

Confirmation of a Healthy Work Environment

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PRIME POINTS

- Staff nurses and nurses in leadership positions differ in their perceptions of what constitutes a healthy work environment.
- Only staff nurses can confirm whether strategies designed to improve the health of the work environment are effective.
- The Essentials of Magnetism tool can be used to measure the extent that staff nurses confirm a healthy work environment.

Safe patient care is directly and positively linked to the quality of staff nurses' work environments. Healthy work environments are empirically linked to patients' satisfaction and to retention, reduced turnover, increased attraction, job satisfaction, and lower degree of job stress and burnout among nurses.^{1,2} Increasingly, professional organizations and state and national commissions are challenging nurses, hospital administrators, and health-care organizations to improve the practice environment for staff nurses in order to reap the benefits, particularly patients' safety and nurses' job satisfaction and retention.¹⁻⁹ Achieving such improvement requires a baseline reading of staff nurses' perceptions of the health of

the work environment, implementation of improvement strategies, and confirmation of the success or failure of the strategies by clinical nurses at the front line.

Professional organizations such as the American Association of Critical-Care Nurses (AACN), Joint Commission for Accreditation of Hospitals, Institute of Medicine, American Nurses' Credentialing Center, American Organization of Nurse Executives, American Association of Colleges of Nursing, and Nursing Organizations Alliance have identified and established criteria for healthy, professional, magnetic, excellent, effective, and rewarding work environments.¹⁻⁹ No matter what adjective is used to modify environment, common to all the organizations' lists of environmental attributes is that the criteria focus on structures, policies, systems, and programs that reflect the perspective and domain of nurses in leadership roles and in executive practice.

In this article, we consistently use "healthy" as defined in the AACN Standards for Establishing and Sustaining Healthy Work Environments⁴ and in our original construction of the Nursing Work Index.¹⁰ Healthy means productive,

CE Continuing Education

This article has been designated for CE credit. A closed-book, multiple-choice examination follows this article, which tests your knowledge of the following objectives:

1. Identify 3 outcomes of a healthy work environment
2. Describe the importance of the 8 attributes for a healthy work environment
3. Discuss the differences between staff nurses' and nurse leaders' perceptions of what constitutes a healthy work environment.

able to give quality care, satisfying, and able to meet personal needs.

The perspective of clinical nurses at the front line as to what constitutes a healthy work environment is essential if interventions to improve practice environments in hospitals are to be implemented. Only staff nurses can confirm whether strategies designed to improve the health of the work environment are effective. Nurses in executive positions may implement well-planned structures, policies, and systems; they may implement superb shared governance council structures, but unless these implementations are confirmed as functional by staff nurses, desired patient and nurse outcomes will not result.¹¹ Staff nurses are the nursing professions' most frequent and intimate interface with patients and patients' families and are the source of the public's valuation of nursing as the most respected and ethical profession for the eighth consecutive year.¹² Staff nurses are the structurally empowered gatekeepers. By what they choose to observe and transmit, these nurses control physicians' access to information about patients. As guardians of patients' safety, staff nurses are vital in ongoing surveillance, rescuing patients from potential harm. And because of the reduction in the number of

hours worked by residents, these nurses figure prominently in the increased numbers of seamless transfers of patients from one healthcare professional to another. Before desired outcome goals can be achieved,

the components of a healthy work environment from the perspective of staff nurses must be identified, and a tool to measure the components must be developed. Only then can the baseline attributes of a healthy work environment be established and the effectiveness of strategic interventions to improve the health of work environments be measured.

Identification and Measurement

Identification of Healthy Work Environments From the Perspective of Staff Nurses

In 2001, staff nurses in 14 magnet hospitals identified 8 of 37 of the original characteristics of magnet hospitals as the essential attributes of a healthy work environment¹³

Table 1 Essentials of magnetism: attributes of a satisfying and productive work environment from the perspective of staff nurses^a

Work with other nurses who are clinically competent
Collegial/collaborative nurse-physician and interdisciplinary relationships
Autonomy, clinical decision making
Supportive nurse managers
Control of nursing practice
Support for education
Perception that staffing is adequate
Culture in which concern for patients is paramount

^a Based on Kramer and Schmalenberg.¹³

(Table 1). We labeled these 8 attributes the Essentials of Magnetism. Nurses in both magnet and comparison hospitals have repeatedly confirmed the validity of these 8 essentials of a healthy work environment.¹⁴⁻¹⁹ They were also confirmed recently by staff nurses in 13 home health agencies in 9 states.²⁰

The models of a healthy work environment promulgated by 3 professional organizations—AACN, American Organization of Nurse Executives, and the American Nurses' Credentialing Center (Magnet Recognition Program)—and by a group of chief nurse executives in magnet hospitals are presented in Tables 2 through 5. When the elements in these models are compared with the Essentials of Magnetism identified by staff nurses (Table 1), several facts become apparent. The attributes of a healthy work environment identified by staff nurses in acute care hospitals differ from those cited by professional organizations and nurse executives. The only attribute of more or less full congruence is leadership. However, all of the professional organizations

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Table 2 Forces of magnetism: American Nurses' Credentialing Center^a

Quality of nursing leadership	Organizational structure
Management style	Personnel policies and programs
Professional models of care	Quality of care
Quality improvement	Consultation and resources
Autonomy	Community and the healthcare organization
Nurses as teachers	Image of nursing
Interdisciplinary relationships	Professional development

^a Based on Urden and Monarch.⁷

and the chief nurse executives focus on the dynamics and quality of leadership; staff nurses are interested in a specific leadership function: support from their nurse manager. Two other attributes show partial alignment: education and interdisciplinary relationships. But here again, elements in the lists generated by professional organizations and those in the list generated by staff nurses differ. The American Nurses' Credentialing Center (Table 2), the American Organization of Nurse Executives (Table 5), and the chief nurse executives (Table 3) emphasize providing educational programs and opportunities. The American Nurses' Credentialing Center standards of a productive work environ-

ment specify both support and access to educational programs. Staff nurses' primary concern is support in the form of time off the unit and competent staff to take care of their patients so nurses can take advantage of the educational opportunities offered. In interdisciplinary and nurse-physician relationships, again compared with nurse leaders and professional organizations, staff nurses are interested not just in the *presence* of collaborative working relationships, but in the *specific attributes of such a relationship*, that is, one based on *mutual* trust, power, and respect between parties.^{14,15}

Differences do not make one model right and the other wrong. These differences are due to differences in perspective caused by job position, focus, and responsibilities. From the perspective of nurse executives, organizational success and productivity mean not only delivery

of safe patient care but also achievement of other organizational goals such as responsible stewardship, satisfied employees, support of research, good community relationships, and service to

the community.⁸ For staff nurses, success is being able to give their patients quality care. These nurses describe successful care in quite personal terms such as illustrated in the following excerpts from interviews with staff nurses¹³⁻¹⁹:

At the end of the day, I feel good, I feel like I've made a difference.

My patient looks better and his condition indicates that I've done a good job.

Being able to give quality patient care is everything!

If I can figure out the right blend of anti-nausea drugs so that my patients have 1, 2, or 3 more quality days of life, that's a gift from me to them, and in turn, knowing that I have improved their quality of life affirms my reason for being, my existence as a nurse. I feel fulfilled. If others appreciate, value, and respect my efforts, so much the better, but giving quality patient care is the key to my identity and satisfaction as a professional nurse.

Table 3 Characteristics of "successful organizations": perspective of chief nurse executives in magnet hospitals^a

Supportive leaders with high standards
Quality of nursing leadership
Visionary and enthusiastic leaders
Highly visible and responsive leaders
Open lines of communication
Education/career development available
Chief nurse executive has power and status in the organization
Leaders active in professional organizations

^a Based on Upeniecks.⁹

Measuring Healthy Work Environments

Nurse executives implement structures, best management practices, and systems designed to enable caregiving work processes and relationships that produce desired patient outcomes. Staff nurses use work processes, relationships, and interventions to achieve quality patient care. Processes, relationships, and nurse-patient

Table 4 Standards of a productive work environment: perspective of American Association of Critical-Care Nurses^a

Skilled communication
 True collaboration
 Effective decision making
 Appropriate staffing
 Meaningful recognition
 Authentic leadership

^a Based on American Association of Critical-Care Nurses.⁴

interventions are the domain of staff nurses. Achieving goals and outcomes are the responsibility of all. For almost 4 decades, this structure-process-outcome model²¹ has guided the evaluation of healthcare systems and the quality of patient care. Structure is having the “right things in place”; processes are “doing things right” so that outcomes, “having the right things happen,” will occur. All 3 components—structures, processes, and outcomes—are necessary for quality care. This quality care model is linear and unidirectional; quality patient outcomes are achieved when structures enable processes that produce outcomes. None of the components is optional; all are causally linked.

A classic study²² of all intensive care units in 13 hospitals nationwide by an interdisciplinary team of physicians and nurses illustrates the principles of the structure-process-outcome model. Intensive care units have unique structures—physical layout, number of physicians and the frequency of their visits to the unit, nurse-patient ratio, technology available—that differ from the structures of other units. Knaus et al²² studied the impact of structures on

work processes and relationships and on outcomes and found that positive patient outcomes (decreased acuity-adjusted mortality) were due, not to structures alone, but to the process of nurse-physician collaboration enabled by the structures. Only in those intensive care units where structures led to improved nurse-physician collaboration did a significant decrease in patient mortality occur. Once again, confirmation of nurses at the front line is what determines the viability and effectiveness of work systems designed to improve patients’ outcomes.

A healthy work environment is the totality of all factors that influence satisfaction and performance of the job. The least common denominator of the environment for staff nurses in hospitals is the clinical unit or clinic; therefore data collected from individual nurses must be aggregated to the unit level. With most environmental measurement tools, a structural approach is used to measure the degree of or the presence/absence of desired attributes. The construct (an organized group of concepts) being measured is often not theory based and is not conceptually defined.²³ Items are a sampling of aspects of the concept of interest. For example, these 2 items, “nurses need more autonomy in their daily practice” and “nurses

Table 5 Principles and elements of a healthful work environment^a

Collaborative practice culture
 Communication-rich culture
 Culture of accountability
 Adequate numbers of nurses on staff
 Competent, credible, visible leaders
 Shared decision making
 Encouragement for professional practice and continued growth
 Recognition of the value of nurses’ contribution
 Recognition of nurses’ contributions to practice

^a Based on American Organization of Nurse Executives.⁵

have a good deal of control over their own work,” from a tool²⁴ commonly used to measure aspects of the work environment, give the respondent no indication which of the 34 different definitions of autonomy found in the literature²⁵ should be used in responding to the item. Because the environmental attributes identified by staff nurses are work relationships and processes, appropriate tools must be based on theory and the practitioner’s definition of the construct. Items must reflect the components or steps in the work process and must be weighted if some steps are deemed by practitioners to be more important than others.

The Essentials of Magnetism (EOM) instrument²⁶⁻²⁸ was designed with items that measure the steps or components of each of the 8 work processes identified by staff nurses as essential to a healthy unit work environment. Separated into 8 subscales, the 58 items are based on grounded theories²⁹ generated through observations of and individual interviews with almost 1000 nurses, three-fourths of whom were staff nurses working in 35 magnet

hospitals.^{14-19,25,30} Almost 500 additional staff nurses in other magnet and comparison hospitals participated in the development of the tool by validating the content of the items, providing clarification and definition of ambiguous constructs, establishing appropriate weighting for the items, and establishing test-retest reliability.

Since its initial construction in 2002, a few items have been added or deleted on the basis of additional input from staff nurses. For example, evidence-based practice as a foundation for competent performance and autonomous decision making was not mentioned in the interviews with staff nurses in 2001,¹³ so items were not included on those EOM subscales. Since then, much has changed with respect to the importance and usefulness of evidence-based practice, so in the latest revision, items to measure awareness and participation in such practice were added as components of the clinical competence and clinical autonomy subscales.

Of all of the models generated by the previously mentioned professional organizations, commissions, or chief nurse executives, the AACN model (Table 4) is the one most

closely aligned with the environmental features identified by staff nurses (Table 1) and measured by using the EOM tool. Although the description and explanations of the AACN standards contain some structural elements, in the main they represent evidence-based and relationship-centered principles of professional performance.³¹ The Essentials of Magnetism focus on work processes and relationships through which staff nurses achieve patient and organizational goals. Both the Essentials of Magnetism (Table 1) and the AACN standards (Table 4) emphasize that it is the aggregate, not any single process or relationship, that produces a healthy work environment. Descriptions and conceptual analysis of the 6 standards⁴ and the 8 essentials³²⁻³⁵ indicate that all of the 8 processes identified as essential by staff nurses are included in the descriptions and explanations of the AACN standards. Magnet hospital staff nurses define one of the essentials, clinical autonomy, as “the freedom to act on what you know in the best interest of the patient; to make independent decisions in the nursing sphere of practice and interdependent decisions in those spheres of practice

where nursing overlaps with medicine and other disciplines.”²⁵ The AACN model for a healthy work environment is the only one of the environmental models that cites the importance of acknowledging the unique and overlapping spheres of practice and the relationship between this concept and collaboration with physicians and other professional disciplines.^{4(p190)} For these reasons, the EOM tool can be a useful instrument to provide a baseline reading on the health of work environments in terms of the AACN standards.

Implementation

Baseline Confirmation

The EOM measures the health of staff nurses' unit work environment. This statement means that input from individual nurses is aggregated to obtain a unit score for each of the essential attributes and a total environmental score. The unit score is accurate and reliable only to the extent that it truly represents the nurses on the unit and their perceptions of their work environment. For a baseline unit reading, the literature³⁶ recommends that a 50% sample of all staff nurses be obtained so that individual data can be validly and reliably aggregated to the unit

IMPROVED QUALITY OF CARE FOR PATIENTS AND INCREASED JOB SATISFACTION FOR NURSES CAN BE ACHIEVED.

Improving the work environment requires identifying organizational structures and best practices that work, that enable the work processes staff nurses say they need to achieve quality patient care. Who better

to identify the systems, structures, and practices that work than the experts—staff nurses and other professionals working in clinical units in hospitals confirmed to have healthy work environments?

level. In our research and in the work environment confirmation studies we have conducted for many hospitals, we have found that although a 50% sample is most desirable and representative, a 35% sample will work if care is taken to obtain survey input from nurses on all shifts and from nurses with educational and experience backgrounds proportionate to those of the unit population.³⁷ When less than a 50% sample is obtained, it is advisable to check correlation between nurses in the sample and all the nurses in the unit on those variables related to the construct being measured. If the correlation is good, then one can feel more comfortable in accepting the scores as representative of the unit. Many hospitals have shown that it is possible to achieve more than a 50% sample when staff nurses are thoroughly briefed on the purpose and reason for establishing a baseline reading of the health of the work environment, understand the concept of adequate representation, are briefed on how they will receive a report of the baseline and what is going to be done with the results, and, particularly, when the entire work environment confirmation process is coordinated by unit champions or by staff and other nurses on research or evidence-based practice councils. If representative *unit* data have been obtained, confirmation of the health of the *hospital* work environment can be obtained by aggregating unit scores to the hospital level.

Assessing the Effectiveness of Interventions

Following the baseline assessment of the unit work environment, the effectiveness of interventions

designed to improve the environment can be ascertained. Analysis of item scores for each subscale of the EOM is useful in identifying strengths and in providing direction for changes needed to improve the work environment for staff nurses and the outcomes of care. In assessing the impact of strategic changes or interventions, none of the 8 attributes is optional in a healthy unit work environment; all 8 are needed, because they are highly intercorrelated.^{26,27} For example, clinical competence is the baseline for independent decision making; autonomous practice is the major source of the trust, power, and respect essential to both collegial and collaborative nurse-physician relationships.¹⁴⁻¹⁶ All 8 attributes must be measured at baseline and after interventions.

The following examples illustrate how staff nurses' confirmation has been useful in empirically determining whether strategic interventions improved the unit work environment. A nurse researcher in a 6-hospital system who was particularly interested in nurse manager support used the EOM to evaluate clinical units in these hospitals before and after instituting a leadership course for nurse managers. A doctoral student interested in control of nursing practice used the EOM to survey all units in a hospital before and after setting up a shared decision-making council on some units. In Burke's case study,³⁸ "When Bad Things Happen to Good Organizations," a thrice-designated magnet hospital that had "run onto hard times" used the hospital's scores on the EOM to better align organizational goals with nurses'

concerns. At the 2006 10th National Magnet Conference, Hughes-Rease³⁹ used the Essentials of Magnetism as the core of a conceptual framework designed to assist hospitals to "magnetize" their organization's culture. In a recent article on lessons learned when Magnet designation is not received, Miller and Anderson⁴⁰ describe challenges made to the organization by the Magnet appraisers, including advocating for specific changes in the practice environment, many of which were items on the EOM. In a recently completed study, Church⁴¹ used the EOM to measure the differences in the work environments of 2 magnet- and 2 nonmagnet-designated hospitals in the same corporate system.

Summary

The overall goal of every hospital or healthcare organization is to systematically develop and reinforce organizational strategies, structures, and processes that improve the organization's effectiveness, particularly in achieving quality patient care and employee job satisfaction. Openness and advocating for needed change are everyone's responsibility.

Administrators need the input and confirmation from staff nurses about what is working and what is not, what changes need to be made, and what structures need to be reinforced. When staff nurses understand the necessity of unit representation for measuring the health of the unit work environment and how the results of work environment surveys are to be used, they are often more willing to participate.

What Comes Next?

Establishing baseline confirmation of the health of the work environment by staff nurses is a necessary first step toward achieving the next objective of improving nurses' work environment so that the goals of improved quality of care for patients and increased job satisfaction for nurses and retention of nurses can be achieved. Improving the work environment requires identifying organizational structures and best practices that work, that enable the work processes staff nurses say they need to achieve quality patient care. Who better to identify the systems, structures, and practices that work than the experts—staff nurses and other professionals working in clinical units in hospitals confirmed to have healthy work environments?

In the next article in this series, we identify and describe clinical units in which staff nurses report the healthiest work environments and answer questions such as these:

Which units report the most job satisfaction?

Do staff nurses consistently rate quality of patient care higher in some units than in others?

Is there a difference in the quality of patient care reported by experienced nurses in contrast to less experienced nurses?

The answers to these questions will be based on the EOM scores of

3000 staff nurses working in 8 magnet hospitals.^{18,19,30} These 8 hospitals were selected from the 76 magnet hospitals so far tested because they had the highest or second highest EOM scores by region of the United States. Staff nurses in these confirmed healthy work environments exert a pivotal leadership role by assisting their counterparts and the nurse leaders in other hospitals in the quest for improvement of staff nurses' work environment to achieve high-quality outcomes for patients and nurses. **CCN**

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To learn more about healthy work environments, read "Authentic Leaders Creating Healthy Work Environments for Nursing Practice" by Maria Shirey in the *American Journal of Critical Care*, 2006;15(3):256-267. Available online at www.ajconline.org.

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CE Test Test ID C0822: Confirmation of a Healthy Work Environment

Learning objectives: 1. Identify 3 outcomes of a healthy work environment 2. Describe the importance of the 8 attributes for a healthy work environment 3. Discuss the differences between staff nurses' and nurse leaders' perceptions of what constitutes a healthy work environment

1. Which of the following groups of outcomes have been empirically linked to a healthy work environment?

- a. Patient's satisfaction, reduced turnover, and job satisfaction
- b. Reduced turnover, management satisfaction, and financial stability
- c. Financial stability, decreased job stress, and physician satisfaction
- d. Reduced turnover, decreased retention, and increased management turnover

2. Which of the following best identify 2 professional organizations that support healthy work environments?

- a. Society for Critical Care Medicine and National League of Nurses
- b. American Nurses' Credentialing Center and National Council of State Boards of Nursing
- c. American Association of Critical Care Nurses and American Organization of Nurse Executives
- d. Institute of Medicine and the National Institute of Health

3. Although nurse executives implement and execute interventions designed to improve the unit practice environment, which is the only group of people who can confirm whether these interventions are effective?

- a. Physicians
- b. Nursing assistants
- c. Nurse executives
- d. Staff/clinical nurses

4. Which of the following was the only congruent attribute identified by both nurse executives and staff nurses as an essential attribute of a healthy work environment?

- a. Leadership
- b. Collaboration
- c. Education
- d. Quality improvement

5. Which of the following best identify staff nurses' primary concerns in relation to ANCC's standards of a productive work environment?

- a. Time off the unit and competent staff to take care of their patients to take advantage of educational opportunities
- b. Interdisciplinary and nurse-physician relationships based on equal, or at least mutual, trust, power, and respect
- c. Clearer understanding of the specific job responsibilities as they pertain to the organization's strategic goals and objectives
- d. The ability to partner with community organizations and provide educational sessions to the public on health care-related issues

6. Which of the following best identifies the differences in processes between nurse executives and staff nurses in relationship to measuring healthy work environments?

- a. Nurse executives measure success by certification rates and staff nurses measure by amount of time off
- b. Nurse executives measure work processes by quality patient care and staff nurses measure by the amount of patient turnovers
- c. Nurse executives measure work processes by increased interpersonal relationships with physicians and staff nurses measure by producing better patient outcomes
- d. Nurse executives implement structures, best management practices, and systems designed work processes that produce desired patient outcomes, and staff nurses use work process, relationships, and interventions to achieve quality patient care

7. According to the article, which of the following best describes the model utilized to measure healthy work environments?

- a. Current ratio model
- b. Staffing matrix model
- c. Structure-process-outcome model
- d. Organization-process model

8. What is the major difference between tools that measure structure and tools that measure work processes?

- a. An organized group of concepts
- b. The degree of presence/absence of desired attributes
- c. The principles of measuring the common denominator for all work environments
- d. The degree of common perceptions of staff nurses in relation to quality patient care

9. The concepts of the Essentials of Magnetism focus on which of the following?

- a. Work processes and relationships allowing staff nurses to achieve patient and organizational goals
- b. Work process and relationships allowing staff nurses and nurse executive to achieve stronger interpersonal relationships
- c. Work processes that promote a culture of accountability and a culture of enthusiastic and visionary leaders
- d. Emphasis on single processes and relationship based on staff nurse satisfaction

10. All of the following identify the principles and elements of a healthy work environment *except*?

- a. Culture of accountability
- b. Competent, credible, visible leaders
- c. Visionary and enthusiastic leaders
- d. Recognition of value of nurses' contribution

11. Which of the following best describes the overall goal of every hospital or health care organization?

- a. Improve staffing levels and encourage autonomy of nurses
- b. Remodel the organization's goals to align with national benchmarking models
- c. Conduct unit-based measurements to determine satisfaction among staff nurses in order to achieve job satisfaction and improve quality patient care
- d. Systematically develop and implement strategies, structures, and systems to enable the work processes that will improve effectiveness in achieving quality patient care and job satisfaction

Test answers: Mark only one box for your answer to each question. You may photocopy this form.

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