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Healthy Work Environment: Essentials for Outcome Improvement

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Walden University

College of Health Sciences

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Lisa Cuff

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Walden University
2016

Abstract

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by

Lisa E. Cuff

MSN, Walden University, 2012

BSN, Wichita State University, 1992

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

November 2016

Abstract

The purpose of this project was to identify the standards for the American Association of Critical Care Nurses (AACN). The employees of a 39-bed medical surgical unit within a 697-bed metropolitan medical center were selected through collaboration with the practicum site. Out of 68 allocated positions for this unit, only permanent employees were selected to participate. An employee presented the purpose of the project, the survey process, and inferred consent represented by online login to complete the survey. Following the online assessment, the employee explained the AACN healthy work environment standards in a subsequent presentation. The online healthy work environment assessment measured the AACN healthy work environment standards, which included skilled communication, collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership. A mean score was generated by the healthy work environment online assessment tool on a scale ranging from 1 (*Needs Improvement*) to 5 (*Excellent*). Data from the online assessment were analyzed by comparing mean pre- (3.03) and post- (2.17) project results, which revealed a need for greater understanding of AACN healthy work environment standards. Increased education of the AACN healthy work environment standards and implementation of a formal program would impact nursing turnover rates, improve employee engagement, and ultimately improve the care and outcome of patients, thereby promoting positive social change.

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Dedication

I would like to dedicate this project paper to my family and friends who have supported me throughout my journey. I would like to thank my parents for encouragement, patience, and love as I have completed academic goals and achievements. The continued support, love, and motivation of my three daughters, Lyndsaë, Roxanne, and Samantha, in the life-long endeavor of higher education from my BSN to now the terminal degree of DNP. I hope I have motivated you to achieve your dreams. My fiancé Rodney, your encouragement and loving spirit keeps me calm and grounded as I meet each deadline and milestone in this process. Finally, my dear friend Jordan Kivela, MSN, RN: your initial relentless encouragement started me on this journey with our joint pursuit of the MSN advanced degree. Without your persistence, I would have never re-entered academia at this stage of my career; and for that my friend, I will be forever grateful.

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I would like to thank all instructors throughout the DNP program and for the instructors that participated in the committee for this project. Your time, expertise, and patience as I proceeded through this program are appreciated. I would also like to acknowledge and thank all preceptors throughout the practicum and field experience courses. Their encouragement and support in this process engaged a new perspective and insight offered by both advanced degree nurses. Additionally, I would like to acknowledge the nursing leadership team at the practicum site for valuing the vision for a formal healthy work environment program. Foremost, I would like to recognize and thank the unit manager and unit employees that assisted in this project. Your excitement for this project is now established in the environment you have chosen to maintain.

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Section 1: Nature of the Project

A healthy work environment is essential to the success of improving the United States health care delivery system. Through the work of evidence-based projects, the healthy work environment standards will continue to gain recognition in both facilities-based programs and policy change programs.

Introduction

Without a healthy work environment, patient care suffers, nurse turnover increases, and nurse-sensitive indicators plummet (Kramer & Schmalenberg, 2008). The Institute of Medicine (as cited in Kohn et al., 2000) reported that the majority of medication errors was preventable and estimated that 48,000 to 98,000 people have died each year from preventable medication errors. These errors and many other patient safety factors are a result of an unhealthy work environment (Kramer & Schmalenberg, 2008). The significance to promote viable solutions for implementing a healthy work environment is essential to the health of patient and employees.

Many avenues provide support and evidence to move towards a culture change for a healthy work environment. They include National Patient Safety Goals (NPSG; The Joint Commission [TJC], 2013) and National Database of Quality Indicators (NDNQI; Montalvo, 2007). Patient and employee satisfaction scores may also show data support through improved scores post implementation.

NPSG

TJC (2013) established the NPSG in 2002. The NPSG were established to address identified patient safety risk areas of concern and quality of care. The current NPSG have

not changed from the previous year, 2015. Each of the NPSG should have a component of healthy work environment standards to address the patient safety issues.

Communication between health care providers is one of the NPSG that continues to draw the attention of quality improvement initiatives. Effective communication is one of the American Association of Critical Care Nurses (AACN) healthy work environment standards that contribute to the successful implementation of a formal program. TJC (2015) confirmed that communication issues are the consistent element in most patient injuries. By addressing the work environment and promoting the AACN healthy work environment standards, the initiation of significant towards optimal patient outcome begins.

NDNQI

The second arm of this discussion and project plan was to address the effect of the healthy work environment standards on the employees and facility success. Unhealthy work environments contribute to poor employee retention and inability to meet nursing quality indicators (Montalvo, 2007). The NDNQI (Montalvo, 2007) was developed by the American Nurses Association (ANA) to provide evidence for quality nursing care. The NDNQI differs from medical indicators in the fact that NDNQI measures nursing performance standards and quality of nursing care standards. The ANA have been able to provide correlation studies between quality care/NDNQI and nurse staffing levels (Montalvo, 2007). These studies provided the basis for this project and championing optimal patient outcome through the development of a formal healthy work environment program.

Nurse Retention and Nurse Turnover Rates

Nurse retention and nurse turnover rates were an additional area of concern identified at the facility that was the focus of this project. Nurse turnover rates and nurse retention affect patient care, patient satisfaction, and employee satisfaction. The ANA indicated the link between nurse retention and nurse turn-over rates affecting patient care directly and indirectly, and that the workforce characteristics are a result of the work environment (Montalvo, 2007). Therefore, with the implementation of the healthy work environment standards, the ability to affect each of these three areas will result in improved patient satisfaction and outcome, improved nurse retention, and improved ability to meet NDNQI and NPSG for patient safety. By increasing awareness about healthy work environment, the workforce was able to articulate the meaning behind a formal program and the AACN healthy work environment standards following implementation of the introduction project.

Problem Statement

The problem that was identified and was the focus of this project was a knowledge deficit regarding implementation of the AACN healthy work environment standards and how this program would contribute to an increase in employee and patient safety, an increase in employee and patient satisfaction, and improved patient outcomes. Identification of this issue was through preliminary assessment of work environment practices and processes currently in place to foster the principles of a healthy work environment at a large metropolitan facility. This assessment provided the initial development of this project by identifying that there was not a current process in place

and there was a lack of understanding of a healthy work environment program and the benefits of implementing the healthy work environment standards. The hypothesis for this project was that with an introduction to the AACN healthy work environment standards, the understanding of the benefits for a formal healthy work environment program would increase, resulting in the needed knowledge to develop and implement a formal program. Development and implementation of a formal program will improve care delivery, resulting in optimal patient outcome and quality of care.

Purpose Statement

The purpose of the DNP project was to implement an introduction to the AACN (2015) healthy work environment standards to (a) provide needed knowledge for development and implementation of a formal program, (b) improve employee retention and employee satisfaction, and (c) meet the quality indicators identified by NPSG and NDNQI. The practice-focused question leading this project was the following: Will the implementation of a healthy work environment introduction program increase awareness of the AACN healthy work environment standards, as evidenced by an increase in the online Healthy Work Environment Assessment mean score?

Measureable Outcomes

The measures that were used to evaluate the effectiveness of this program implementation include the following criteria:

- Increase in AACN Healthy Work Environment Assessment scores
- Increase in knowledge about the AACN healthy work environment standards

Nature of Doctoral Project

The Iowa model of evidence-based practice guided this project in the implementation of an introduction to the healthy work environment standards of the AACN. This project was based upon the AACN healthy work environment standards (AACN, 2005), and the synergy model of care developed by the AACN (Kaplow & Reed, 2008). The healthy work environment standards provide a framework for improving patient satisfaction, patient safety, and employee satisfaction and safety (AACN, 2015).

Increasing awareness of the need for nurses to improve health and safety for both patients and employees through nursing indicators created the initial motivation to begin this project. The nursing indicators that served as a focus for this project included employee satisfaction and nursing retention through the implementation of the healthy work environment standards established by the AACN. I collected evidence through anonymous online survey (AACN Healthy Work Environment Assessment Tool, AACN, 2015), pre and post implementation, and evaluated the increase in awareness and understanding of the healthy work environment program and the perceived quality of patient care and optimal patient outcomes. The focus unit for this project was a 39-bed combination medical surgical unit with 68 employees. This unit is within a 697-bed metropolitan medical center.

Significance for Nursing Practice

Bruges and Foley-Brinza (2014) reported, “Studies have shown that hospitals perform better over time in virtually every measurable category when employees are

engaged with what they are doing and committed to their jobs” (p. 670). Two examples that show positive improvement with the implementation of healthy work environment standards include (a) improved patient safety and satisfaction and (b) improved employee satisfaction and engagement. Measurement of healthy work environments and hospital-acquired conditions continue to be monitored indicators that affect patient outcomes. TJC surveys facilities for compliance to the NPSG, while Centers for Medicare & Medicaid Services monitor facilities through Measure Management System for compliance (TJC, 2013). Measure Management System implements data sets that track indicators for conditions that meet standards for a nonreimbursable event (Centers for Medicare & Medicaid Services, n.d.). The connection between meeting these standards and a healthy work environment is referenced within Centers for Medicare & Medicaid Services and TJC.

The complexity of nursing in today’s environment presents barriers to patient care, barriers to promoting a healthy life–work balance for nurses, and creating sustainable leadership solutions for senior leadership and unit-based leadership. By addressing the barriers within the work environment, the stakeholders and issues surrounding the barriers can be addressed.

Barriers to Patient Care

- Staffing
- Supplies/Resources
- Time

Barriers to Employee Healthy Life/Work Balance

- Overtime
- Support/Resource (i.e. education, staffing)
- Fear of repercussions

Leadership Barriers

- Financial (poor staffing, overtime pay, poor employee retention and retraining cost)
- Communication (unit resource needs)
- Healthy work environment standards applied to leadership (administrative, managers and directors)

These barriers are often the result of a culture that does not support a healthy work environment or lacks an understanding of a formal healthy work environment program. The safety of patients and employees is linked directly to the quality of work environments (Kramer & Schmalenberg, 2008, p. 56).

Summary

Basing practice on identified evidence-based practice projects must have quantitative research methodology to gain scientific acceptance. By building evidence, this project furthers the understanding of this issue. Each article utilized in the literature review should build upon each other logically to allow the reader to “see how the body of knowledge in the research area evolved” (Grove, Burns, & Gray, 2013, p. 111).

Knowledge, theory, research, and evidence-based practice are all elements that are essential for the progress of the nursing profession. Nursing is a deliberate action that

requires continuous pursuit of knowledge. Through implementation of the AACN healthy work environment standards, the area of knowledge that connects patient safety and satisfaction to employee safety and satisfaction will continue to evolve. By taking initiative to implement a healthy work environment program, the goal of continued research will be to promote additional evidence collection and increase optimal patient outcomes through quality care.

Section 2: Background and Context

Healthy Work Environment Standards

As the scholar practitioner, I identified the knowledge deficit regarding implementation of the AACN healthy work environment standards at the facility during a facility leadership meeting. One of the topics for discussion was “healthy work environment”. The healthy work environment program discussed was regarding occupational health. In a second facility meeting, the topic of a healthy work environment was discussed in regards to facility security. The confusion of terms in different focus programs creates confusion and illustrates a knowledge deficit about the AACN defined terms. Using a formal program that adheres to standards would provide a clear definition of a healthy work environment and include the AACN healthy work environment standards. The lack of a formal healthy work environment program continues to impact employee retention and satisfaction scores as well as patient safety and satisfaction.

The purpose of the DNP project was to introduce the AACN (2015) healthy work environment standards to (a) provide needed knowledge for development and implementation of a formal program, (b) improve employee retention and employee satisfaction, and (c) meet the quality indicators identified by NPSG and NDNQI. The practice-focused question that led this project was this: Will the implementation of a healthy work environment introduction program increase awareness of the AACN healthy work environment standards, as evidenced by an increase in the online Healthy Work Environment Assessment mean score?

Project Concepts, Models, and Theories

This project was based on the AACN (2005) model for healthy work environment standards and the synergy model of care, also developed by the AACN (Kaplow & Reed, 2008). The healthy work environment standards provided a framework for improving patient satisfaction, patient safety, and employee satisfaction and safety (AACN, 2015). The DNP evidence-based project followed the Iowa model of evidence-based practice for project methodology.

Healthy Work Environment Standards

The standards of the healthy work environment (AACN, 2015) are as follows:

1. **Skilled communication:** The competency of being able to communicate effectively are equally important as clinical skills.
2. **True collaboration:** Nurses are true collaborators. The challenge is fostering this collaboration across the health care team.
3. **Effective decision making:** Throughout the organization, a feeling of value for nurses to be partners in directing of clinical care and recognized within the organization operation will promote leaders with the ability to provide the decision making required to make positive changes to practice.
4. **Appropriate staffing:** The match between patient needs and nurse competencies must be a priority to improve patient outcome and nurse satisfaction.
5. **Meaningful recognition:** Mutual respect through mutual recognition must be implemented to promote value for each person, and the strength each person

brings to the organization.

6. Authentic leadership: The success of a healthy work environment is portrayed through the nursing leadership of an organization. Nurse leaders must engage others and embrace each standard through daily activities.

Synergy Model of Care

McEwin and Wills (2011) explained that when establishing an environment that contributes to the synergy between patient/family and the nurse, it is essential to identify patient characteristics that match with the nurse competencies within the AACN synergy model of care. The model consists of eight patient characteristics and eight nurse competencies (Appendix A).

A case study described by Mullen (2002) illustrated the use of the synergy model for use with patient rounds. During patient rounds, the staff nurse used the patient characteristics to quickly assess the patient needs for the shift to report to the charge nurse prior to the end of shift. The charge nurse and/or nursing supervisor would receive brief assessment from the staff nurse to determine the appropriate assignment for the oncoming shift. The nurse assignments were based upon the patient characteristics and nurse competencies. Mullen further described how the nurse could communicate plan of care for the patient and family at the end of nursing rounds. Too often nurse assignments are made based on nurse preference or by acuity, without incorporating nurse competency or patient needs. As described within the nursing rounds example, it is easy to see the adaptability to nursing assignments based on nursing rounds. Kohr and Hickey (2012) provided further evidence of the applicability of the synergy theory to nursing

assignments by development of a nursing productivity model comprised of objective and measurable patient/family indicators. This may result in a higher satisfaction level for the patient and the nurse assigned to care for the patient. Using the synergy model of care as the approach to a healthy work environment created an option for changes in the work environment and how care is directed at a unit level. This model of care was provided as an option to meet the AACN healthy work environment standard for appropriate staffing.

Iowa Model of Evidence-Based Practice

The Iowa model of evidence-based practice is an excellent model for improving the application of evidence-based practice. The Iowa model considers the triggers that may be problem focused or knowledge focused (Grove et al. 2013). Changes in knowledge-based problems that consider new research findings or the potential for expanded philosophy of care could be evaluated and prioritized to search for a solution and best practice to manage the specific problem (Grove et al., 2013). Defining care and implementing the synergy theory could be further explained through evidence-based research. With a knowledge-focused model, the ability for the nursing staff to participate in evidence-based research and application methods would provide an understanding of this project approach. It will assist in the understanding and implementation of healthy work environment standards and the synergy model of care to improve patient outcomes. The Iowa model provides a method to break down each step of the research and implementation process.

As discussed by Doody and Doody (2011), the steps include the following:

1. Selection of a topic

2. Formation of a team
3. Evidence retrieval
4. Grading the Evidence
5. Evidence-based practice standard development
6. Implementation of the evidence-based practice standard
7. Evaluation

Relevance to Nursing Practice

Creating a healthy work environment that is structured and inclusive of the synergy model of care illustrates the direct impact of environment on nursing and patient outcomes. Current research has demonstrated the demand for safe patient assignment, and the need for nurse retention continues to be a focus for nursing leaders. Inconsistency in how patient assignments are made will remain high until a framework for a healthy work environment is implemented. Kaplow and Reed (2009) discussed the usability of the AACN synergy model as a model that may be implemented in a direct care settings, academic settings, and leadership settings. Utilizing the synergy model of care along with the healthy work environment standards will provide a method for employee engagement that at this point has been a challenge for leadership. Kelly (2011) stated, “Some of the most valuable improvement tools are those that help managers and teams better understand work processes” (p. 143).

Local Background and Context

The setting for this project is a 39-bed combined medical-surgical unit with a 697-bed metropolitan medical center. The unit has one nurse manager over two units. There is

no educator assigned to this unit. The established staffing ratio is one registered nurse to six patients. However, the variance in adherence to the staffing ratio indicates actual staffing ratio to be one registered nurse to eight to 10 patients. Total number of employees for this unit is 38 permanent employees, multiple travel nurse temporary employees, per diem employees, and part-time employees. The participants are a combination of employees, excluding temporary travel nurses.

The combination of the AACN healthy work environment standards and the synergy model of care as a practice guide would initially be an extensive expense for the facility. The expense would be due to the strict adherence to the established staffing ratios. This could be accomplished either by hiring temporary agency nurses or by limiting the patient admissions to accommodate scheduled staff. However, with the inclusion of the synergy model of care, a new productivity model could yield financial benefits. The long-term financial benefit could provide the means to implement the healthy work environment standards by decreasing the nurse turnover rate. The cost of nurse turnover is based on the budgeted amount to train a new employee (hypothetically calculated). Multiplying this by the number of nurses seeking other opportunities would result in a significant financial loss (e.g., \$80,000 per nurse x 35% turnover rate [1050 nurses; total nurses for facility 3000 x 0.35 = 1050 nurses per year] results in a potential financial loss of \$84,000,000).

Recent employee engagement scores showed that the facility as a whole had a low employee satisfaction score. This was confirmed with the low retention rate throughout the facility. The unit of focus for this project included a mix of novice to expert nurses,

certified nurse's assistants, and health unit coordinators. The high patient-to-nurse ratio outside of the facility-established staffing ratios is one potential cause for low retention rates.

Educational support is a concern for several of the units at this facility. The only units in the facility with dedicated educators are surgical services, critical care units, and the emergency department. Lack of support services such as an educator may contribute to low employee engagement scores. This disengagement of employees may eventually impact patient outcome, readmission rate, and failure to meet core measure performance.

Role of the DNP Student

My role as the DNP student for this project was to facilitate change by implementing an introduction to the AACN healthy work environment standards. I am associated with the facility as a student for the DNP practicum and an employee in a different area of the facility.

I performed data collection activities through the employee survey developed and maintained by the AACN. The AACN online Healthy Work Environment Assessment provides information related to each category listed in the healthy work environment standards. These data also assisted in the evaluation of the current knowledge and understanding of the work environment impact on employees and patients. Collection and analysis of the data through the AACN online assessment helped me answer the proposed practice-focused question and compare pre- and post implementation evidence. The results from collected data provided the evidence needed to make a facility-wide change to develop and implement a formal program based on the AACN healthy work

environment standards.

I implemented an education program to leadership team members and the medical surgical unit target group, which includes registered nurses, certified nurse's assistants, and health unit coordinators. Through the process of education and understanding of the impact of the healthy work environment standards, the team was able to identify the knowledge gap and need for a formal program to promote a healthy work environment throughout the facility. This project is currently under review and development for implementation outside of the focus group after the completion of this DNP project.

The implementation process for this project involved addressing each of the AACN healthy work environment standards through knowledge development presentations. Selecting the appropriate tools for data collection provided this project with verifiable evidence pre and post implementation. The source of data collection for the introduction to a healthy work environment included the online AACN Healthy Work Environment Assessment.

I maintained a project plan work breakdown structure (WBS) to closely follow through each step of the project. According to Mantel, Meredith, Shafer, and Sutton (2011), "Inadequate up-front planning, especially failing to identify all important tasks, is a primary contributor to the failure of a project to achieve its cost and time objectives" (p. 87). Establishing a goal and timeline contributed to the development of the project plan from beginning to completion. The end result was a deliverable presented to the facility leadership team establishing an evidence-based implementation plan for a formal healthy work environment program and a poster board presentation for the focus unit employees.

I adhered to all state and federal guidelines that may apply throughout the duration of this project. Communication with senior leadership, the regulatory compliance officer, and the director of labor relations was maintained to ensure compliance to the federal, state, and facility guidelines.

Summary

Facility and nursing leadership teams must commit to address work environment concerns and the conditions of the work environment for health care workers. Viable solutions such as the AACN healthy work environment standards, when embraced by senior leadership, promote commitment throughout the facility to contribute to culture change.

Nurse involvement in both public and private policy that promotes system changes is important to ensure that quality standards are exceeded (Kelly, 2011). Nurses should take charge in promoting any systems change that will benefit the working conditions and in turn the increase in optimal patient outcomes. Nurses see the results of excellent care and poor care that are related to healthy or unhealthy work environments. Evidence-based practice guidelines improve outcomes and identified measures that have made a difference in the health care delivery system.

Historically, nursing has led the health care industry in quality measures. The struggle is that nurses' engagement in policy and legislative changes has continued to be behind other medical professions. As the largest health care group, nurses are beginning to sense the need for representation and standing together as a health care group to facilitate the change needed for patients. The AACN healthy work environment standards

are one of the many initiatives established to assist change. Quality nursing indicators established by the ANA are just the beginning for the nursing profession in advocating for quality care and healthy work environments.

Assessment of the work environment produces results based on benefits or risks for patients and benefits or risks for employees. One of the significant indications for improving work environment is promoting optimal patient outcomes and avoiding practices that may cause harm. Flynn, Liang, Dickson, Xie, and Suh (2012) reported the results of a study that indicated when healthy work environment practices are implemented the nurses are able to perform practices that can interrupt medication errors prior to patient contact. Flynn et al. (2012) further reported that a supportive environment contributes to nurse satisfaction and retention.

Section 3: Collection and Analysis of Evidence

Introduction

The nursing profession continues to elevate the standards of nursing through the development of nurse-sensitive indicators of quality. The ANA (2011) provided a list of nurse-sensitive indicators known as NDNQI. In the acute care setting, these indicators continue to improve with the implementation of evidence-based practice guidelines adopted and validated by ANA and the AACN. With each indicator, patient outcome should improve. The healthy work environment standards initiative introduced by the AACN provides an evidence-based approach for validating the need for a healthy work environment and the impact it will have on optimal patient outcome (AACN, 2005).

The philosophy of caring and delivering the best care to produce the desired outcome for the patient continues to be a guiding force for the nursing profession. Although “Donabedian’s work has influenced the prevailing medical paradigm” (Kelly, 2011, p. 6), nursing also embraces the thinking process of this theory. Historically, nursing has embraced the process of care as evidenced by the nursing process and the nursing paradigm. Current nursing indicators, evidence-based practice guidelines, and the process of systems thinking are easily linked to Donabedian’s process of care theory. Measurement of outcomes is based on structure, process, and outcome and how they relate to one another. As with the nursing process, I needed to measure the effectiveness of interventions to determine if the outcome has been met. According to Dolansky and Moore (2013),

Greater knowledge and application of systems thinking skills by nurses have the potential to mitigate errors in practice, improve nurse priority setting and delegation, enhance problem solving and decision-making, improve timing and quality of interactions with other professionals and patients, and enhance workplace quality improvement initiatives. (p. 4)

With evidence-based practice guidelines, nursing indicators such as healthy work environments contribute to the increase in quality delivery of health care.

Practice-Focused Question

Will the implementation of a healthy work environment introduction program increase awareness of the AACN healthy work environment standards, as evidenced by an increase in the online Healthy Work Environment Assessment mean score?

Sources of Evidence

The sources of evidence for this project consisted of one DNP project-driven assessment. By using an external survey assessment, the goal was to find a tool that is reflective of the environment, without bias. The online AACN Healthy Work Environment Assessment was used with permission of the AACN. This assessment provided a mean score for the focus group and identified areas of concern. By using this assessment pre and post implementation, the baseline assessment provided a starting point for implementation of a formal healthy work environment program. The education presentation I implemented as the DNP student followed by a post assessment assisted with ensuring the understanding of the assessment questions in relation to the healthy work environment introduction.

Published Outcomes and Research

A literature review was conducted through a CINAHL and MEDLINE search. The phrases and key words used for search criteria included *healthy work environment*, *unhealthy work environment*, *synergy model of care*, *patient safety goals*, *nursing indicators*, *AACN healthy work environment standards*, and *nurse staffing*. The results of the literature search indicated that the AACN healthy work environment standards were supported in literature. The literature review consisted of articles published from 2001 to 2014. None of the literature provided results from implementation on a medical surgical unit versus a critical care unit. Because the AACN healthy work environment standards were initially developed for implementation within the critical care environment, it is unclear if the same standards have been utilized on a medical surgical unit.

Doctoral Project Generated Evidence and Protections

The AACN Healthy Work Environment Assessment tool is an online tool consisting of questions related to the work environment. This tool assists with identifying areas for improvement that will contribute to an increase in patient safety, staff satisfaction and retention (AACN, 2015). This assessment was administered to the employees of the target population medical surgical unit prior to project implementation, and then re-evaluated post project implementation. This survey does not have any employee identifiers connected to the survey. The consent to complete the survey is inferred upon login to the assessment tool. A formal consent describing the study was provided to the employees during the first meeting explaining the project and the process for taking the survey. This consent was meant as informational and did not require

signature. The action of logging in confirms the employee's agreement and consent to complete this survey for the purpose of providing evidence for the DNP project. The results were generated by the AACN assessment tool and distributed to the administrator upon completion of the assessment window (i.e. DNP student). The Institutional Review Board (IRB) for the university and the facility provided review and approval of the project. (IRB # 04-06-16-0224544),

Analysis and Synthesis

The results of the online AACN Healthy Work Environment Assessment was evaluated to assist in determination of pre- and post project implementation work environment status. Comparison between pre- and post implementation assessment illustrated a difference between the Healthy Work Environment Assessment results following the presentation of the healthy work environment introduction program. This indicated an increase in understanding and awareness of the healthy work environment standards.

AACN Healthy Work Environment Assessment

The AACN generates assessment results based on each of the healthy work environment standards to provide a mean score of the entire survey. The Healthy Work Environment Assessment results are compiled for each standard to assist in identifying which area may require the strongest intervention. Results are placed into scoring scale that shows the need for improvement in the overall work environment.

Summary

The quality improvement project plan began with the development of the healthy

work environment process approach. Through each phase of the project, as the DNP student (project manager), I facilitated timeliness of each phase, ensuring tasks were completed before moving onto the next step. Assessment of the current understanding of a healthy work environment was completed and evaluated for improvement needs. The proposal for this project was presented to the assigned university committee and the facility executive team for consideration and approval. Once approved, the DNP student began to focus on the education component needed for the executive team, management team, and target population employees.

The education program facilitates the knowledge needed to implement the healthy work environment standards successfully. The second assessment was scheduled to take place post implementation. The final steps to this project included an evaluation post implementation and the development of a continuous improvement plan for the development and implementation of a formal healthy work environment program within this organization.

By using the Iowa model along with the AACN healthy work environment standards and synergy model of care, I had the ability to provide a measurable foundation for change within this organization. The introduction program also provided a clearer understanding that a healthy work environment must be regarded as essential for improving patient outcome.

Section 4: Findings and Recommendations

Healthy Work Environment Introduction Program

The patient and employee experience must be viewed as a synergistic process. The essence of a healthy work environment is interdisciplinary and promotes communication and collaboration in each standard. Understanding effective communication is the first step in changing the work environment and meeting the outcomes of the program. As a team of health care providers, facility employees' end goal for every patient is the positive optimal outcome. Addressing the work environment standards and establishing a formal program establishes accountability for how healthcare providers and healthcare administrators care for employees and promote optimal outcomes for patients. McClelland and Vogus (2014) suggested that patients feeling a higher level of safety may be reflected in a higher satisfaction score.

The healthy work environment standards aim to establish a formal program to address the organization holistically from the bedside to senior leadership. As a nurse leader, the accountability to identify a problem and establish a viable solution illustrates the commitment to contribute to organizational culture change. The implementation process for this project consisted of a pre- and post implementation meeting to discuss the information for the project content and expectations of participants by completing the anonymous online assessment. Following the completion of the pre implementation assessment, information about each standard was presented in 10-minute education presentations. After completing the six standards of the AACN healthy work environment standards introduction program, the participants were asked to complete a post

implementation assessment through the online AACN Healthy Work Environment Assessment. The data retrieved from AACN Healthy Work Environment result matrix provided the data to compare the mean score of the participants to evaluate if a change in knowledge occurred following the introduction program.

Findings and Implications

The results of the online AACN Healthy Work Environment Assessment were evaluated to determine pre- and post project implementation work environment status and knowledge about the healthy work environment standards. The AACN generates assessment results based on each of the healthy work environment standards to provide an aggregate score of the entire survey. The healthy work environment standards survey results are compiled for each standard to assist in identifying which area may require the strongest intervention. Results are placed into scoring scale that shows the need for improvement in the overall work environment (AACN, 2005).

The results for the target unit revealed an increase in understanding of the healthy work environment standards with a decrease in the aggregate score. The decrease indicated a clearer vision of the standards within the unit dynamics. Although the increase in knowledge was evident, the overall mean score provided the needed evidence to present to senior leadership and nursing leadership to promote the implementation of a facility-wide formal healthy work environment program. The results indicated that each standard evaluated in the online assessment was below national average for each of the AACN healthy work environment standards.

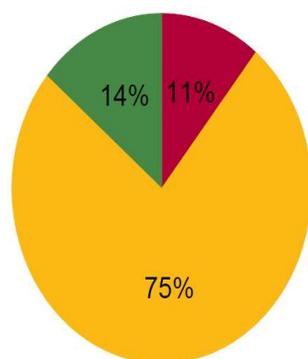
Pre implementation survey scores from the AACN Healthy Work Environment Assessment tool resulted in an aggregate score of 3.03, with 36 of the employees completing the survey. The scoring guidelines provided by the AACN illustrate if a unit needs improvement:

- 1.00 to 2.99: *Needs Improvement*
- 3.00 to 3.99: *Good*
- 4.00 to 5.00: *Excellent*

The pre implementation score (Figure 1) of 3.03 indicated the unit score was in the *good* category.

Summary Score

The mean score for the entire survey, including all six standards.
Using the scoring guidelines provided below, evaluate the overall score for this assessment.



	Responses	Percent
Strongly Disagree	0	0.00%
Disagree	71	10.96%
Neutral	487	75.15%
Agree	90	13.89%
Strongly Agree	0	0.00%

Aggregate Score: 3.03
Total Individual Responders: 36

Figure 1. Healthy Work Environment aggregate score pre implementation.

Following several presentations covering the six AACN healthy work environment standards, a post implementation survey was completed by the employees. The post implementation aggregate score provided by the AACN Healthy Work

Environment Assessment was 2.17 (Figure 2). The understanding of each standard assisted in providing a clearer understanding of what a healthy work environment is and why the importance of a sustainable solution is necessary.

Summary Score

The mean score for the entire survey, including all six standards.
Using the scoring guidelines provided below, evaluate the overall score for this assessment.

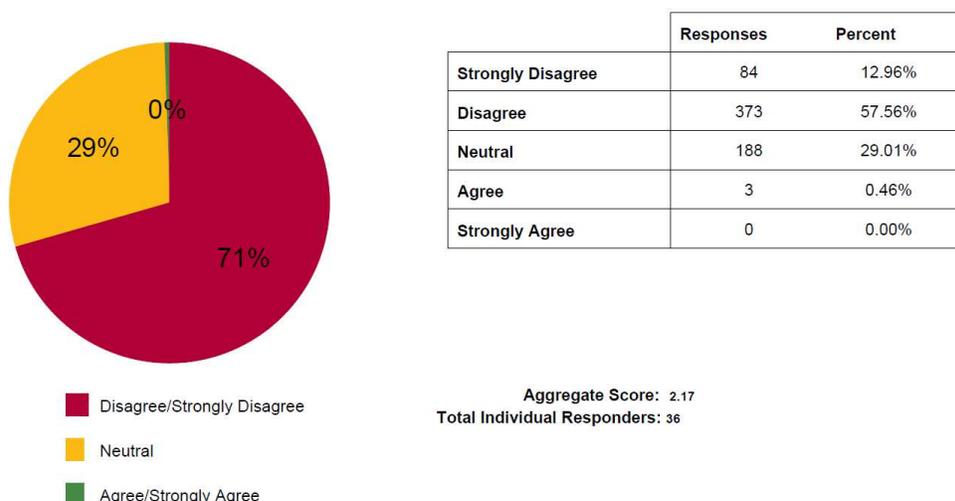


Figure 2. Healthy Work Environment aggregate score post implementation.

This facility has two current programs titled “Healthy Work Environment.” The two programs have separate focus with one being strictly employee health focused, and the second being security focused. Neither of the programs provides representation of the components and standards of the AACN healthy work environment. The presentations I provided as the DNP student helped define the healthy work environment for the unit. It is possible this had an influence as to why the aggregate score decreased following the introduction to a healthy work environment. The conclusion of this project provided the evidence needed to show the need for a formal program to senior nursing leadership. The

project was able to bring about change through an understanding and awareness of the AACN healthy work environment standards.

Recommendations

The evaluation of this program focused on introducing the healthy work environment program. Opportunities for improvement will be to extend this program to other units for implementation and evaluating the effect of the healthy work environment program on patient satisfaction scores, long-term nurse retention rates, and improved patient outcomes. The question this project has created is finding the evidence to illustrate that, with a formal healthy work environment program, patient outcomes will continue to improve. The benefit that patient and employee satisfaction will be a result of this program is an additional positive outcome that could directly affect the patient. Improved nurse retention and decreased nurse turnover will provide the basis for financial gain from an implementation of a formal program.

Strengths and Limitations of the Project

The support of nursing leadership at this facility is driven by a goal to improve nurse retention. The ANA indicated the link between nurse retention and nurse turnover rates affecting patient care directly and indirectly, and that the workforce characteristics are a result of the work environment (Montalvo, 2007). By identifying the strengths and limitations, the continued effort for improving the work environment will be based upon the assessment results and the identification of limitations.

Strengths

The strength of this evaluation tool and introduction program provided a results breakdown for each of the AACN healthy work environment standards. This enabled me as the project manager to focus on the areas of prioritized need for further implementation strategies and further development of a formal program. An additional strength of this project was the flexibility to move this onto the step phase of project management. This project will begin team development of a formal program for future implementation at this medical center.

Limitations

The limitation of this evaluation and project is the unit size. Although reflective of the medical surgical areas of this facility, the evaluation does not focus on facility-wide nurse retention rates or patient satisfaction scores.

The ongoing assessment of the work environment is needed to provide a sustainable approach to meeting these goals. The long-term benefits for patients, employees, and the organization may be monitored using the same methodology. The use of a formal healthy work environment program provides the framework for continued improvement and optimal outcomes for all stakeholders.

Section 5: Dissemination Plan

The approach to project dissemination must meet the needs of the intended audience as the first priority. The use of project posters for conveying information quickly and efficiently provides an excellent approach for use at the unit level. This allows the employees to engage in conversation with the presenter and ask questions relevant to their specific unit. The interaction between the presenter and the employees promotes knowledge sharing and participation in active learning.

This approach provides a nonthreatening way to allow employees to ask questions and provide feedback (Forsyth, Wright, Scherb, & Gaspar, 2010). For evidence-based projects, this approach seems to be the most useful in producing information that can be presented informally to a larger group at a convention as well as timely information presentation to facility and/or unit employees. The idea of hitting the highpoints within the poster and grabbing the attention of the audience quickly often leads to opportunities to convey the intended message.

A PowerPoint presentation to the senior nursing leadership of the facility was a second method of dissemination. The strength of this process is presenting the basis of the project goals and introduction to a healthy work environment program. This approach allows for visual cues to follow the oral presentation while presenting information that is focused for this audience. Allowing time for questions at the conclusion of the presentation will promote further understanding of the implications for implementing a healthy work environment program.

Summary

Presenting the DNP project in more than one way illustrates the ability to take the idea of a healthy work environment program and share the findings of the project to multiple areas of impact (AACN, 2006). Senior nursing leadership teams will be drawn to specific areas while the employees of the unit will view the results from a unit perspective. Assisting the stakeholders to connect across the systems will promote the work environment needed for optimal patient outcomes.

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Appendix A: Synergy Model of Care

Synergy Theory	
<i>Patient Characteristics</i>	<i>Nurse Competencies</i>
Resiliency	Clinical judgement
Vulnerability	Clinical inquiry
Stability	Facilitation of learning
Complexity	Collaboration
Resource availability	Systems thinking
Participation in care	Advocacy and moral agency
Participation in decision making	Caring practices
Predictability	Response to diversity

Note. From *Theoretical Basis for Nursing*, by M. McEwin & E. M. Wills, 2011, Philadelphia, PA: Lippincott Williams & Wilkins, p. 229.