



Creating Healthy Work Environments

An Evidence-Based Toolkit for Nurses

2nd edition

AMERICAN ASSOCIATION
of CRITICAL-CARE NURSES

Acknowledgment

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Introduction

The link between healthy work environments (HWEs) and positive patient, nurse, and healthcare provider outcomes has become clear. The health of the work environment is now seen as an essential element for optimal patient care and a sustainable healthcare provider workforce. Patients cared for in HWEs experience fewer adverse events, report greater satisfaction with their care, are better prepared for discharge, and are more likely to recommend hospitals to their family members and friends for care. Nurses and other members of the healthcare team experience greater fulfillment in their work, less turnover, and less burnout and moral distress.¹ However, HWEs do not spontaneously happen. Focused attention and implementation of deliberate strategies are necessary to assure their creation and evolution.

The [*AACN Standards for Establishing and Sustaining Healthy Work Environments*](#) (AACN HWE Standards) provide a framework for understanding and implementing relationship-based principles that influence the work environment. The American Association of Critical-Care Nurses (AACN) has provided the healthcare community with six interrelated, fundamental, and essential standards that must be present to achieve an HWE.² These standards are: 1) skilled communication, 2) true collaboration, 3) effective decision making, 4) appropriate staffing, 5) meaningful recognition, and 6) authentic leadership.

Healthcare work environments are complex. Many factors influence day-to-day clinical practice and the care of patients and their families. AACN's research has demonstrated that making an effort to implement the six Healthy Work Environment Standards makes a difference in the quality of patient care and the well-being of the healthcare team.³

How to Use the Toolkit

This toolkit is an evidence-based guide for nurses and other healthcare professionals who are on a journey to implement the AACN HWE Standards. Readers can use this toolkit in conjunction with the AACN Assessment Tool, the Beacon Award for Excellence or other

recognition programs, and knowledge of current practice to improve the work environment of nurses and the healthcare team.^{2,4} Here is the path:

1. Start with a self-assessment. Look honestly at your own contribution to the work environment as a key exercise in thinking about the journey forward.
2. Engage team members to consider how the work environment impacts their practice. Review the HWE standards and their associated critical elements. Discuss the evidence that supports each standard and their impact on healthcare delivery.
3. Complete a focused assessment to determine the current health of your work environment (see [Assessing the Work Environment](#)).
4. Develop an action plan. You may choose to start with a specific standard based on the results of the assessment. Each chapter of this toolkit offers focused resources to implement the different standards.
5. Develop and implement strategies for change (see [Implementation](#)).
6. Implement an ongoing system to monitor the health of the work environment to assure progress and sustainability.

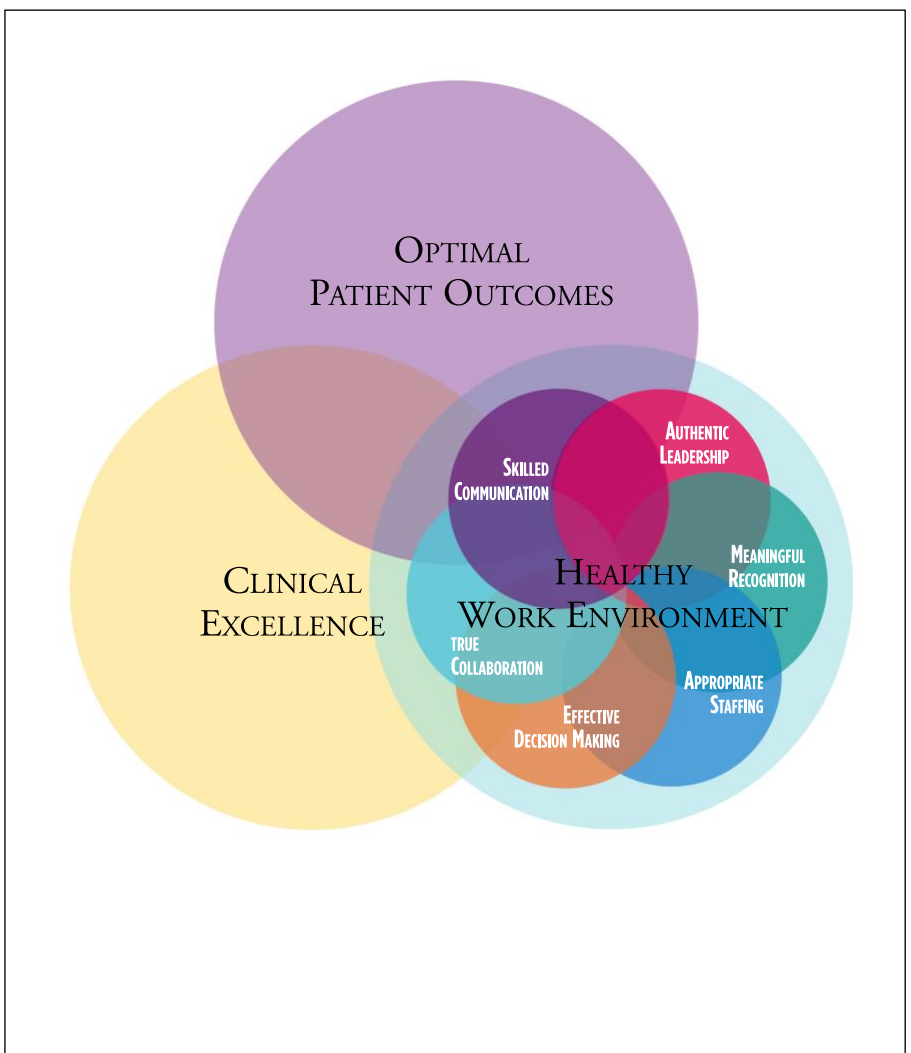
At the end of each section there will be a brief, bulleted summary and a few Critical Elements drawn from the *AACN HWE Standards*.² These Critical Elements indicate the structures, processes, programs, and behaviors required to achieve a standard.

Background of the AACN HWE Standards

In 2001, AACN committed to using its voice, influence, and resources to actively promote HWEs that foster excellence in patient care and allow nurses to provide their optimal contribution in the provision of that care. In 2005, AACN released the first edition of the *HWE Standards*, which align with the National Academy of Medicine's core competencies⁵ for health professionals and the ANA Nursing Code of Ethics.⁶ The second edition of the *AACN HWE Standards* was released in 2016.² The original six standards remain unchanged and have been substantiated by evidence that confirms the association between HWEs and optimal outcomes for patients, healthcare professionals, and healthcare organizations.

The HWE Standards are:

1. [Skilled Communication](#)
2. [True Collaboration](#)
3. [Effective Decision Making](#)
4. [Appropriate Staffing](#)
5. [Meaningful Recognition](#)
6. [Authentic Leadership](#)



Assessing the Work Environment

AACN provides a **free** web-based [HWE Assessment Tool](#) to gauge nurses' current perceptions of the work environment.⁷ The results from this tool can be used in conjunction with the National Database of Nursing Quality Indicators⁸ and staff engagement surveys to guide work environment improvement efforts. The HWE Assessment Tool provides a baseline measurement and resources for improving the current environment. It can also be used on an ongoing basis to monitor progress for [AACN HWE Standards](#) implementation.² Additional tools to assess the professional practice environment are listed in the [Implementation](#) section.

The strategy chosen by each unit or organization will depend on the clinical context, availability of resources, and the unique needs of the unit's work environment. Multifaceted interventions such as checklists and tools, interprofessional educational programs, and simulation training reinforce behaviors and create sustained change.⁹

Learn More

To learn more and register to use AACN's Healthy Work Environment Assessment Tool, please visit: <https://www.aacn.org/nursing-excellence/healthy-work-environments/aacn-healthy-work-environment-assessment-tool>

Skilled Communication

“Nurses must be as proficient in communication skills as they are in clinical skills”²

Introduction to Skilled Communication

Sometimes nurses find it difficult to communicate with members of their multidisciplinary team. In some cases, there can be a culture of silence rather than a culture that fosters open communication. It is also common for nursing leaders to feel overwhelmed by the amount of information that needs to be communicated to staff members. In addition, the time consumed by commitments outside of the unit can make personalized, direct communication difficult.

Communication is a patient safety issue. Fewer than 10% of healthcare professionals confront colleagues’ behaviors that they know can cause harm to patients, and the average nurse manager is responsible for four times the recommended number of staff.¹⁰ Individual, social, and organizational factors that contribute to a culture of silence include a lack of confidence, fear of personal implication, fear of retaliation, intimidating behaviors, social conformity, and microclimates of distrust.¹¹

As hospitals face continual increases in patient acuity, operate with limited nursing staff, and focus on decreased length of stay, finding methods to decrease the risk of error, improve patient safety, and enhance communication becomes more difficult.¹² Since the true price of failed communication is not measured in dollars, but in lives lost,¹¹ all nurses have an ethical mandate to overcome these challenges and become skilled communicators. Patients’ lives depend on it.¹³

The goal of skilled communication is to prevent disruptive behaviors that contribute to staff and patient harm. So, how do nurses and their colleagues begin the process of becoming skilled communicators, breaking the silence, and creating a new culture? Skilled communication requires self-assessment to gain a better understanding of personal communication skills. In addition, nurses must be willing to have candid, direct conversations with each other to address

unhealthy communication practices. Gaining committed support from clinical and administrative leaders and identifying direct-care champions will help drive the process of improved communication.¹⁴ **Tables 1, 2, and 3** below offer resources and ideas for evaluating, training, and facilitating HWEs on this journey.

Table 1. Evidence-Based Tools for Evaluating Skilled Communication

Tool	Brief Description	Source
<u>Style Under Stress Assessment</u>	Measures communication tendencies when stressed using 33 items.	<u>VitalSmarts</u> ¹⁵
<u>Communication Climate Assessment Surveys (C-CAT)</u>	Assessment instruments and protocols, data tools, and ideas for how to improve performance based on specific results—to be a catalyst for productive organizational change.	American Medical Association/ <u>University of Colorado, Center for Bioethics and Humanities</u> ¹⁶

Table 2. Evidence-Based Training Tools for Skilled Communication

Tool	Brief Description	Source
<u>TeamSTEPPS</u> [®] (Team Strategies and Tools to Enhance Performance and Patient Safety)	Teamwork system designed with a three-phased process aimed at creating and sustaining a culture of safety for healthcare professionals. Free, ready-to-use materials, tools, and training	Developed by Agency for Healthcare Research and Quality and Department of Defense ¹⁷
<u>VitalSmarts</u> ¹⁸	Corporate training company that helps organizations and teams improve performance through better communication and collaboration. Crucial Conversations Focus: Dialogue	VitalSmarts

	<p>Crucial Accountability Focus: Team Accountability</p> <p>Influencer Focus: Organizational Change</p> <p>Change Anything Focus: Individual Change</p>	
<p><u>Institute for Healthcare Improvement's Patient Safety Essentials Toolkit</u></p>	<p>Toolkit/Guide—Includes documents on improving teamwork, communication tools to help understand the underlying issues that can cause errors, and valuable guidance to create and maintain reliable systems.</p>	<p>Institute for Healthcare Improvement¹⁹</p>

Table 3. Evidence-Based Tools for Implementing Skilled Communication

Tool	Brief Description	Author
<p><u>SBAR Communication</u></p>	<p>Useful in any conversation requiring immediate attention and action:</p> <ul style="list-style-type: none"> - Situation - Background - Assessment - Recommendation 	<p>Institute for Healthcare Improvement²⁰</p> <p>Developed by Leonard M, Bonacum D, Graham S, at Kaiser Permanente</p>
<p><u>ISBAR</u></p>	<p>A guide for effective communication between nurses and physicians:</p> <ul style="list-style-type: none"> - Introduction - Situation - Background - Assessment - Recommendation 	<p>Developed by Curtis K, Tzannes A, Rudge T²¹</p>

<p><u>I-PASS</u></p>	<p>Originally developed for medical students engaged in transitions of care, it has also been tested in handoffs between nurses:²²</p> <ul style="list-style-type: none"> - Illness severity - Patient summary - Action items - Situation awareness and contingency planning - Synthesis by receiver 	<p><u>The I-PASS Study Group</u></p>
<p><u>Comprehensive Unit-based Safety Program (CUSP) Teamwork and Communication module</u></p> <p><u>Communication Assessment Guide (CAG)</u></p>	<p>Toolkit to assist hospitals in implementation of communication and optimal resolution programs.</p> <p>The CAG helps identify effective communicators who can participate in disclosure conversations as Disclosure Leads and/or Disclosure Communicators.</p>	<p>Agency for Healthcare Research and Quality (AHRQ)^{23,24}</p>

Summary: Skilled Communication

“Skilled Communication is more than a one-way delivery of information. It is a two-way dialogue in which individuals think and decide together”²

- Communication is integral for creating HWEs and enhancing patient safety.
- Without effective communication, effective collaboration cannot exist.²⁵
- A culture that prioritizes respect for all perspectives promotes a healthy work environment.

Critical Elements for Skilled Communication²⁶

- Provide staff support for educational programs that develop communication skills.
- Focus on finding solutions and achieving outcomes.
- Foster collaborative relationships.
- Listen to all perspectives.
- Build consensus based on goodwill and mutual respect.
- Ensure consistency between words and actions.
- Demonstrate zero tolerance for abusive or disrespectful staff behavior.
- Ensure effective communication among patients, families, and staff.
- Provide technologies that enhance communication.
- Determine the impact of communication on practice, financial, and environmental outcomes.
- Require skilled communication as a prerequisite for staff promotions.

Go to [AACN HWE Standards](#) for a complete description of critical elements.

Skilled communication enhances the likelihood of success in implementing the remaining standards:

- [True Collaboration](#)
- [Effective Decision Making](#)
- [Appropriate Staffing](#)
- [Meaningful Recognition](#)
- [Authentic Leadership](#)

True Collaboration

“Nurses must be relentless in pursuing and fostering true collaboration.”²

Introduction to True Collaboration

No matter who is involved, collaboration is not possible until there is mutual understanding and an equal distribution of power among all individuals involved. Mutual understanding is best achieved when personal biases are set aside and common goals become the focus.²⁵ That seems simple enough, but research shows that 70% of normal strategic alliances fail or do not meet expectations, and 50% of health-related partnerships do not survive the first year or fail to complete their aims. To avoid being among those statistics, nurses and their colleagues must work across boundaries, establish partnerships, and overcome the barriers to collaborative efforts. Doing so positions healthcare teams to achieve greater outcomes and provide optimal patient care.²⁷

Teamwork and collaboration require positive working relationships based on trust, respect, support, and communication.²⁸ True collaboration improves the quality of patient care delivery. In fact, ratings of collaboration are linked to patient outcomes, including length-of-stay, mortality, pain control, functional status, and patient satisfaction. True collaboration is also linked to nurses’ perceptions of quality of care, which impacts job satisfaction, engagement, and turnover.²⁵

Conflict is a natural and expected part of collaboration that can enhance quality decision-making and team commitment. Therefore, the ability to manage conflict is essential to collaboration. Educational programs can augment the ability to hold difficult conversations and enhance conflict resolution skills. **Tables 4** and **5** provide information that may be useful for leaders and team members. Relationship building can feel daunting and time consuming, but it is essential to the process and outcome of collaboration.²⁹

Evidence supports the idea that organizations must develop conflict management policies and interventions to address interprofessional relational challenges. Organizations can

support effective team functioning by writing, enforcing, and educating all healthcare team members on harassment policies, codes of conduct, and conflict management guidelines.²⁷

Table 4. Evidence-Based Tools for Evaluating Collaboration

Tool	Brief Description	Source
<u>Critical Synthesis Package: Jefferson Scale of Attitudes Toward Physician-Nurse Collaboration</u>	Measures both nurse and physician attitudes about professional collaboration across four domains: shared education and collaborative relationships, caring as opposed to curing, nurse's autonomy, and physician's authority. 15 Items	Wetzel A ³⁰
Nurse-Nurse Collaboration Scale	Measures the level of collaboration among intensive care nurses. Five subscales of collaboration: conflict management, communication, shared process, coordination, and professionalism.	Dougherty MB, Larson EL ³¹

Table 5. Evidence Based Programs for Implementing True Collaboration

Tool	Brief Description	Source
<u>VitalSmarts</u>	Corporate training company that helps organizations and teams improve performance through better communication and collaboration. Crucial Conversations Focus: Dialogue Crucial Accountability Focus: Team Accountability Influencer Focus: Organizational Change Change Anything Focus: Individual Change	VitalSmarts ¹⁸

<p><u>TeamSTEPPS®</u> (Team Strategies and Tools to Enhance Performance and Patient Safety)</p>	<p>Teamwork system designed with a three-phased process aimed at creating and sustaining a culture of safety for healthcare professionals.</p> <p>Free, ready-to-use materials, tools, and training</p>	<p>Developed by Agency for Healthcare Research and Quality and Department of Defense¹⁷</p>
<p><u>Reina Trust Building Institute</u></p>	<p>Links trust building to strategic business initiatives for organizations. Comprehensive solutions for building and rebuilding trust and effective relationships. Trust Building Workshops:</p> <ul style="list-style-type: none"> - Trust Building at Work - Trust Building in Teams - Trust Building for Leaders - Trust Building Online Application 	<p>Reina Trust Building Institute³²</p>
<p><u>The Comprehensive Unit-based Safety Program (CUSP)</u></p>	<p>This toolkit includes free training tools to make care safer by improving the foundation of how physicians, nurses, and other clinical team members work together and builds the capacity to address safety issues by combining clinical best practices and the science of safety. (Includes 8 modules.)</p>	<p>Agency for Healthcare Research and Quality³³</p>
<p>Best Practice Guidelines: <u>Intra-professional Collaborative Practice among Nurses</u></p>	<p>Evidence based guide with recommendations to promote collaboration. The recommendations are divided into three sections: 1) individuals and teams, 2) organizations, and 3) systems.</p>	<p>Registered Nurses' Association of Ontario³⁴</p>

Summary: True Collaboration

True collaboration is a process not an event. It must be ongoing and built over time to achieve optimal, safe, and quality care for patients.”²

- Collaboration between diverse team members is complex and essential to optimal patient care.
- Maintenance of mutual respect, a balance of the distribution of power, and a focus on common goals are elements that facilitate collaboration.
- True collaboration includes establishing processes for handling the conflicts that inevitably arise when teams form and work together.

Critical Elements for True Collaboration²⁷

- ⇒ Provide staff support for educational programs that develop collaborative skills.
- ⇒ Define staff accountability for collaboration and consequences of not collaborating.
- ⇒ Make it standard operating procedure for nurses to materially and meaningfully participate as decision makers.
- ⇒ Ensure effective and timely mechanisms are available for resolving care disputes.
- ⇒ Ensure that staff have the communication skills necessary for collaboration.
- ⇒ Demonstrate mutual respect for all healthcare team members.
- ⇒ Demonstrate professional competence.
- ⇒ Demonstrate professional integrity.
- ⇒ Ensure nurse and physician directors collaborate as equal partners.

Go to [AACN HWE Standards](#) for a complete description of critical elements.

Effective Decision Making

“Nurses must be valued and committed partners in making policy, directing and evaluating clinical care and leading organizational operations.”²

Introduction to Effective Decision Making

Nurses develop expertise in clinical decision-making through ongoing education, experience and confidence. The Situated Clinical Decision-Making Framework and other tools in **Tables 6** and **7** are available to evaluate and enhance effective decision-making. The Situated Clinical Decision-Making Framework helps nurses make decisions based on an understanding of nursing, patients’ reported needs, and documented orders or care plans, and it encourages retrospective reflection.³⁵ Reflective thinking can augment the nurse’s ability to prioritize interventions according to patient needs and available resources.³⁶

Challenges related to effective decision making may contribute to nurse turnover and burnout. The DECIDE model,³⁷ listed in **Table 7**, describes the step-by-step process for making quality decisions imperative to the success of organizations. In addition, some critical elements of the Effective Decision Making standard can be found in the Summary at the end of this chapter. The ongoing development of skills, knowledge, and understanding, can help promote effective decision making at every level of the organization.³⁸

Shared decision-making can be facilitated through participatory change management strategies. Engaging staff in team projects is also a key step toward empowerment. Using a structure such as [Plan-Do-Study-Act](#),³⁹ which emphasizes cycles for improvement, can facilitate staff autonomy. If these structures are not currently in place, use participatory change management strategies to open the door to nurse-nurse leader engagement in team projects.⁴⁰

Table 6. Evidence Based Tools for Evaluating Effective Decision Making

Tool	Brief Description	Source
<u>Decisional Involvement Scale</u>	Measures staff nurses actual and preferred decisional involvement. Six subscales: unit staffing, quality of professional practice, professional recruitment, unit governance and leadership, quality of support staff practice, and cooperation/liaison activities. 21 Items.	Havens DS ⁴¹
<u>Team Decision Making Questionnaire</u>	Measures the quality of interprofessional teams. Four subscales: decision-making, team support, learning, and developing quality services. 19 Items.	Batorowicz B, Shepherd TA ⁴²

Table 7. Evidence Based Tools for Implementing Effective Decision Making

Tool	Brief Description	Source
Situated Decision-Making Framework	Tool to help novice nurses develop effective decision-making skills, including prioritizing care. Can be used as a guide for retrospective reflection on decision-making processes and outcomes, enhances understanding of the nature of decision making in nursing, and fosters the development of knowledge, skill, and confidence.	Gillespie M, Peterson BL ³⁵
DECIDE: A Decision-Making Model	Model for more effective decision making by healthcare managers D = Define the problem E = Establish the criteria C = Consider alternatives I = Identify best alternative	Guo KL ³⁷

	D = Develop & implement plan of action E = Evaluate & monitor	
<u>SHARE Approach</u>	Essential Steps of Shared Decision making Seek your patient’s participation. Help your patient explore and compare treatment options. Assess your patient’s values and preferences. Reach a decision with your patient. Evaluate your patient’s decision.	Agency for Healthcare Research and Quality ⁴³

Shared governance is another approach to effective decision-making.⁴⁴ In this process, the responsibility for practice related decisions lies with those who deliver care, which increases professional autonomy.⁴⁵

Summary: Effective Decision Making

“Failure to incorporate the perspective of nurses and other members of the healthcare team in clinical and operational decisions may lead to harmful and costly errors, while also threatening a healthcare organization’s financial viability.”²

- Nurses can use tools for clinical decision making to facilitate a systematic approach to complex situations.
- Effective decision-making ensures that key stakeholders are included and that relevant data and information is considered.
- Shared governance uses the expertise of nurses and other members of the healthcare team to influence the decisions that affect care delivery.

Critical Elements for Effective Decision-Making²⁶

- ⇒ Provide staff support for educational programs that develop and improve staff skills in collaborative decision-making.
- ⇒ Integrate organizational values in decisions.
- ⇒ Include patients and family in all decisions affecting patient care.
- ⇒ Make each individual on the healthcare team accountable for effective decision-making.
- ⇒ Facilitate data-driven decision-making.
- ⇒ Ensure that decisions respect individual rights, consider all stakeholders, and hold decision makers accountable.
- ⇒ Objectively evaluate results of decisions, delayed decisions, and indecisions.

Go to [AACN HWE Standards](#) for a complete description of critical elements.

Appropriate Staffing

“Staffing must ensure the effective match between patient needs and nurse competencies.”²

Introduction to Appropriate Staffing

Appropriate staffing is a complex process. The goal is to match the knowledge, skills, and abilities of the nurse with the needs of the patient. Effective innovation in staffing goes beyond fixed ratios and ensures the voice of direct care nurses in staffing decisions. This is particularly crucial now with an increasing gap between nursing experience and patient complexity. This experience-complexity gap intensifies as new nurses replace retiring experienced nurses and patient acuity is rising.

There is a dynamic relationship between the health of the work environment and staffing. Without an HWE, attempts to reduce workloads by simply adding additional nurses would have little benefit. Similarly, evidence shows that inappropriate staffing and unhealthy work environments contribute to nurse burnout and turnover.³ In addition, a growing body of literature demonstrates the impact of staffing on patient outcomes, including adverse events such as in-hospital deaths and hospital-acquired infections.⁴⁶

One framework for ensuring a match between available staff abilities and existing patient needs is the AACN Synergy Model for Patient Care⁴⁷ (see **Table 8**). This model lists characteristics of patients and nurses that should be considered when creating patient assignments. A key aspect of this model is the opportunity to score patients and nurses for each characteristic to prioritize the patient’s needs and describe the nurse’s expertise. These scores can and will shift over time as the patient’s condition changes (which may occur at any moment) and as the nurse gains experience and develops new competency.

The inclusion of direct-care team members is essential in developing new approaches to nurse staffing. Unit-based and organization-wide staffing committees with the authority to develop processes and make decisions about nurse staffing procedures must include direct care

nurses. The Nursing Workplace Environment and Staffing Council Program, developed by the Organization of Nurse Leaders of New Jersey, provides a sample structure for a decision-making body that addresses staffing and work environment issues. Their framework indicates that at least 51% of a hospital’s council must be nurses working in direct care roles.⁴⁸

Table 8. Evidence Based Resources for Appropriate Staffing

Tool	Brief Description	Source
<u>AACN Guiding Principles for Appropriate Staffing</u>	These principles emphasize the importance of direct-care nurse engagement in staffing decisions, the need for innovative staffing models, and the interdependent relationship between appropriate staffing and the health of the work environment.	AACN ⁴⁹
<u>Nursing Workplace Environment and Staffing Council Program</u>	A statewide initiative to improve staff and work environments in New Jersey healthcare facilities. The prescribed structure of hospital- and unit-based councils engages direct care nurses in implementing work environment standards and staffing decisions.	Organization of Nurse Leaders of NJ ⁴⁸
<u>ANA’s Principles for Nurse Staffing, 3rd ed.</u>	Identifies major elements needed to achieve appropriate nurse staffing, which enhances the delivery of safe, quality healthcare. The principles demonstrate the link between appropriate nurse staffing and improved patient outcomes. Applicable to all types of nurse staffing in any setting.	American Nurses Association, 2019 ⁵⁰

<p><u>The Synergy Model</u></p>	<p>Defines nurse competencies and patient attributes and describes how the alignment of these characteristics promotes optimal patient care.</p> <p>Patient characteristics include: resiliency, vulnerability, stability, complexity, resource availability, participation in care, participation in decision-making, predictability.</p> <p>Nurse characteristics include: clinical judgement, advocacy and moral agency, caring practices, collaboration, systems thinking, response to diversity, facilitation of learning, clinical inquiry.</p>	<p>AACN⁴⁷</p>
<p><u>White Paper: Nurse Staffing Levels for Patient Safety and Workforce Safety</u></p>	<p>Summarizes research from countries around the world that demonstrates the relationship between nurse staffing and patient safety. Recommendations describe actions hospitals, national nursing organizations, and individual nurses can take to promote appropriate staffing and patient safety.</p>	<p>International Council of Nurses and Saudi Patient Safety Center⁵¹</p>

Summary: Appropriate Staffing

“Inappropriate staffing seriously endangers patient safety and impacts the healthcare team’s well-being.”²

- Adding additional staff without addressing the work environment is not an effective strategy to ensure appropriate staffing.
- The AACN Synergy Model offers a framework for matching patient needs to nurse competencies. The alignment of these attributes is the essence of appropriate staffing.
- Direct care nurses’ input on staffing decisions and processes is crucial to the development of effective approaches.

Critical Elements for Appropriate Staffing²⁶

- ⇒ Staffing policies support nurses’ obligations to provide quality care.
- ⇒ Nurses participate in all phases of the staffing process.
- ⇒ Evaluate the effect of staffing decisions on patients, matching nurse competencies, and system outcomes.
- ⇒ Enable data-driven improvements in staffing models.
- ⇒ Support nurses so they can focus on care of patients and families.
- ⇒ Ensure that nurses participate in selection of technologies to improve delivery of care.

Go to [AACN HWE Standards](#) for a complete description of critical elements.

Meaningful Recognition

“Nurses must be recognized and must recognize others for the value each brings to the work of the organization.”²

Introduction to Meaningful Recognition

Meaningful recognition means valuing nurses for their unique contribution to patient care. The social and psychological impact of such recognition includes job satisfaction, organizational and career commitment, cohesion and collaboration, and perceived organizational support.⁵² Among respondents to AACN’s 2018 Critical Care Nurse Work Environment Survey who indicated an intent to leave their position within a year, 39 percent said that meaningful recognition would make them less likely to leave the organization. AACN’s research also clearly demonstrates that the recognition nurses receive from patients and families is most meaningful, closely followed by recognition from their peers.³

Recognition during Nurses Week is an important gesture, but the essence of meaningful recognition is to find ways to recognize nurses’ contributions on a routine basis. There are readily available ways to incorporate meaningful recognition into the daily practice of a unit or department. Verbal praise, handwritten notes, highlighting nurses in the unit’s newsletter, and bulletin boards displaying thank-you notes from patients, families, and colleagues are all well-received forms of recognition that are associated with very little cost.^{52,53}

More formal strategies for demonstrating meaningful recognition include support for certification, clinical ladder programs, and the DAISY Award that provides patients and families with a path to convey appreciation for nurses. Unit- and organizational-level recognition can be achieved through programs such as the AACN Beacon Award for Excellence and the American Nurses Credentialing Center’s Magnet Recognition® program. Some examples of these programs are listed in **Table 9**.

While recognition programs can take many forms, it is important to make it truly meaningful by engaging staff in program development, ensuring communication about the reason for the recognition, and including patients and their families.

Table 9. Evidence Based Resources for Implementing Meaningful Recognition

Tool	Brief Description	Source
<u>DAISY Award for Extraordinary Nurses</u>	Focus of the award is on nurses who have impacted a patient and family not only through their skills, but through compassionate care.	The DAISY Foundation ⁵⁴
<u>Circle of Excellence Awards</u>	Recognize and showcase excellent outcomes by AACN members in the care of high acuity and critically ill patients and their families.	AACN ⁵⁵
<u>Beacon Award for Excellence</u>	Recognizes individual hospital units that distinguish themselves by improving every facet of patient care.	AACN ⁵⁶
<u>American Nurses Association (ANA) National Awards Program</u>	Recognizes nurses for outstanding contributions to the profession and healthcare.	American Nurses Association ⁵⁷
<u>Magnet® Recognition and Journey to Excellence®</u>	Recognize healthcare organizations for their commitment to valuing nursing talent.	American Nurses Credentialing Center ⁵⁸

Summary: Meaningful Recognition

“Recognition is only relevant when it is meaningful to the individual being recognized.”²

- Nurses consistently rate recognition from patients, families, and other nurses as most meaningful.
- Seeking input from healthcare team members can ensure that recognition strategies are accessible and meaningful.
- Organization-wide strategies may include internal processes as career ladder programs or engage expertise from outside organizations such as the DAISY Foundation.

Critical Elements for Meaningful Recognition²⁶

- ⇒ Create formal mechanisms that recognize the value of staff contributions.
- ⇒ Disseminate instructions on how staff can recognize the contributions of colleagues.
- ⇒ Design a recognition system that spans all organizational levels and affords recognitions appropriate and significant to each level.
- ⇒ Verify whether recognitions are meaningful to recipients.
- ⇒ Ensure that staff understand how to actively participate in recognizing others.
- ⇒ Appraise recognition mechanisms to ensure they foster a culture of excellence.

Go to [AACN HWE Standards](#) for a complete description of critical elements.

Authentic Leadership

“Nurse leaders must fully embrace the imperative of a healthy work environment, authentically live it and engage others in its achievement.”²

Introduction to Authentic Leadership

Leaders, both formal and informal, create the culture of the work unit and organization. Authentic leaders are role models for the alignment of words and deeds. They maintain a relationship focus and build a sense of connectedness in the work unit. With patient outcomes as the focal point, authentic leaders help the healthcare team maintain a sense of meaning in their work. High levels of behavioral integrity exhibited by authentic leaders promote commitment and trust among followers. Without authentic and engaged leaders, an HWE will not exist.

The first step on the journey to becoming an authentic leader is to complete a self-assessment. This assessment can inform an action plan to develop leadership skills that foster an HWE. It is essential to view leadership as a journey and not a destination. Authentic leaders are not flawless, but they are consistent. They develop processes to sort and accept feedback, apply new approaches in dynamic situations, and grow from challenges. Ongoing evaluation of leadership skills allows for an iterative process, similar to that required for implementing the other healthy work environment standards. **Table 10** below offers resources to support nurse leaders in developing and refining authentic leadership skills.

Table 10. Evidence Based Resources for Evaluating Authentic Leadership

Nurse Leader Competency Assessment Tool	Free for members but small cost for non-members. Identifies strengths and areas for development based on established competencies.	American Organization for Nursing Leadership ⁵⁹
How Good Are Your Leadership Skills? Leadership assessment	Not specific to nursing, this includes a video and a free	MindTools ⁶⁰

	easy-to-use assessment tool for leaders. The score is based on specific attributes of transformational leadership.	
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Table 11. Evidence Based Resources for Implementing Authentic Leadership

Tool	Brief Description	Source
<u>Fundamental Skills for Nurse Managers</u>	An online introductory course for nurses who are new to their leadership role, considering a leadership advancement opportunity, or need to refresh their managerial skills. Modular content offers targeted leadership training that is designed for nurses with an emphasis on applied learning.	AACN ⁶¹
<u>AACN Podcast Series</u>	Leadership at Its Best: Supporting Staff Nurses in a Pandemic (a series for leaders is planned, only one podcast is available at this time)	AACN ⁶²
<u>Emerging RN Leader</u>	Blog series by nurse leader Rose Sherman offers quick reads on timely topics for new and experienced nurse leaders.	Blogs by a leadership expert ⁶³

AONL Education Programs	The AONL website offers a variety of strategies for new, experienced, and executive level nurse leaders to develop their skills. E-learning courses, webinars, and virtual events are offered. Some are open access as long as email address is provided, others require purchase.	American Organization for Nursing Leadership ⁶⁴
Leadership and Excellence	Content on leadership in nursing curated on the American Nurses Association webpage. Includes books for purchase, featured resources, and open access webinars.	American Nurses Association ⁶⁵

Table 12. The ‘TEAMS’ Design for Leadership⁶⁶

T = Time	Spend adequate quality time with teams to communicate, share ideas, and be present on the nursing unit (i.e., schedule team meetings on the calendar every day).
E = Empowerment	Trust the team to make appropriate decisions with minimal intervention (i.e., team-driven governance; clinical practice councils).
E = Enthusiasm	Believe in the team and be committed to its success. This is a reaction to <i>all</i> successes and attempts to tackle issues that arise (i.e., celebrate the team’s commitment to work together to meet organizational goals, patient needs, and unit outcomes; celebrate personal milestones such as birthdays, additions to the family, graduations, other life events).
A = Appreciation	Assure meaningful recognition of contributions for individuals and the team (i.e., e-mail, short handwritten notes, listing accomplishments in newsletter, recognition during staff meetings). <i>See previous section in toolkit related to Meaningful Recognition.</i>
M = Management	Manage teams and hold them accountable (i.e., seek appropriate training and guidance, be consistent).
S = Support	Encompass personal, professional, and organizational needs (i.e., be visible with daily rounding, keep office door open, return calls promptly, communicate with staff, create an atmosphere that encourages engagement).

Summary: Authentic Leadership

“Nurse leaders excel at generating visible enthusiasm for achieving the standards that create and sustain healthy work environments.”²

- Assessing oneself is an essential step in the journey to becoming an authentic leader.
- Serving as a role model for the other five HWE standards and fostering these standards in others are key aspects of authentic leadership.
- Demonstrating authentic leadership involves consistency; it is a pattern of behavior rather than a single reaction or decision.

Critical Elements for Authentic Leadership²⁶

- ⇒ Support provision of educational programs to develop and enhance nursing leadership skills.
- ⇒ Demonstrate understanding of mutual interplay between quality of work environment and point-of-care.
- ⇒ Exemplify enthusiasm for creating and sustaining an HWE.
- ⇒ Provide the information, opportunities, time, funding, mentoring, and human resources that nurse leaders need to make sound decisions for improving HWEs.
- ⇒ Walk the talk—that is, ensure that nurse leaders consistently exemplify the skills inherent in these standards.
- ⇒ Require creating and sustaining an HWE as prerequisites for nurse leaders’ performance appraisals and promotions.
- ⇒ Ensure that leadership processes and decisions are objectively evaluated for their impact on HWEs.

Go to [AACN HWE Standards](#) for a complete description of critical elements.

Implementation

“AACN calls upon every health care professional, health care organization, and professional association to fulfill their obligation to create healthy work environments where safety becomes the norm and excellence the goal.”²

As described in the introduction, the purpose of this toolkit is to help facilitate implementation of HWEs in healthcare settings. This process requires attention to change management principles and a foundational understanding that this work is a journey, not a destination. Change is most successful when those affected by it understand the shared goal and have input during implementation. Tools and resources to facilitate a change management process are listed in **Table 13**. Sustaining an HWE requires ongoing vigilance. Periodic reassessment, such as repeated use of the AACN Healthy Work Environment Assessment Tool, may facilitate early recognition of opportunities for improvement. Additional resources to evaluate the work environment are provided in **Table 14**.

It is clear from the evidence that healthy work environments are not optional. They are as important as clinical competence and expertise. Healthy work environments are essential to foster optimal outcomes for patients, their families, the healthcare team, and the viability of healthcare organizations. However, healthy work environments do not happen spontaneously. They take time, focused intention, and a dedicated action plan. The process must be in constant evolution in order to achieve and sustain success. Change takes time, patience, and the shared vision of committed individuals. Healthy work environments are worth the effort because the lives of patients and the well-being of the healthcare team depend on it.

Share your Story

For those who have used this Toolkit and have a story about the journey to HWEs, please consider sharing it at healthy_work_environments@aacn.org.

Table 13. Suggested Readings and More Tools to Create and Sustain Change

Resource	Brief Description	Author(s)
<u>Change Readiness Assessment Scale</u>	Free self-test with 35 questions. Assesses the Seven Traits of Change Readiness: resourcefulness, adaptability, optimism, confidence, adventurousness, tolerance of ambiguity, passion/drive.	Jenney TJ ⁶⁷
<u>Kotter's 8-Step Process for Leading Change</u>	Kotter's Change Theory has been used to successfully guide change in healthcare. The theory is divided into three categories with steps in each category.	Kotter J ⁶⁸
"Want to create lasting change? It's all about that base" (Parts 1 and 2)	An example of how to apply the steps of Kotter's Change Theory to an early mobility project in an ICU.	Geyer K, Altman M ^{69,70}
<u>Team Roles Test</u>	Based on the work of Meredith Belbin who theorized that team members tend to assume a role. These roles can be functional, organizational, personal, or even skillful. Each team should consist of different team roles, depending on the specific goals the team wants to achieve.	Belbin M ⁷¹
<u>Influence Maps</u>	Identifies the individuals and groups with power to affect a change project. Identification of individuals who may affect the project can help create an elevator speech regarding the project for each of those individuals and can help consider potential barriers to the change.	www.mindtools.com ⁷²

<p>“Nurses Emerge as Change Leaders”</p>	<p>How one nurse manager developed staff nurses to be part of a quality movement, to champion patient care and quality initiatives, and make a measurable difference in clinical and fiscal outcomes for their unit and their organization.</p>	<p>Iacono L, Altman M⁷³</p>
<p>“Nursing Social Entrepreneurship Leads to Positive Change”</p>	<p>The concept of social entrepreneurship is utilized to seek creative solutions to healthcare problems. Insights are used to identify and mitigate barriers to success and tackle the challenges of scarce resources.</p>	<p>Altman M, Brinker D⁷⁴</p>
<p><i>Contagious: Why Things Catch On</i></p>	<p>Uses the concept of STEPPS to craft contagious content. Can be used to launch a change project and also help embed it in the unit’s culture. STEPPS: Social currency, Triggers, Emotion, Public, Practical value, Stores.</p>	<p>Berger J⁷⁵</p>
<p>Diffusion of Innovation Theory⁷⁶</p>	<p>Used to accelerate the adoption of a change program. There are five adopter categories with different strategies that appeal to each adopter category.</p>	<p>Rogers EM⁷⁷</p>

Table 14. Additional Evidence-Based Tools to Evaluate the Work Environment

<p>Tool</p>	<p>Brief Description</p>	<p>Source</p>
<p>Essentials of Magnetism II (EOM II)</p>	<p>Measures eight characteristics of a productive and satisfying work environment identified by staff nurses in magnet hospitals as essential to quality patient care. 58 items</p>	<p>Kramer M, Schmalenberg C⁷⁸</p>

Healthy Workplace Index (HWPI)	Measures 4 components of a healthy workplace: authentic leaders, excellence in nursing practice, structure and process, and professional development. 32 items	Berndt AE, Parsons ML, Paper B, Browne JA ⁷⁹
Revised Nursing Work Index (NWI-R)	Measures nurses' perception of the prevalence of the following items in their work environment: support services, good nurse-physician relationships, support staff, satisfactory salary, control over practice, education, adequate staffing, effective nurse manager leadership, autonomy, nursing delivery system, and good working relationships with other departments. 57 items	Aiken LH, Patrician PA ⁸⁰
Perceived Nursing Work Environment (PNWE)	Measures seven dimensions (professional practice, staffing and resource adequacy, nursing management, nursing process, nurse/physician collaboration, nursing competence, positive scheduling climate). 42 items	Choi J, Bakken S, Larson E, Du Y, Stone PW ⁸¹
Practice Environment Scale of the Nursing Work Index (PES-NWI)	Assesses the nurses work environment in five categories: nurse participation in hospital affairs; nursing foundations for quality of care; nurse manager ability, leadership, and support of nurses; staffing and resource adequacy; and collegial nurse-physician relations. 31 items	Lake ET ⁸²

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