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# Creating a Healthy Workplace

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## Creating Healthy Work Environments: Our Voice, Our Strength

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During her first address as president-elect of the American Association of Critical-Care Nurses (AACN), Lisa Riggs<sup>1</sup> stated, “We can create the workplaces we want and need when we use our voice.” How do we begin to create those workplaces when there is such uncertainty in health care today? Hospitals are making constant changes and cutting costs to improve efficiency, greatly impacting nurses’ work environments. As a result, nurses are concerned about and struggling with challenges such as staffing, collaborative relationships, participation in decision-making, and communication. Ulrich et al<sup>2-4</sup> have done several surveys of nurses’ work environments since 2006. Results have shown that, whereas there is some variation in responses over time, in general there continue to be significant work environment issues that must be addressed to optimize the safety and quality of patient care. The surveys consistently have shown that nurses rate the environments in their specific work unit better than they do the environment in their overall organization. This finding highlights an opportunity critical care nurses have to make a direct impact in their daily work environment. The results of Ulrich and colleagues’ 2018 survey were published online ahead of print in February and will appear in the April 2019 issue of *Critical Care Nurse*.

Issues with which nurses struggle most are addressed by AACN’s Healthy Work Environments standards, and the AACN website lists resources that are available for all nurses to use.<sup>5</sup> In the spirit of Lisa Riggs’s statement cited above, this article will highlight resources that can be used to address the work environment using your voice and strength.

### Appropriate Staffing

Because staffing is about more than just numbers and ratios, everyone must understand the needs of their patients, including spiritual and psychosocial needs. The AACN Synergy Model for Patient Care outlines principles to align patient needs with nurse competencies.<sup>6</sup> This model is used by some hospitals to make patient assignments by identifying patients’ needs and aligning assignments with nurses who have the skills and competencies to address those needs. There are now computer programs that can help match data in an electronic format to do the same thing. These programs pull data from the electronic health record to determine staffing needs for patients based on where the patients are on the health and wellness continuum.<sup>7</sup> Nurses should talk to their leaders about providing an electronic system that uses data to assist

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them in making assignments to address patients' needs. Staffing by patient ratios is not adequate; appropriately meeting patients' needs may require more nursing hours than are allotted in a ratio system.

The AACN website provides easy access to systems others have implemented to achieve good staffing outcomes. AACN has created guiding principles for appropriate staffing to assist nurses in developing principles for their own organizations.<sup>8</sup> Based on these guiding principles, nurses can use their voice to share information with their leadership. They also can use their voice to bring guiding principles and evidence to unit leaders or to meet with nurse and hospital leaders to review staffing issues and develop future staffing plans. Nurses can address issues in governance council meetings to create solutions on which all members of the team can agree. We all must use our voice with hospital leadership to support safe and appropriate staffing.

### **True Collaboration**

The second edition of *AACN Standards for Establishing and Sustaining Healthy Work Environments*, published in 2016, emphasizes that true collaboration is a process, not an event,<sup>5</sup> and that it takes time to implement. Establishing and maintaining a collaborative team is essential for providing safe patient care. The standard emphasizes that "nurses must be relentless in pursuing and fostering a healthy work environment."<sup>5</sup> In order for true collaboration to occur, all members of the health care team first must identify that there is a problem, and all parties must be committed to improvement. We have all experienced situations in which lack of collaboration resulted in unsafe care. Nurses can emphasize the impact on patient care if there is not true collaboration by providing real-life examples of situations that have resulted from lack of collaboration.

The critical elements of true collaboration are listed in the standards.<sup>5</sup> In addition, evidence in the literature can be used to emphasize patient safety as a driving force to implement true collaboration and what happens when environments are not healthy. Boev and Xia<sup>9</sup> found a relationship between collaboration and a lower incidence of hospital infections. Sharing this information in support of true collaboration is a good way to use your voice. Leaders can recognize the contributions of interprofessional team members and implement

interventions to build trust and improve collaboration within the team.

### **Effective Decision-Making**

Although many hospitals implement some form of collaborative governance, governance structures alone do not guarantee shared decision-making in every instance. Decisions made solely by hospital administrators can impact the nurse's work environment. Some of these decisions are made with good intentions, but nevertheless may impact the nurses' work environment in a negative way. At times there may be no alternatives to these decisions, but there may be options in how the changes are implemented to minimize disruption and avoid unintended consequences. Nurses should ask leadership to involve them in implementing plans as much as possible before changes are made, and those same nurses should offer feedback following a negative outcome. Nurses' feedback is essential for acknowledging how changes impact patient care and the work environment.

The AACN Beacon application handbook offers several examples of how organizations can evaluate changes that have been made to learn whether these changes impact the nurses' work environment.<sup>10</sup> Just as evaluation is a necessary element for determining whether patient interventions are effective in care, evaluating how changes impact the work environment also is critical for nurse retention and patient safety. If changes are not formally or informally evaluated by those most impacted, leadership can never know whether the changes were effective and cannot adequately address unintended consequences.

### **Skilled Communication**

Communication is a key component to a healthy work environment; it continues to be one of the largest challenges for nurses. In fact, good communication is essential for patient safety and family-centered care. Grant<sup>11</sup> discusses 3 challenges with respect to communication in the work environment: (1) communication within the team (specifically the ICU team), (2) communication within the family, and (3) communication between the team (specifically the ICU team) and the family. Their article is available on the AACN website on the Healthy Work Environments page.<sup>12</sup> The study focuses on how advanced practice nurses can improve the work environment, but the

authors' recommendations can be implemented by any member of an interprofessional team. The article also provides evidence-based recommendations and a list of resources for further information. Some examples of interventions include ensuring that staff members are culturally competent and being respectful of all members of the team.

## Summary

Regulatory issues and health care finances will continue to be a challenge for hospitals. By using our voice, we can make our work environments healthier and improve safety. Many studies have demonstrated a relationship between healthy work environments and patient safety. Nurses should advocate for improving their work environments by gathering data, using evidence, maintaining open communication with leaders, and monitoring metrics when changes are implemented.

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