcare sector might mitigate the actual disruptions identified in this population. This approach can lead to a potential improvement of nurses' and midwives' health, which in turn can positively impact the patient/family outcomes (goal 3 – target 3C); and it will make them feel more accountable and recognised as part of the health delivery system (goal 8 – target 8.3) (1,2).

The following question drives the purpose of this project in relation to the Sustainable Development Goals: How are nurses and midwives being cared, motivated and trained by their institutions to deliver high-quality care with the utmost clinical safety?

2. INTRODUCTION

2.1. Background

The concept of nursing work environment (NWE) was established at the end of the twentieth century (1980) as a response of a pervasive shortage of nurses in the United States of America. It is defined as a group of organisational factors and idiosyncrasies that facilitates or constrains the nurses' and midwives' ability to performance their clinical practise with a high-quality standard (3–6). A healthy and stable NWE is firmly related with greater patient/families' outcomes, quality nursing care and clinical safety (6,7). Therefore, each healthcare organisation should continuously monitor their NWE to pursuit better outcomes and to improve the organisational attractiveness. The acknowledgment of the unique dimensions of the institutional NWE and culture enables the identification and development of strategies that may be applied to the workforce, with the ambition to fortify the organisation's strengths and mitigate its weaknesses: but specially to meet the nurses' and midwives' needs – internal marketing (5).

Marketing (as a general concept) may be defined as a dynamic process which involves creativity and communication that generates value for the target audience. It is based on a continuous exchange interaction that establishes a relationship between the organisation, its collaborators, and the society: the product/service is one of the factors that drives this process and generates profitability. It is a broad and evolving field that usually is recognized by the customer/stakeholders-centric approach, where organisations develop strategies to explore, identify and satisfy the needs of its public with a remarkable value (8–10).

Nowadays the external marketing is the most recognized and known concept of the marketing science – the development of strategies to make the organisation brand/services visible and recognised, with the goal to attract and retain customers (9,10). However, to build a solid and an effective external marketing it is primordial that the organisation extends this process towards their collaborators: giving value to the organisational culture considering the employees' needs. Treating the collaborators as internal customers provides the

opportunity to build a strong relationship with them as they would feel more connected, inspired, and engaged to the organisation, optimising their performance and results (11).

In the late twentieth century, Leonard Berry and Christian Grönroos emerged the concept of internal marketing (IM) as part of the equation of the marketing relationship. Considering that the final product is based on a specific group of performances and the performers are the collaborators, they argued that defining an IM strategy is a way to improve the external marketing (12,13). Nevertheless, over the years the importance of IM has been somewhat overlooked. The majority of the organisations have placed greater emphasis on external marketing, considering its perceived impact on economic results. IM has gained prominence due to the prevalent competition in networking, the growing need for innovation, the process of digitalisation, and particularly the new challenges in the labour market (11).

The IM is a component of the organisations' marketing strategy that intends to produce a positive work environment and culture. It involves promoting the organisation's vision, values, and goals in a way that inspires, engages, and aligns the collaborators with its mission. This connection enhances the organisational commitment through different levels: affective – feeling part of the organisation; continuance – recognise the disadvantages of leaving the organisation; and normative – being accountable. Therefore, IM can lead to a higher productivity, a better performance, and an increased job satisfaction which lowers the risk of turnover rates. When employees feel that the organisation invests in themselves as a way of appreciation, recognition, and respect for their capabilities and competences, it fosters the engagement and establishes a safe and respectful work environment (14,15). The management approaches should intend to develop strategies and activities according to four main axes: internal communication, training, recognition/benefits, and collaboration (16,17).

Considering that each organisation has their own culture, it is fundamental to develop a unique and customised IM approach with specific activities for each axis. Therefore, it is essential to identify the weaknesses and threats of the

organisation, but also the strengths and opportunities. Gathering and analysing systematically this information will support and provide insights to design an adjusted IM strategy to the organisation. The marketing research can also be applied to the IM: not only to generate the initial plan, but also to measure the effectiveness of the IM activities and to understand and monitor continuously the employees' behaviours and needs – the work environment (16–19).

Considering the present research and applying these concepts to the healthcare sector, the correlation of the target population for the two types of marketing would be:

- **External marketing:** costumers ↔ patients and their families.
- **Internal marketing:** collaborators ↔ nurses and midwives.

In conclusion, IM is highly considered has an effective approach to provide: a positive work culture; a psychological safe work environment; a reduction in the employee turnover rate; to attract and retain talent. Consequently, the improvement in job satisfaction produces a positive impact in the service quality, increasing the organisations' productivity and profitability, which makes it more competitive (16). If these assumptions may be applied to the healthcare management fields, an extensive acknowledgment of the institutional NWE is the basis of an adjusted IM research that can produce effective strategies to impact positively in the hospital's outcomes – maximizing the organisational attractiveness (20).

2.2. State of the art

The IM models and strategies are widely recognised in different business sectors. Nowadays the healthcare institutions are developing a new set of innovations (specially through the digitalization) to be delivered to the patients and their families, focusing their activity on the external marketing. However, the majority of this organisations do not have a strong definition of their own IM approach (20,21).

There is a lack of information about the healthcare institutions' IM. During the last years, Slåtten et al. investigated the potential impact of an IM oriented culture in the healthcare sector, achieving three main findings: the organisational attractiveness influences the healthcare professionals' engagement and, consequently, the quality of care; the existence of an IM oriented culture in the institution increases de organisational attractiveness; a higher organisational attractiveness decreases the turnover intention and retains/attracts more talent (14,22). Other researchers implemented interventions according to some of the IM axes and verified that these strategies have a direct impact to the workforce, regarding the increasement of the job satisfaction and the reduction of burnout risk (23–28). Nevertheless, the interventions selected are based on authors presumptions of the workforce needs. Additionally, there is little evidence about the global impact of the four IM axes to the patient safety and quality of care.

A broaden vision of models that values the nursing talent and the NWE might bring us to the concept of magnet hospitals. The hospital magnet designation was raised by the American Nurses' Credentialing Center in the United States of America and aims to certified institutions that are considered to be a reference for nursing practice and innovation. It is based in a recognition programme where the nursing departments need to meet specific requirements that are measured systematically to testify the nursing excellence of the institution. According to the American society, the achievement of magnet status and the implementation of this standardized nursing programmes ensures a better work environment, empowers the nurses, reduces the burnout rates, and has a positive impact in the patients' outcomes (29,30). Part of the strategies applied are related to the IM: nevertheless, the application of standardized models to each healthcare institution may vanish the singularity of its culture and the NWE. Setting all hospitals under the same models with fixed premises, turns the IM strategy unadjusted to the nurses' and midwives' needs: compromising the attractiveness and retention (17). On the other hand, this certification programme is designed according to the American healthcare system and its transferability and replicability is not feasible to the Spanish system, considering the context differences. A comprehensive approach of the NWE and the IM oriented culture

design to each healthcare organisation might be the centrepiece to promote patient safety and quality of care.

2.3. Theoretical framework

Correlating the NWE and the IM components to the metaparadigms of nursing it is possible to observe a possible assumption between each one: **environment** – it would refer to the organisational culture and attractiveness of the healthcare organisation; **person** – related to the nurses and midwives who are inside the NWE and exposed to the IM strategies to be empowered; **nursing/care** – which considers that the IM strategies are designed and conducted to mitigate the healthcare professionals needs, maximize their motivation, competences and satisfaction; **health** – regarding the continuous focus on monitoring the NWE to become an emotional, psychological and physically safe environment (31).

As the NWE is centred on screening and analysing systematically the workforce needs to better build adjusted strategies, the conceptual framework of Virginia Henderson addresses a similar premise. Adopting the statements of the Nursing Need Theory, each nurse and midwife has their unique needs and abilities. The IM oriented culture should individualise the interventions/strategies to assist nurses achieving their best potential to provide a better care to the patients and their families (32). Therefore, it is mandatory that the organisation offers a comprehensive assessment of the NWE to identify the needs, describe and classify them to give the right tools/support to the nurses and midwives with the mission to develop their capabilities: becoming more independent and autonomous. The application of this theory will contribute for a comprehensive analysis of the NWE, establishing a clear organisation and statement of the nurses' and midwives' needs. This enables the nursing management department of the Hospital Clínic de Barcelona to assist their workforce to empower their capabilities and minimize their handicaps.

2.4. Statement of propose

The actual (and future) shortness of nurses is considered one of the greatest threats to the global health. The scientific/technological advances, the sociodemographic and epidemiological trends are intensifying this situation. There is a firm acknowledgement that the healthcare demands are increasing, mainly regarding the ageing of the population, the higher number of chronic illnesses as well as the ageing of the healthcare workforce. Additionally, most nurses refer a feeling of psychological/emotional unsafety at work and burnout, which is associated to a rising in the turnover rate and the intention to leave the profession (33–36). The nursing shortage is strongly related to high workload levels, negative work environment, psychological and emotional impairing and poor hospital quality of care and clinical safety. Considering the important emigration movements and the higher intention to leave the profession, it is crucial to understand the main reasons that may mitigate this situation (33).

The International Council of Nurses estimates a shortage gap of 13 million nurses in a near future and Catalonia is a clear example of this situation (37). The number of nurses *per capita* is decreasing: there is a ratio of 653 nurses per 100.000 inhabitants in Catalonia and a ratio of 699 only in the city of Barcelona – when the European average is 827. It would be necessary a total of 13.334 new nurses in Catalonia to reach the European average (38). Furthermore, around 6.000 nurses will retire along the following 5 years in Catalonia. To diminish this situation, new measures and local actions have been taken, including a 25% increase in the number of nursing bachelor's degree admissions at the Catalan universities (39).

The Hospital Clínic de Barcelona (HCB) is a leading tertiary public healthcare institution where 8449 professionals are dedicated to commit excellence in 3 main areas: education, research, and clinical practice. Although 30% of the HCB workforce are nurses and midwives, the predicted growth expected during the next years (expansion of a new building and services) addresses the increased need for new nursing and midwife professionals (40,41). Despite the significant

demand for nursing services over the past five years, the number of nursing and midwifery professionals employed has remained barely unchanged (40,41).

Given the current European turnover rate, the HCB must become more effective to retain and attract new talent. Improving the existing strategies is crucial: therefore, the present research project aims to analyse the actual NWE through the nurses' and midwives' perspectives and experiences, in order to understand their needs. This represents the beginning of the IM research of the HCB that will provide a better definition of its strengths and weakness: encouraging the design of a new IM strategy that may accomplish some improvements in the clinical safety and quality of care.

This are the general lines of a future doctoral research thesis that will consider a sequential exploratory mixed method study design about NWE and the HCB IM. Nevertheless, the present study design is the foundation of this journey, considering that it is vital to rethink about the NWE: the actual assumptions are based on studies that were conducted almost 40 years ago (5).

2.5. Research question

What are the nurses' and midwives' perceptions and experiences about the Hospital Clínic de Barcelona work environment?

3. OBJECTIVES

3.1. Primary objective

- Comprehend the nurses' and midwives' perceptions and experiences about the Hospital Clínic de Barcelona work environment.

3.2. Secondary objectives

- Explore the nurses' and midwives' perceptions and experiences about the Hospital Clínic de Barcelona work environment regarding different perspectives of clinical and management roles.
- Describe the impact of the Hospital Clínic de Barcelona work environment to the clinical safety and to the nurses' and midwives' psychological/emotional well-being.
- Identify the strengths and weaknesses of the Hospital Clínic de Barcelona work environment to define the principles of a future internal marketing approach for nurses and midwives.

4. RESEARCH METHODOLOGY

4.1. Paradigmatic perspective

To better understand the strengths and weaknesses of the actual work environment of the HCB, it is fundamental to analyse the nurses' and midwives' single meanings and insights about their own experience as an employee at the institution. Each healthcare professional may define their experience at the HCB in a unique way: the assumptions of different perspectives and perceptions around the work environment will potentiate the identification of new opportunities to shape an adjusted internal marketing strategy. Nevertheless, this process of knowledge construction is firmly influenced by a wide range of factors: individual and cultural beliefs or by the social background/context, per example. The challenge is to identify the right methods to reveal and explore the individual experiences and meanings about the work environment phenomena.

Therefore, the present research project is designed according to the constructivist paradigm. Guba and Lincoln defined the following dimensions that can be related to the present study, according to the objectives and the research question (42).

- **Ontological dimension:** understand and analyse the subjective mental and social knowledge constructions about the HCB culture and specially the work environment regarding the nurses' and midwives' perceptions and experiences. Each healthcare professional has a unique perception of the local reality which enhances different interpretations of the organisational attractiveness of the institution.
- **Epistemological dimension:** the knowledge prompts through the interaction between the participants and the researchers which increases the possibility to learn and understand the nurses' and midwives' personal perceptions, experiences, and behaviours regarding the study phenomenon.
- **Methodological dimension:** in order to identify the impact of work environment, the nurses' and midwives' perceptions and experiences are analysed according to the Heideggerian hermeneutic phenomenology.

- **Teleological dimension:** the final aim is to highlight the necessity to comprehend the work environment to create an adjusted internal marketing strategy to optimize the organisational attractiveness of the institution for nurses and midwives.
- **Axiological dimension:** the participants and researchers moral, equity and equality values must not be ignored as they support the investigation process. Avoiding them can produce a disruption of the local reality being studied.
- **Rhetorical dimension:** to understand and analyse the phenomenon is crucial to perform an adjusted linguistic interpretation as the knowledge is shared through communication. Therefore, the researchers will adopt an informal conversational interview strategy to mitigate possible linguistic biases.

4.2. Study design

Considering that the present study aims to comprehend the perceptions and experiences throughout the singular perspectives of the nurses and midwives working at the HCB, a descriptive qualitative research based on the Heideggerian phenomenological-hermeneutic approach will enhance a holistic and interpretative understanding about the institutional NWE (43).

Researchers will be able to construct essential premises about the work environment considering the workforce angle, which lately can facilitate the identification of their needs. The assessment of such a complex phenomenon as the culture of an organisation under the perspective of a group of healthcare professional sustains the selection of this method. The study is estimated to have a duration of approximately two years.

Dimensions to be explored:

- Nursing work environment.
- Clinical safety and psychological/emotional well-being.
- Organisational attractiveness.

4.3. Scope of research

The HCB is a tertiary leading public hospital located in the city of Barcelona (Spain). With over 100 years of history, the hospital aims to deliver healthcare services to 540.000 inhabitants from *Barcelona-Esquerra* and it is a reference centre for over 8 million people. It is composed by a total of 763 bed units and presents an annual activity of more than 50.000 admissions and 20.000 surgeries (40). According to the 2021 annual report, 2.030 registered nurses were working at the institution (40):

- 18 of them with a management and administration role.
- 40 as clinical nurse supervisors.
- Approximately 50 midwives.
- Other roles as specialists, clinical nurses, and general practice nurses.

4.4. Participants

4.4.1. Description of research participants

The nursing and midwifery workforce of the HCB assume different roles according to their competences and education. To better understand the internal culture of the institute it is important to have the possibility to analyse the different perspectives and needs. Therefore, the present research includes the participation of healthcare professionals with the following roles: management and administration nurses; clinical nurse supervisors; midwives; nurse specialists and clinical nurses; general practise nurses. The inclusion of non-clinical roles is related to the richness of their perspective about the clinical roles needs, but also their own needs as nurses and midwives with a management role.

To be eligible to participate in the present study, the healthcare professionals recruited must have a minimum experience of 2 years of work in the institution. This condition might mitigate biases related to the lack of contact with the HCB culture. The nurses and midwives without a permanent or a stable contract with the institution will be not recruited, considering the instability of the exposition and contact with the HCB culture. On the other hand, and according to the literature,

the needs are sustainably different regarding the experience/expertise, so it will be considered during the sampling (5).

4.4.2. Sampling and recruitment

The identification and selection of the participants will be performed according to a theoretical sampling with a maximum variation. With the aim to obtain a demographically representative and heterogeneous sample, the participants will be divided through 2 main strata according to the roles and work experience. There is an estimation of 2 participants for each subgroup (a total of 20 participants). However, the recruiting process and analysis will be handled until reached a data theoretical saturation. The following table illustrates the sampling strategy.

Role	Experience	
Management and administration nurses	2-10 years	2 participants
	>11 years	2 participants
Clinical nurse supervisors	2-10 years	2 participants
	>11 years	2 participants
Midwives	2-10 years	2 participants
	>11 years	2 participants
Nurse specialists and clinical nurses	2-10 years	2 participants
	>11 years	2 participants
General practise nurses	2-10 years	2 participants
	>11 years	2 participants

Table 1 - Mapping of the sampling technique

Considering that one of the researchers is a healthcare professional at the HCB, the recruitment process will be conducted directly by him and according to the strategy above mention. The participants will be invited though the internal communication channels of the institution (e-mail and intranet). Nevertheless, this researcher will not participate actively in the data collection process, considering that this social process prior to the research might affect the results.

4.5. Data collection techniques and study procedure

After the recruitment process and before the data collection, the participants will be informed about the purpose of the study, the potential risks/benefits, and their rights through the signing of the consent form (annex III).

Considering the objectives of the study and the theoretical and paradigmatic drive, the development of semi-structured in-depth interviews will enable the direct acquisition of nurses' and midwives' perceptions and experiences to appreciate the strengths and weaknesses of the HCB work environment, attending to the different professional roles involved.

The participants will be invited for a 1-hour interview according to their availability. The time could be extended if needed, adhering to the theoretical saturation. The interview will take place in a coworking meeting room external to the HCB, where there are 3 sofas, a coffee table and natural light. It is a quiet and private place where the interruptions are minimized. There will be 3 elements attending the interview: the participant, the interviewer, and an observer (both from the research team). A digital voice recorder will be used to record the audio of the interview – the audio files generated will be automatically saved in an encrypted cloud file. Field notes will be taken by the observer in order to complement the audio record: it might include information about the non-verbal communication, subjective aspects related to the participant's behaviour, as well as methodological, personal and descriptive notes that might support the reflexivity process. On the other hand, an interview script will guide the conversation. This script (annex I) includes 3 general questions that might support the interview, regarding the 3 dimensions to explore.

Therefore, the research group will consist of one principal investigator, 4 research collaborators (as interviewers and observers), and a sixth member who will validate and revise the data collection and analysis processes. To avoid potential biases, the principal investigator will not be an active member during the interviews, considering any possible professional relation with the participants (as

mentioned above). The other members of the group are external do the HCB institution.

4.5.1. Data analysis

The data analysis will be conducted continually and as soon as the data collection begins: a circular and continuous analysis. Considering the objectives and the method elected, it is important to provide a systematic and detailed analysis of the specific characteristics of the text with the aim to describe what participants have said or done. Therefore, a content analysis of the data will be implemented throughout the interpretation of the syntactic, semantic, and pragmatic perspective of the manifested and latent content (44).

Each interview will be entirely transcribed and the verbatim will embrace the verbal an non-verbal communication. Initially the researchers must proceed to an extended reading of the data – including the field notes – to describe it (primarily separate from the interpretation) and search for possible themes that may support the cross analysis. Afterwards the identification of patterns in the data and the coding allows the aggrupation and categorisation to emerge the central themes. The themes are defined by the statement of meaning, according to the codes and data categorised. Gathering all the themes with a fully interpretation of the content will optimize its allocation and the assumption of theoretical saturation. Nevertheless, the findings must be contrasted to ensure that the analysis process is consistent. The mapping of the coding and categorization procedures enables the possibility to reanalyse the allocation of the codes and consider possible changes to guarantee the greatest confiability of the data. The verification and interpretation process must be carried out by coresearchers and external researchers. On the other hand, the findings will be shared to the participants to obtain their interpretation approval. The contrast of this findings with the latest scientific evidence will also optimize this process (45).

Considering that the data management might be complex regarding the number of interviews predicted, this process will be supported by the software *NVivo*[®] (version 12).

5. ETHICAL AND REGULATORY CONSIDERATIONS

The project of the study design (annex II) will be submitted for assessment by two independent comities: *Comité de Ética de la Investigación con medicamentos del Hospital Clínic de Barcelona* and *Comisió de Bioètica de la Universitat de Barcelona*. Considering that the research will be conducted at the HCB, the validation from its ethical committee is essential as the suitability of the project will be analysed according to hospital and organisational characteristics. Nevertheless, and considering that the research intends to describe human interaction through a qualitative perspective, would be important to ensure a correct methodological and ethical approach: the review of the approved dictamen from the *Comité de Ética de la Investigación con medicamentos del Hospital Clínic de Barcelona* by the *Comisió de Bioètica de la Universitat de Barcelona* may introduce some new considerations attending the aim of this committee.

The social and scientific value of this project is to understand the actual strengths and weakness of the work environment and the organisation attractiveness of the HCB – to optimize the institutional internal marketing through the needs assessed made during the research. Therefore, new marketing strategies may be applied according to the results, generating benefits for the populations involved in the study. To accomplish this effect, the methodological approach must be scientifically valid: the independent ethical committees will review the adjustment of the methods elected, concerning the objectives proposed. Consequently, the benefits of conducting the present study are possibly superior to risks: however, the emotional impact to the participants must be minimized. The privacy and confidentiality will be respected: during the recruitment procedure, the informed consent (annex III) will be shared with the participants as well as the interview script: explaining the objectives, methodology, benefits and risk, as well as the implications of the study. All data generated and extracted during the research will be masked with the pseudonymisation of the participants. Therefore, it will be not possible to identify them when analysing the data. The relation between the identity and the pseudonym can only be accessed by the principal investigator and they will remain stored in a secure online platform with encryption and

password security. All the data will be stored and preserved for a period of 5 years after the finalization of the investigation at the same conditions of encryption and security – Microsoft Office 365®. The results will be always shared with the participants, and they will be informed about the scientific use of the content acquired from their participation (46).

The design and consecution of the present research will be conveyed under the ethical considerations of the Declaration of Helsinki (Fortaleza, October 2013) and the research protocol follows the legal requisites according to the Ley 14/2007 de 3 de julio de Investigación Biomédica. The communication and data protection are adjusted to the regulation EU 2016/679. The study will be also presented and submitted for approval to the nursing direction of the HCB.

6. QUALITY CRITERIA

The rigor criteria proposed by Guba & Lincoln and the quality criteria according to Calderón, will be implement along the different phases of the research (44,47).

Regarding the confiability, the methodological design must produce results that genuinely represent the study phenomenon to maximize its credibility. Therefore, the data will be continuously analysed, during repetitive cycles of collection, interpretation, and systematization. Each interview will follow the same script to minimize possible biases and the participants will validate what is being research: to ensure that the results reflect the accuracy of their own experience according to the context analysed. Nevertheless, an exhaustive description of participants' characteristics and the descriptive analysis of the NWE and the organisational attractiveness, may potentiate the transferability/applicability of the results of this research to other cultural and social contexts with similar components. To guarantee the replicability of the research protocol, it is crucial a correct definition of the investigators' roles, the physical, social, and interpersonal context, the methods and techniques as well as the decision-making process. The researchers' neutrality/impartiality will be determined with an appropriate record of the interviews and their precise transcription (including the field notes). Additionally, the researchers should not have any third interests or any power position over the participants – confirmability. The work environment of HCB will

be described and studied in an authentic and plural way, without masking the results with a different reality. To emphasize the truthfulness of the data analysis, the codification, categorization and verification/interpretative phases will be conducted by different researchers – triangulation of researchers – and the data will be provided by different nursing roles inside the same organisation – triangulation of data.

The research findings will be corroborated and cross-validated regarding its epistemological and theoretical setting. On the other hand, the researchers will maintain a reflexive attitude towards themselves and the participants in terms of their experience, emotions, values/beliefs and perceptions.

7. STUDY LIMITATIONS

The general biases that can arise during qualitative research are intended to be mitigated considering the rigor and quality criteria applied. Nevertheless, the researchers will be reflexive and screen actively for possible confirmation, observer or selection biases. Furthermore, other biases associated to the participant perspective must be contemplated: acquiescence (continuous agreement with the researcher due to fatigue, per example); social desirability (inaccurately responses to be better accepted by the researcher); and habituation biases (same answers to different questions with a similar sense). Some strategies to avoid these events might be: a correct contextualization of the goals of the research and the reaffirmation of the accomplishment of the privacy and confidentiality of the data through the research process; the design of open-ended questions; a judicious semantic and syntactic construction of the questions to be applied.

The present study will provide a general perspective of the strengths, opportunities, weakness and treats of the HCB nurses' and midwives' work environment. The results of this study might promote the development of future investigations to study the phenomena in the real context, attending that the boundaries related to the context are well limited. A future case study approach method might be considered depending on results. Furthermore, this research only analysis the inside perspective of the work environment according to the

nurses' and midwives' that are currently working in the HCB. It would be equally interesting to analyse the outside perspective from other healthcare professionals of the institution, from nursing and midwifery students, from nurses' and midwives' currently working in other hospitals and from former employees.

8. APPLICABILITY

- **Clinical field** – the understanding of the strengths and weakness of the work environment of HCB might enable a possible relation about the impact of its findings to the patient safety, quality of care and to the nurses' and midwives' psychological/emotional well-being.
- **Educational field** – When the dimensions and characteristics of the work environment are established, they might sustain the design (or redesign) of the undergraduate and postgraduate curriculum or the adaptation of the continuing professional development and education plan of the HCB.
- **Research field** – the study possibly provides the ground results to continue the internal marketing research of HCB, as well as the fundamental components that will support the quantitative approach of the project. On the other hand, considering that this is a novel and innovative research area, it will stimulate the imperative to study the phenomena regarding different contexts/perspectives: other hospitals/healthcare institutions, countries, healthcare systems and, particularly, other healthcare professionals.
- **Management field** – this research is part of the internal marketing research of the HCB. Develop adjusted internal marketing strategies according to the nurses' and midwives' needs might increase the organisational attractiveness of the institution, decrease the turnover rate and promote a higher retention rate of healthcare professionals in the institution. On the other hand, the results of the present study may sustain the development of a multicentric research to better understand the actual strategies needed to optimize the IM of hospital from a different context.

9. RESEARCH BUDGET

Concept	Description	Expenses
Personal and services	Researchers	0€
	Interview transcription	2300€
	External expert researcher	800€
Software	Microsoft Office 365®	0€ (HCB)
	NVivo® (version 12)	0€ (HCB)
Hardware	Recording equipment	0€ (HCB)
	Tablet for field notes	0€ (HCB)
Research dissemination	Publication – Q1/Q2 journals	4000€
	Congresses (registrations fees)	1800€
	Travel expenses and diets	2000€
Others	Beverages and snacks for interviews	40€
	Total	10.940€
Overheads	10% of the budget	1094€ → 12.034€

Table 2 – Research budget

The estimated budget might be funded partly by the HCB, since the institution has some of the material need to conduct the study. Other concepts as the personal/services and the research dissemination could be potentially funded by local or European grants.

10. TIMELINE

Months	Years																																
	2023												2024												2025								
	01	02	03	04	05	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09
Research design	█	█	█	█	█	█																											
Ethical Committee submission							█	█	█																								
Promotion of the study									█	█																							
Participants recruitment									█	█	█	█																					
Interviews									█	█	█	█	█	█	█																		
Transcription									█	█	█	█	█	█	█																		
Data analysis									█	█	█	█	█	█	█	█	█	█	█	█	█	█	█										
Report																				█	█	█	█	█	█								
Publication/dissemination																										█	█	█	█	█	█	█	█

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12. Annexes

12.1 Annex I – Interview script

1. Presentation of the research team and their roles. Acknowledgment of gratitude for the collaboration.
2. Review of the information about the research: objectives, methodologies, and main characteristics. Explanation about the participation role. Signature of the consent form (if not done before).
3. Conducting the interview: beginning with the aim of the interview. Progressive introduction of the 3 general and open-ended questions according to the dimensions:
 - a. What are your thoughts about the work environment of the Hospital Clínic de Barcelona as a nurse/midwife?
 - b. How would you describe the impact of the work environment to the clinical safety? And for your emotional well-being?
 - c. What are your thoughts about the attractiveness of the Hospital Clínic de Barcelona as a place to work as a nurse/midwife?
4. Closing the interview. Acknowledgment of gratitude for the collaboration. Information about the participation during the data validation.

Estimate duration of the interview: 60 minutes

12.2 Annex II – Study protocol – Ethics committee

Protocolo en catalán, castellano o inglés

1 Información General

1.1 Identificación del estudio

Título: Nurses' and Midwives' perceptions and experiences about the Hospital Clínic de Barcelona Work Environment: implications for the internal marketing approach

Versión y fecha: 19/05/2023 – 1st version

1.2 Identificación de promotor

1.3 Identificación del investigador principal de nuestro centro:

– Pedro Filipe Cartaxo Cintra – Dirección Enfermera – cartaxo@clinic.cat

2 Justificación

The concept of nursing work environment (NWE) was established at the end of the twentieth century (1980) as a response of a pervasive shortage of nurses in the United States of America. It is defined as a group of organizational factors and idiosyncrasies that facilitates or constrains the nurses' and midwives' ability to performance their clinical practise with a high-quality standard. A healthy and stable NWE is firmly related with greater patient/families outcomes, quality nursing care and clinical safety. Therefore, each healthcare organisation should continuously monitor their NWE to pursuit better outcomes and to improve the organisational attractiveness. The acknowledgment of the unique dimensions of the institutional NWE and culture enables the identification and development of strategies that may be applied to the workforce, with the ambition to fortify the organisation's strengths and mitigate its weaknesses: but specially to meet the nurses' and midwives' needs - internal marketing.

The actual (and future) shortness of nurses is considered one of the greatest threats to the global health. The scientific/technological advances, the sociodemographic and epidemiological trends are intensifying this situation. There is a firm acknowledgement that the healthcare demands are increasing, mainly regarding the ageing of the population, the higher number of chronic illnesses and the ageing of the healthcare workforce. Additionally, most nurses refer a feeling of psychological/emotional unsafety at work and burnout which is associated to a rising in the turnover rate and the intention to leave the profession. The nursing shortage and the intention to leave the profession is strongly related to high workload levels, negative work environment, psychological and emotional impairing and poor hospital quality of care and clinical safety. Considering the important emigration movements and the higher intention to leave the profession, is it crucial to understand the main reasons that may mitigate this situation.

The International Council of Nurses estimates that a shortage gap of 13 million nurses in a near future and Catalonia is a clear example of this situation. The number of nurses *per capita* is decreasing: there is a ratio of 653 nurses per 100.000 inhabitants in Catalonia and a ratio of 699 only in the city of Barcelona – when the European average is 827. It would be necessary a total of 13.334 new nurses in Catalonia to reach the European average. Furthermore, around 6.000 nurses will retire along the following 5 years in Catalonia. To diminish this situation, new measures and local actions have been taken, including a 25% increase in the number of nursing bachelor's degree admissions at the Catalan universities.

The Hospital Clínic de Barcelona (HCB) is a leading tertiary public healthcare institution where 8449 professionals are dedicated to commit excellence in the 3 main areas: education, research, and clinical practice. Although 30% of the HCB workforce are nurses and midwives, the predicted growth expected during the next years (expansion of a new building and services) addresses the increased need for new nursing and midwives professionals.

Given the current turnover rate, the HCB must become more effective to retain and attract new talent. Improving the existing strategies is essential, making it indispensable to conduct marketing research to not only understand the needs of the institution's professionals but also to adapt these strategies to the hospital's organizational culture. Therefore, the present research project aims to analyse the actual NWE through the nurses' and midwives' perspectives and experiences: in order to understand their needs. This represents the beginning of the IM research of the HCB that will provide a better definition of its strengths and weakness to design a new IM strategy that may accomplish some improvements in the clinical safety and quality of care – this are the general lines of a future doctoral thesis that will consider a sequential exploratory mixed method study design about NWE and the HCB IM. This study design is the foundation of this journey considering that it is crucial to rethink about the NWE: the actual assumptions are based on studies that were conducted almost 40 years ago.

2.1 Bibliografía relevante

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- Suliman M, Aljezawi M. Nurses' work environment: indicators of satisfaction. *J Nurs Manag*. 2018 Jul 1;26(5):525–30.
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3 **Hipótesis del estudio**

Not applied

4 Objetivo y Finalidad del Estudio

Primary objectives

- Comprehend the nurses' and midwives' perceptions and experiences about the Hospital Clínic de Barcelona work environment.

Secondary objectives

- Explore the nurses' and midwives' perceptions and experiences about the Hospital Clínic de Barcelona work environment regarding different perspectives of clinical and management roles.
- Describe the impact of the Hospital Clínic de Barcelona work environment to the clinical safety and to the nurses' and midwives' psychological/emotional well-being.
- Identify the strengths and weaknesses of the Hospital Clínic de Barcelona work environment to define the principles of a future internal marketing approach for nurses and midwives.

5 Diseño del Estudio

Considering that the present study aims to comprehend the perceptions and experiences throughout the singular perspectives of the nurses and midwives working at the HCB, a qualitative research based on the Heideggerian phenomenological-hermeneutic approach will enhance a holistic and interpretative understanding about the institutional NWE.

Researchers will be able to construct essential premises about the work environment considering the workforce angle, which lately can facilitate the identification of their needs. The assessment of such a complex phenomenon as the culture of an organisation of a group of healthcare professional under their own perspective sustains the selection of this method. The study is estimated to have a duration of approximately two years.

Considering the objectives of the study and the theoretical and paradigmatic drive, the development of semi-structured in-depth interviews will enable the direct acquirement of nurses' and midwives' perceptions and experiences to appreciate the strengths and weakness of the HCB work environment, attending the different professional roles involved.

Dimensions to be explored:

- Nursing work environment.
- Clinical safety and psychological/emotional well-being.
- Organizational attractiveness.

6 Selección de los participantes

The identification and selection of the participants will be performed according to a theoretical sampling with a maximum variation. With the aim to obtain a demographically representative and heterogeneous sample, the participants will be divided through 2 main strata according to the roles and work experience. There is an estimation of 2 participants for each subgroup (a total of 20 participants), however the recruiting process and analysis will be handled until reached a data theoretical saturation.

Considering that some of the researchers are healthcare professionals at the HCB, the recruitment process will be conducted directly by them and according to the strategy above mention. The participants will be invited through the internal communication channels of the institution (e-mail and intranet). Nevertheless, they will not participate actively in the data collection process, considering that this social process prior to the research might affect the results.

7 Calendario del estudio

Months	Years																																			
	2023												2024												2025											
	01	02	03	04	05	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09			
Research design	■	■	■	■	■	■																														
Ethical Committee submission							■	■	■	■																										
Promotion of the study									■	■	■																									
Participants recruitment									■	■	■	■	■																							
Interviews									■	■	■	■	■	■	■																					
Transcription									■	■	■	■	■	■	■	■																				
Data analysis									■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■											
Report																									■	■	■	■	■	■	■	■	■	■	■	■
Publication/dissemination																																				■

8 Ética y aspectos legales

El estudio se realizará en cumplimiento con la Declaración de Helsinki (versión en vigor; actualmente Fortaleza, Brasil, octubre 2013) y con:

- Ley 14/2007 de 3 de julio, de Investigación biomédica, si se trata de un proyecto de investigación que nada tiene que ver con medicamentos.

Se solicitará el consentimiento informado a los pacientes y autorización al centro.

Los datos de todos los participantes serán codificados.

9 Tratamiento de los Datos y Archivo de los Registros. Confidencialidad de los datos.

El tratamiento, la comunicación y la cesión de los datos de carácter personal de todos los participantes se ajustará al cumplimiento del Reglamento UE 2016/679 del Parlamento Europeo y del Consejo de 27 de abril de 2016 relativo a la protección de las personas físicas en cuanto al tratamiento de datos personales y la libre circulación de datos, y la Ley Orgánica 3/2018, de 5 de diciembre, de Protección de Datos Personales y garantía de los derechos digitales. La base legal que justifica el tratamiento de sus datos es el consentimiento que da en este acto, conforme a lo establecido en el artículo 9 del Reglamento UE 2016/679.

Los datos recogidos para estos estudios se recogerán **identificados únicamente mediante un código**, por lo que no se incluirá ningún tipo de información que permita identificar a los participantes. Sólo el investigador principal con un permiso específico podrá relacionar sus datos recogidos en el estudio con su historia clínica.

Su identidad no estará al alcance de ninguna otra persona a excepción de un requerimiento legal. Podrán tener acceso a su información personal identificada, las autoridades sanitarias, el Comité de Ética de Investigación y personal autorizado por el promotor del estudio, cuando sea necesario para comprobar datos y procedimientos del estudio, pero siempre manteniendo la confidencialidad de acuerdo a la legislación vigente.

Sólo se cederán a terceros y a otros países los datos codificados, que en ningún caso contendrán información que pueda identificar al participante directamente (como nombre y apellidos, iniciales, dirección, número de la seguridad social, etc.). En el supuesto de que se produjera esta cesión, sería para la misma finalidad del estudio descrito y garantizando la confidencialidad.

Si se realizara una transferencia de datos codificados fuera de la UE, ya sea a entidades relacionadas con el centro hospitalario donde usted participa, a prestadores de servicios o a investigadores que colaboren, sus datos quedarán protegidos por salvaguardas como contratos u otros mecanismos establecidos por las autoridades de protección de datos.

Además de los derechos que ya contemplaba la legislación anterior (acceso, modificación, oposición y cancelación de datos, supresión en el nuevo Reglamento) ahora también puede limitar el tratamiento de datos que sean incorrectos, solicitar una copia o que se trasladen a un tercero (portabilidad) los datos que usted ha facilitado para el estudio. Para ejercitar estos derechos, o si desea saber más sobre confidencialidad, deberán dirigirse al investigador principal del estudio o al Delegado de Protección de Datos del Hospital Clínic de Barcelona a través de protecciondades@clinic.cat. Así mismo tienen derecho a dirigirse a la Agencia de Protección de Datos si no quedara satisfecho/a.

Los datos ya recogidos no se pueden eliminar, aunque usted abandone el estudio, para garantizar la validez de la investigación y cumplir con los deberes legales y los requisitos de autorización de medicamentos. Pero no se recogerán nuevos datos si usted decide dejar de participar.

El Investigador está obligado a conservar los datos recogidos para el estudio al menos hasta 5 años tras su finalización.

1 Financiación

Actualmente el estudio no se encuentra financiado.

11 Política de Publicación

Los investigadores se comprometen a hacer públicos los resultados del estudio tanto si estos sean positivos como negativos.

12.3 Annex III – Consent form

HOJA DE INFORMACIÓN AL PACIENTE

TÍTULO DEL ESTUDIO: La percepción y experiencias de las enfermeras y matronas sobre el entorno de práctica de trabajo

INVESTIGADOR PRINCIPAL: Pedro Cartaxo Cintra, Dirección Enfermera

CENTRO: Hospital Clínic de Barcelona

INTRODUCCION

Nos dirigimos a usted para informarle sobre un estudio de investigación en el que se le invita a participar. El estudio ha sido aprobado por un Comité de Ética de la Investigación, de acuerdo con la legislación vigente:

- Ley de Investigación Biomédica 14/2007

Nuestra intención es tan solo que usted reciba la información correcta y suficiente para que pueda evaluar y juzgar si quiere o no participar en este estudio. Para ello lea esta hoja informativa con atención y nosotros le aclararemos las dudas que le puedan surgir después de la explicación. Además, puede consultar con las personas que considere oportuno.

PARTICIPACIÓN VOLUNTARIA

Debe saber que su participación en este estudio es voluntaria y que puede decidir no participar o cambiar su decisión y retirar el consentimiento en cualquier momento, sin que por ello se altere la relación con su médico ni se produzca perjuicio alguno en su tratamiento.

DESCRIPCIÓN GENERAL DEL ESTUDIO:

El presente estudio tiene como objetivo comprender las percepciones y la experiencia vivida por las enfermeras y matronas del Hospital Clínic de Barcelona en cuanto al entorno de la práctica de trabajo. Se utiliza una metodología cualitativa: su participación se basará en la realización de una entrevista individual con la duración aproximada de una hora. Se efectuarán algunas preguntas sobre el ámbito de estudio. Estarán presentes durante la misma entrevista 2 colaboradores. Se realizará la grabación de audio de toda la entrevista y se tomarán notas relacionadas con la misma.

Solicitaremos a posteriori su colaboración para que pueda corroborar toda la información que hemos recogido y sobre los resultados del mismo estudio.

Le invitaremos a realizar la misma entrevista en un entorno externo al edificio del Hospital Clínic de Barcelona.

Se prevé una inclusión total de aproximadamente 20 participantes. Por otro lado, el estudio tendrá una duración aproximada de 2 años.

BENEFICIOS Y RIESGOS DERIVADOS DE SU PARTICIPACIÓN EN EL ESTUDIO

El estudio no presenta **ningún riesgo o beneficio directo** para el participante. No obstante, los resultados obtenidos podrán ser utilizados para desarrollar/aplicar novas estrategias en el entorno de la práctica clínica enfermera.

CONFIDENCIALIDAD

El Hospital Clínic de Barcelona, con CIF 0802070C, como responsable del tratamiento de sus datos, le informa que el tratamiento, la comunicación y la cesión de los datos de carácter personal de todos los participantes se ajustará al cumplimiento del Reglamento UE 2016/679 del Parlamento Europeo y del Consejo de 27 de abril de 2016 relativo a la protección de las personas físicas en cuanto al tratamiento de datos personales y la libre circulación de datos, y la Ley Orgánica 3/2018, de 5 de diciembre, de Protección de Datos Personales y garantía de los derechos digitales. La base legal que justifica el tratamiento de sus datos es el consentimiento que da en este acto, conforme a lo establecido en el artículo 9 del Reglamento UE 2016/679.

Los datos recogidos para estos estudios se recogerán **identificados únicamente mediante un código**, por lo que no se incluirá ningún tipo de información que permita identificar a los participantes. Sólo el investigador principal con un permiso específico podrá relacionar sus datos recogidos en el estudio con su historia clínica.

Su identidad no estará al alcance de ninguna otra persona a excepción de un requerimiento legal. Podrán tener acceso a su información personal identificada, las autoridades sanitarias, el Comité de Ética de Investigación y personal autorizado por el promotor del estudio, cuando sea necesario para comprobar datos y procedimientos del estudio, pero siempre manteniendo la confidencialidad de acuerdo con la legislación vigente.

Sólo se cederán a terceros y a otros países los datos codificados, que en ningún caso contendrán información que pueda identificar al participante directamente (como nombre y apellidos, iniciales, dirección, número de la seguridad social, etc.). En el supuesto de que se produjera esta cesión, sería para la misma finalidad del estudio descrito y garantizando la confidencialidad.

Si se realizara una transferencia de datos codificados fuera de la UE, ya sea a entidades relacionadas con el centro hospitalario donde usted participa, a prestadores de servicios o a investigadores que colaboren, sus datos quedarán protegidos por salvaguardas como contratos u otros mecanismos establecidos por las autoridades de protección de datos.

Además de los derechos que ya contemplaba la legislación anterior (acceso, modificación, oposición y cancelación de datos, supresión en el nuevo Reglamento) ahora también puede limitar el tratamiento de datos que sean incorrectos, solicitar una copia o que se trasladen a un tercero (portabilidad) los datos que usted ha facilitado para el estudio. Para ejercitar estos derechos, o si desea saber más sobre confidencialidad, deberán dirigirse al investigador principal del estudio o al Delegado de Protección de Datos del Hospital Clínic de

Barcelona a través de protecciodades@clinic.cat. Así mismo tienen derecho a dirigirse a la Agencia de Protección de Datos si no quedara satisfecho/a.

Los datos ya recogidos no se pueden eliminar, aunque usted abandone el estudio, para garantizar la validez de la investigación y cumplir con los deberes legales y los requisitos de autorización de medicamentos. Pero no se recogerán nuevos datos si usted decide dejar de participar.

El Investigador está obligado a conservar los datos recogidos para el estudio al menos hasta 5 años tras su finalización.

COMPENSACIÓN ECONÓMICA

Su participación en el estudio no le supondrá ningún gasto o compensación económica.

OTRA INFORMACIÓN RELEVANTE

Si usted decide retirar el consentimiento para participar en este estudio, ningún dato nuevo será añadido a la base de datos y, puede exigir la destrucción de toda la información previamente retenida.

También debe saber que puede ser excluido del estudio si el investigador principal del estudio lo consideran oportuno, ya sea por motivos de seguridad, por cualquier acontecimiento adverso que se produzca o porque consideren que no está cumpliendo con los procedimientos establecidos. En cualquiera de los casos, usted recibirá una explicación adecuada del motivo que ha ocasionado su retirada del estudio

Al firmar la hoja de consentimiento adjunta, se compromete a cumplir con los procedimientos del estudio que se le han expuesto.

Hoja de Consentimiento de Participante

Título del estudio: **“La percepción y experiencias de las enfermeras y matronas sobre el entorno de práctica de trabajo”**

Yo, (*nombre y apellidos del participante*)

- He leído la hoja de información que se me ha entregado sobre el estudio.
- He podido hacer preguntas sobre el estudio.
- He recibido suficiente información sobre el estudio.
- He hablado con: (*nombre del investigador*)
- Comprendo que mi participación es voluntaria.
- Comprendo que puedo retirarme del estudio:
 - Cuando quiera.
 - Sin tener que dar explicaciones.
 - Sin que esto repercuta en mis cuidados médicos.

- De conformidad con lo que establece el Reglamento UE 2016/679 del Parlamento Europeo y del Consejo de 26 de abril de 2016 relativo a la protección de las personas físicas en cuanto al tratamiento de datos personales y la libre circulación de datos, y a la Ley Orgánica 3/2018, de 5 de diciembre, de Protección de Datos Personales y garantía de los derechos digitales, declaro haber sido informado de la existencia de un fichero o tratamiento de datos de carácter personal, de la finalidad de la recogida de éstos y de los destinatarios de la información.

- Presto libremente mi conformidad para participar en el estudio.

Firma del participante

Firma del investigador

Fecha: ___/___/___

Fecha: ___/___/___

Deseo que me comuniquen la información derivada de la investigación que pueda ser relevante para mí salud:

SI NO

Firma del participante

Firma del investigador

Fecha: ___/___/___

Fecha: ___/___/___