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Defining the Health of a Work Environment: An Assessment and Evaluation

Jennifer Thornsberry

University of Kentucky Fall 2018

DNP Final Project Report

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Dedication

This DNP project work is dedicated to my family, my friends and all those who have supported me along this journey. This is especially for my husband, who has supported me and allowed me to spend countless hours focused on school while he picked up all my slack. His constant patience will be forever appreciated. For my children, who have been understanding and tolerant of my seemingly never-ending homework. I just hope that this work and perseverance will serve as a good example for them to set strong goals and fulfil them in life. This is for my entire family for being patient and accommodating with my school prioritization. This is also for my colleagues at work, for constant encouragement, shoulders to cry on and for allowing flexibility with work/school demands.

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Abstract

PURPOSE: The purpose of this study was to ascertain nursing leaders and direct care nurses' perceptions of the health of the work environment in medical-surgical, intermediate care, and progressive care units at an acute care hospital located in central Kentucky.

METHODS: This study employed a descriptive, correlational design. Bivariate statistical procedures were utilized to determine the relationship between the perceptions of the health of the work environment and nursing turnover and engagement.

RESULTS: Direct care nurses and nurse leaders both scored effective decision making/skilled communication as the healthiest attribute of the work environment, while genuine teamwork was scored as the least healthy.

CONCLUSION: Improving genuine teamwork, maintaining appropriate staffing levels and promoting the physical and psychological safety of employees are focus areas that may lead to the perception of a healthier work environment, which in turn could positively impact turnover and staff engagement.

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Defining the Health of a Work Environment: An Assessment and Evaluation

Introduction

The role of the nurse is constantly evolving with changes in healthcare. Maximizing human potential and physical resources to provide excellent patient care while maintaining fiscal responsibility is no easy task. Because of the Affordable Care Act more Americans are gaining health insurance and access to healthcare. With an increase in the number of consumers seeking care and increased regulation on the quality of healthcare delivered, organizations are struggling to meet expectations. The demand for healthcare organizations to do more with less while providing quality care will continue to increase (Bureau of Labor Statistics, 2016). In response to the increased pressures surrounding healthcare delivery, leaders within healthcare organizations must be adept at managing change, guiding their teams, and keeping the patient at the focus of their work.

According to the United States Department of Labor, the Bureau of Labor Statistics predicts that the Registered Nurse workforce is expected to grow from 2.7 million in 2014 to 3.2 million in 2024, which is an increase of 439,300 or 16% (U.S. Bureau of Labor Statistics, 2016). In addition, the Bureau also projects the need for 649,100 replacement nurses in the workforce due to an aging workforce, which brings the total number of job openings for nurses due to growth and replacements to 1.09 million by 2024 (U.S. Bureau of Labor Statistics, 2016). As stated by the Bureau of Labor Statistics (2016), the need for nurses is continuing to grow over time due to increased demands in healthcare caused by the aging population and due to the number of nurses expected to retire by 2024. The growing gap between the supply of nurses and the demand can have a daunting impact on healthcare organizations; therefore, nurse retention is crucial to providing excellent patient care.

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Positive clinical outcomes, safety, and nurse retention are just a few of the results of a healthy work environment (Sanders, Krugman, & Schloffman, 2013). Nursing leaders directly impact the status of a healthy work environment amongst their team. Healthy work environments are created and sustained through the collaboration and partnership with nurse leaders and point of care nurses (Sanders et al., 2013). To determine whether a work environment is healthy, you have to examine the perceptions of the nurses who work there. The perception could vary from department to department depending on the leader.

Background

Defining an unhealthy work environment is a key element to exposing features of a healthy work environment. An unhealthy work environment is described as a non-functioning or poor functioning environment that includes poor communication, increased stress levels, unsuccessful care delivery, ineffective collaboration, lack of teamwork and personal conflicts with the mission, vision and values of the organization (Huddleston & Gray, 2016). According to Blake (2015), unhealthy work environments can lead to poor communication contributing to errors, ineffective care delivery, and conflict among healthcare professionals. The climate within an unhealthy work environment directly translates to the care that is delivered. When employees are disgruntled they are less likely to take the time and exert the effort necessary to meet patient needs and expectations.

In comparison, healthy work environments are described as high functioning environments that enable processes and policies designed to empower nurses to attain organizational goals and objectives, while achieving personal satisfaction (Huddleston & Gray, 2016). The elements of a healthy work environment include: supportive nurse leaders, effective

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nursing leadership training, continued education and certification for clinical staff, appreciation of cultural diversity, and a process to address ethical concerns in healthcare (Maiden, 2010).

The American Associate of Critical Care Nurses (AACN), an organizational affiliate of the American Nurse Association, provides a framework for organizations to cultivate strong, efficient and effective bedside staff and leaders to help create healthy work environments. The AACN states that a healthy work environment is accomplished when the following are present: skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership (AACN, 2015). Skilled communication in a healthy work environment was defined as specific and direct, thoughtful, clarified by seeking feedback and varied in style based on the listener/audience (Huddleston & Gray, 2016). Huddleston and Gray (2016) stated that true collaboration in a healthy work environment involved a leader guiding a team or group by establishing goals, being respectful, listening, encouraging communication in a comfortable environment, and willingness to compromise. Effective decision making in a healthy work environment was described as the ability to make decisions using critical thinking skills and sound judgement, while looking at the big picture (Huddleston & Gray, 2016). Appropriate staffing, according to Huddleston and Gray (2016), in a healthy work environment occurred when staffing was based on acuity in a staffing matrix with patient safety and patient centered care at the forefront. Meaningful recognition in a healthy work environment was defined as feeling appreciated by leadership, peers and/or patients for providing outstanding care (Huddleston & Gray, 2016). Lastly, Huddleston and Gray (2016) noted that a healthy work environment existed in an environment where leaders were goal oriented, approachable, trustworthy, mindful, open communicators and good listeners, visible, transparent and responsive. Huddleston, Mancini and Gray (2017) modified the components

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from the AACN standards of a healthy work environment to create their study components, which were then used for this study.

The work environment within healthcare organizations is of paramount importance for both employees and patients (Bai, 2015). Nurse leaders provide the foundation for the work environment and ultimately organizational success (Warshawsky, Wiggins, & Rayens, 2016). Healthy work environments can help increase job satisfaction and nurse engagement, as well as nursing retention (Ritter, 2011).

Nurse retention is one of the most fragile and challenging hurdles for nurse leaders in the acute care setting (Snavelly, 2016). The financial implications for nursing turnover are significant in organizations. The average cost to replace a nurse is estimated to be around \$93,000 per nurse (Sredl & Peng, 2010). The financial implications for nursing turnover is significant. Establishing the health of a work environment according to point of care nurses and nurse leaders can be pivotal in identifying opportunities for improvement within organizations. According to Ritter (2011), the initial step to decrease turnover is to evaluate the current health of the work environment. The retention of nurses is dependent on healthy work environments to improve patient and nurse satisfaction and quality outcomes (Ritter, 2011). With the projected additional need for nurses it will become essential to retain experienced nurses for their knowledge and guidance (Ritter, 2011). Nursing retention, through the creation and maintenance of healthy work environments, is pivotal for organizational success. Without healthy work environments being established and maintained within organizations, the turnover of nurses will make it hard to meet organizational goals and outcomes, improve patient and nurse satisfaction and patient safety (Huddleston et al., 2017).

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There is an opportunity to improve retention and decrease turn over at Norton Hospital, an acute care hospital located in Central Kentucky, specifically in medical-surgical, intermediate, and progressive care units. Norton Hospital uses the Health Care Advisory Board for regional benchmarking data for turnover. The regional benchmark for 90th percentile less-than-one-year turnover for 2016 was 2.9%. The benchmark for registered nurse turnover in the United States is 17.2% (Snavely, 2016).

Assessing the health of the work environment according to the perception of nurse leaders and point of care nurses' is one strategy that can provide information needed by leaders to improve the work culture. Norton Hospital administers an employee engagement survey from the Advisory Board yearly to staff nurses to determine their level of engagement which can help predict turnover. Knowing that their opinions matter to executive leaders within the organization can empower direct care nurses and nurse leaders to develop and implement interventions to promote improvement of the health of the work environment (Huddleston et al., 2017).

Purpose

The purpose of this project was to ascertain nursing leaders and direct care nurses perceptions of the health of the work environment in medical surgical, intermediate care and progressive care patient care units at Norton Hospital. Based on findings from the work environment assessment, a plan of action will be developed to address nurse retention, engagement and turnover. The plan of action will guide organizational decisions regarding the establishment and maintenance of a healthy work environment for nursing leaders and direct care nurses.

The specific objectives of this project include:

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1. Ascertain nursing leaders and direct care nurses perception of the health of the work environment by administering the Healthy Work Environment Scales (HWES) for nurse leaders and direct care nurses (Huddleston et al., 2017), scales shown in Appendix A and Appendix B.
2. Assess the relationship between the perception of a healthy work environment and nursing turnover for nurse leaders and direct care nurses.
3. Assess the relationship between the perception of a healthy work environment and nurse engagement data for nurse leaders and direct care nurses.

Methods

Design

A descriptive, correlational design was used for this study. A convenience sample was obtained via an online survey of all direct care nurses and nurse leaders working in the medical-surgical, intermediate care, and progressive patient care units.

Setting

The assessment of the health of the work environment took place at Norton Hospital, an acute care hospital in central Kentucky. Norton Hospital is one of five hospitals within Norton Healthcare. The assessment of the health of the work environment was focused on the acute care units, specifically the medical-surgical, intermediate care, and progressive care patient care units. The mission of Norton Healthcare is to provide care that aligns with the needs of the community and reflects the faith heritage of the organization.

Sample

The study population included point of care registered nurses (n=245) and nurse leaders (n=7), specifically nurse managers of medical-surgical, intermediate care, and progressive care

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patient care units at Norton Hospital. Inclusion criteria are: (a) direct care nurses that provide direct patient care greater than 50% of the time in medical-surgical, intermediate care, and progressive care patient care units and (b) nurse leaders were defined as nurse managers that oversaw areas within medical-surgical, intermediate care, and progressive care patient care units. Direct care nurses and nurse leaders of the medical-surgical, intermediate care, and progressive care patient care areas were selected for this study due to the similarities in patient care needs, acuity, staffing practices, and turnover/retention throughout these areas. These selected patient care areas offer different specialties of nursing care such as oncology, cardiac and neurology, but all the direct care nurses and nurse leaders function under the same job descriptions in these areas. The survey was sent to 7 nurse leaders and 245 direct care nurses which aligned with the inclusion criteria.

Exclusion criteria include intensive care units, pediatric/neonatal/mother-baby, behavioral health, emergency department, surgical services, and any outpatient service area. No exclusions of any sex, gender, racial or ethnic group are applicable to this study.

Measures

Demographic data obtained from the participants included age, years of service at Norton Hospital, years of service as a registered nurse, years of service as a nurse leader and area of practice. The assessment focused on both nurse leaders and direct care nurses to help identify the health of the work environment and opportunities. The health of the work environment was assessed by administering the Healthy Work Environment Scales (see Appendix A and Appendix B) for nurse leaders and for direct care nurses (Huddleston et al., 2017). Huddleston, et al. (2017) conducted a series of studies on the health of the work environment in an acute care setting, during which they used and tested these instruments, after initially using the American

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Association of Critical Care Nurses (AACN) Healthy Work Environment Assessment Tool (HWEAT). The perceptions of the health of the work environment were measured using a Likert scale from one to four, with higher numbers indicating that direct care nurses and nurse leaders perceived their work environment as healthier. There is no overall health of the work environment score, but instead are component scores. The scales included five components which were determined to identify a health work environment (Huddleston et al., 2017). The five components identified by Huddleston et al. (2017) included:

- Healthy work environment characteristics of authentic leaders and meaning recognition.
- Healthy work environment characteristics of effective decision making and skilled communication.
- Healthy work environment characteristics of genuine teamwork.
- Healthy work environment characteristics of appropriate staffing.
- Healthy work environment characteristics of physical and psychological safety.

Permission to use The HWES survey, created by Huddleston et al. (2017) was obtained from the instrument authors.

Data Collection

After obtaining approval from the University of Kentucky Institutional Review Board (IRB) and the Norton Healthcare Office of Research and Administration (NHORA) to conduct the study, participants were sent an email that included information about the study and a link to the survey instrument, REDCap (Research Electronic Data Capture). REDCap is a secure, web-based application designed to support data capture for research studies (Harris, Taylor, Thielke, Payne, Gonzalez, & Conde, 2009). The email sent to participants provided information about the study, including the purpose, methodology, risks/benefits, survey objectives, and investigator

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contact information. If participants agreed to participate in the study, they clicked on a link that took them to the survey instrument in REDCap. The survey was anonymous and was not associated with a specific employee identification number or email address. A waiver of documentation of informed consent was requested.

For the turnover and engagement analysis, data were obtained from Human Resources. Information identifying the specific hospital units was blinded by Human Resources prior to release of information to the researcher. The data from Human Resources included current employee engagement data and turnover data for direct care nurses. Employee engagement data was measured by an Advisory Board survey that measures the percent of employees actively engaged versus disengaged.

Data Analysis

Descriptive statistics, including means and standard deviation, were used to describe the participants demographic characteristics. Outcome variables for the survey were compared using mean and standard deviation. Due to a decreased response rate of participation for nurse leaders, group comparisons were done using descriptive statistics alone. No correlational analysis or t-tests could be performed due to the low response rate. All analysis was conducted using SPSS version 22.

Results

Sample Characteristics

A total of 63 direct care nurses completed the perception of the health of the work environment survey. The ages of direct care nurse participants ranged from 20 to 61 years of age or older (see Table 1). Of the direct care nurse participants, 20 were between age 20 to 30 years old (31%). Overall 81% of participants were between the ages of 20 to 50. The mean years of

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service at Norton Hospital was 6.88 years and the mean years of experience as a direct care nurse was 10.07 years. Direct care nurses included 31 progressive care nurses, 16 intermediate care nurses and 9 medical surgical nurses. See Table 1 for demographic data including mean and standard deviation.

A total of two nurse leaders complete the perception of the health of the work environment survey. The ages of nurse leader participants ranged from 31-40 years old. The mean years of service at Norton Hospital was 6 years and the mean years of service as a nurse leader was 2.25 years. For nurse leader participants, the specialty/department they were responsible for (medical surgical, intermediate care, progressive care) was not assessed. See Table 1 for demographic data including mean and standard deviation.

Perceptions of a Healthy Work Environment

In this survey there was not a way to determine an overall score that would represent the comprehensive healthy of the work environment; instead the survey provided component scores. Component scores are presented in Table 2 and Table 3 for direct care nurses and nurse leaders, including the mean and standard deviation for the groups. These component scores are reflective of the key characteristics identified for the assessment of a healthy work environment and can assist key leaders with the identification of areas of strength and opportunity within a defined area.

Mean scores for direct care nurses were as follows: genuine teamwork, 2.61 (SD, 0.41); appropriate staffing, 2.82 (SD, 0.78); physical and psychological safety, 3.15 (SD, 0.65); authentic leadership, 3.47 (SD, 0.85); and effective decision making/skilled communication, 3.90 (SD, 0.48). Direct care nurses for all areas (medical surgical care, intermediate care and progressive care) perceived the characteristic of effective decision making as the healthiest in the

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work environment [mean 3.90 (SD, 0.48)] and genuine teamwork as the least healthy in the work environment [mean 2.61 (SD, 0.41)]. Through each level of care (medical-surgical care, intermediate care and progressive care) the direct care nurses perceived the characteristic of genuine teamwork as the least healthy and effective decision making/skilled communication as the healthiest.

Mean scores for nurse leaders were as follows: genuine teamwork, 2.30 (SD, 0.14); physical and psychological safety, 3.00 (SD, 0.47); authentic leadership, 3.20 (SD, 0.85); appropriate staffing, 3.42 (SD, 0.83); and effective decision making/skilled communication, 3.50 (SD, 1.18). Nurse leaders perceived the characteristic of effective decision making as the healthiest in the work environment [mean 3.50 (SD, 1.18)] and genuine teamwork as the least healthy in the work environment [mean 2.30 (SD, 0.14)].

Direct care nurses perceived the components of authentic leadership, effective decision making/skilled communication, genuine teamwork and physical and psychological safety in relation to the health of the work environment to be higher than the component scores for nurse leaders. The only component where nurse leaders had higher perceptions of the health of the work environment, compared to direct care nurses, was in the component of appropriate staffing.

Perceptions related to the health of the work environment varied by specialty area. Direct care nurses in medical-surgical care areas perceived the component of authentic leadership as healthier compared to intermediate care and progressive care nurses. In addition, medical-surgical care nurses also perceived the health of the work environment components of appropriate staffing and physical and psychological safety as healthiest in comparison to intermediate care and progressive care nurses. Progressive care nurses perceived the health of the work environment component of effective decision making/skilled communication as

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healthier compared to medical surgical and intermediate care nurses. Intermediate care nurses perceived the health of the work environment component of genuine teamwork as healthier compared to medical-surgical and progressive care nurses.

Turnover/Engagement

Turnover and engagement data were identified for each level of care (medical-surgical care, intermediate care and progressive care). For progressive care, the direct care nurse turnover was 10% and the actively engaged score was 46.2% engaged. For intermediate care, the direct care nurse turnover was 10.8% and the actively engaged score was 48.8%. For medical-surgical care, the direct care nurse turnover was 16.8% and the actively engaged score was 45.7%. There relationship between the health of the work environment and the specialty/department was not assessed due to the sample size.

Discussion

This study aimed to ascertain nursing leaders and staff nurses' perceptions of the health of the work environment in a variety of patient care settings. The settings included different physical units as well as different levels of care to evaluate the perceptions of nurses from different perspectives. The specialty/department included medical-surgical, intermediate care and progressive care units at Norton Hospital. The resulting data has provided objective, measurable evidence to formulate plans of action aimed at improving perceptions of the health of the work environment. The opportunities identified were based on the mean score of the health of the work environment as evaluated by both direct care nurses, and nurse leaders.

According to this data, direct care nurses and nurse leaders both scored effective decision making/skilled communication as the healthiest attribute of the work environment, while genuine teamwork was scored as the least healthy. Genuine teamwork is defined as collaboration with

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peers, resulting in improved outcomes for the patient, nurse, and organization, while caring for one another through showing appreciation for the work being accomplished (Huddleston & Gray, 2016). This component was identified as the least healthy attribute of the health of the work environment according to both direct care nurses and nurse leaders.

Appropriate staffing is defined as the ability to care for patients in a manner that is timely, efficient, effective, equitable, and patient-centered (Huddleston & Gray, 2016). The component of appropriate staffing was identified as one of the least healthy according to direct care nurses.

Physical and psychological safety was one of the least healthy components of the health of the work environment according to nurse leaders. Physical safety is defined as a safe environment from each other including safe staffing, safe equipment and the prevention of physical harm or injury to patients, families or staff (Huddleston & Gray, 2016). Huddleston and Gray (2016) define psychological safety as a nonretaliatory environment where staff are empowered to have a voice to be heard without discrimination or retaliation.

Overall, direct care nurses perceived all components as healthier compared to nurse leaders, except for appropriate staffing. In relation to direct care nurses specifically, medical surgical care nurses perceived three components as healthier including: authentic leadership, appropriate staffing and physical and psychological staff, compared to intermediate care and progressive care nurses. Intermediate care nurses perceived the component of “genuine teamwork” as the healthiest compared to medical surgical and progressive care nurses. Progressive care nurses perceived the component of “effective decision making/skilled communication” as the healthiest compared to medical-surgical and intermediate care nurses. Although medical surgical direct care nurses perceived several components as healthier

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compared to the other levels of care, turnover was highest in the medical-surgical care area and engagement was the lowest.

Limitations

Several limitations were identified in the design of this study. The sample size for nurse leaders invited to participate in the study was very limited due to the focus being on nurse managers of departments. Only two of seven nurse leaders completed the study, which was 28% participation. The response rate for direct care nurses invited to participate in the study was 26% (63 of 245 completed the survey). The survey was performed at one hospital within a five-hospital system. The hospital where the study was performed underwent major leadership restructuring, including executive and middle management, at the beginning of the year. Restructuring also occurred at the nurse manager and assistant nurse manager levels. These leadership changes could have impacted the perception from direct care nurses and/or nurse leaders. In addition, the researcher worked in a middle management leadership position role at the facility where the study was performed, and participants may have been concerned that the researcher could see their results, even though they were informed that the data was anonymous.

Recommendations

Recommendations to improve the perception of the health of the work environment should be focused on the areas identified as having the greatest opportunity for improvement based on survey scores. For direct care nurses, the areas identified as least healthy characteristics included genuine teamwork and appropriate staffing. For nurse leaders, the areas identified as least healthy characteristics included genuine teamwork and physical and psychological safety.

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Strategies to improve teamwork include establishing goals and expectations and working together to achieve outcomes (Huddleston & Gray, 2016). Because both groups of participants perceive genuine teamwork as the least healthy component, a collaborative effort can be established to improve communication, collaboration and appreciation to improve genuine teamwork.

Retention and the prevention of turnover is of paramount importance to maintaining appropriate staffing. Strategies to improve staffing depend on the acuity of the patient, the staffing matrix, the skill level of the nurse, and a safe environment for all (Huddleston & Gray, 2016). The implementation of a staffing matrix and acuity tool can help guide staffing on units needs in a safe and equitable manner.

Strategies to improve safety include open communication and dialogue to improve a constructive and listening approach between direct care nurses and nurse leaders (Hartung & Miller, 2013). Nurse leaders can improve the health of the work environment for safety through a non-punitive, open approach with direct care nurses.

Recommendations for future studies involves expanding the sample size for both direct care nurses and nurse leaders. With an increased sample size, additional statistical data can be measured and analyzed to assess the perception of the health of the work environment according to direct care nurses and nurse leaders using the components. The researcher could participate in a study where they aren't employed to mitigate any fears with study participation.

Conclusion

The goal of this study was to assess direct care nurses and nurse leaders perceptions of the health of the work environment in medical-surgical, intermediate care and progressive care patient care units. Improving the health of the work environment can have a positive impact on

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actively engaged employees, which will help increase retention and decrease turnover in organizations (Hartung & Miller, 2013). It was noted that in the medical surgical level of care there was increased turnover and decreased engagement, but overall medical-surgical nurses perceived several components of the work environment as healthiest compared to intermediate care and progressive care nurses. Recommendations for Norton Hospital were developed with the goal of improving genuine teamwork, increasing the focus on maintaining appropriate staffing levels, and promoting the physical and psychological safety of employees. These recommendations were established as a direct result of the conclusions derived from survey results. Even with a limited number of participants, the themes identified warrant further attention and action. With a larger sample size, the opportunity to create actionable interventions to improve workplace health will increase.

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Table 1. *Descriptive Statistics of Study Sample*

Demographic characteristics	Direct care nurses (n = 63)	Nurse Leader (n =2)
	<i>Mean (SD) or n (%)</i>	<i>Mean (SD) or n (%)</i>
Age		
20-30	20 (32%)	0
31-40	16 (25%)	2 (100%)
41-50	15 (24%)	0
51-60	10 (16%)	0
61-above	2 (3%)	0
Year of service at NH	6.88 (7.61)	6.0 (4.24)
Years of service as RN	10.07 (11.69)	8.5 (0.70)
Years of service as Nurse Leader	--	2.25 (1.06)

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Table 2. *Descriptive Statistics of the Perceptions of the Health of the Work Environment*

	Direct care nurses (n = 63)	Nurse Leader (n =2)
	<i>Mean (SD) or</i>	<i>Mean (SD) or</i>
Components of Healthy Work Environment	<i>n (%)</i>	<i>n (%)</i>
Authentic leadership	3.47 (0.85)	3.20 (0.85)
Effective decision making/Skilled communication	3.90 (0.48)	3.50 (1.18)
Genuine teamwork	2.61 (0.41)	2.30 (0.14)
Appropriate Staffing	2.82 (0.78)	3.42 (0.82)
Physical and psychological safety	3.15 (0.65)	3.00 (0.47)

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Table 3. *Descriptive Statistics by Level of Care for Perceptions of the Healthy Work*

Environment for Direct Care Nurses

Direct care nurses (n = 63)	Progressive Care (n=31)	Intermediate Care (n=16)	Medical- Surgical Care (n=9)
	<i>Mean (SD) or</i>	<i>Mean (SD) or</i>	<i>Mean (SD) or</i>
Components of Healthy Work Environment	<i>n (%)</i>	<i>n (%)</i>	<i>n (%)</i>
Authentic leadership	3.44 (0.89)	3.58 (0.80)	3.62 (0.93)
Effective decision making/Skilled communication	3.95 (0.45)	3.88 (0.53)	3.80 (0.64)
Genuine teamwork	2.60 (0.42)	2.69 (0.41)	2.58 (0.45)
Appropriate Staffing	2.75 (0.73)	2.89 (0.89)	3.04 (0.92)
Physical and psychological safety	3.09 (0.69)	3.19 (0.70)	3.30 (0.58)

THE HEALTH OF A WORK ENVIRONMENT

Appendix A. Direct Care Nurse Survey

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Work Environment Scale for Direct Care Nurses

Please complete the survey below.

Thank you!

Thank you for participating in this study. Please complete the following questions to the best of your ability.

- | | 20-30 | 31-40 | 41-50 | 51-60 | 61 - above |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1) What is your age? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2) Years of Service at Norton Healthcare | _____ | | | | |
| 3) Years of Service as RN | _____ | | | | |
| 4) List current unit of practice | _____ | | | | |

Please complete the Work Environment scale for Direct Care Nurses by indicating level of relevance:

- | | Not relevant | Somewhat relevant | Quite relevant | Very relevant |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 5) Patient needs are matched to nurse competencies to determine appropriate staffing on each nursing unit | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6) Staff assignments are made based on a staffing matrix | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7) Staff assignments are made by the nurse-in-charge based on the patients acuity level | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8) Patient safety is taken into consideration when making patient assignments | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9) Nurse supervisors ensure the right skill mix of nurses and other staff when making assignments | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10) Nursing staff is provided at a level that affords nurses the ability to meet the needs of their patients | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11) | | | | |

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|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Direct care nurses speak up to make changes within the organization | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12) Direct care nurses strive to grow professionally | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13) Nurse leaders lead with integrity in their interactions with staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14) Nurse leaders are transparent to communicate positive changes in the organization | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15) Direct care nurses are empowered to make effective decisions within the organization | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16) Direct care nurses use critical thinking skills to make decisions about patient care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17) Decisions are made to benefit the patient | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18) Direct care nurses make decisions with a goal and outcome in mind | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19) Direct care nurses use a step-by-step process to make a decision | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20) Direct care nurses are recognized in the organization for a job well done | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21) Direct care nurses speak up and let their peers and bosses know when an employee has done a good job | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22) Recognition is given to direct care nurses by nurse leaders in a meaningful manner | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23) Recognition is individualized to how a direct care nurse likes to receive it | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24) The reward and recognition program is meaningful and makes direct care nurse feel valued in the organization | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25) Patient safety is a primary focus for the organization | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26) | | | | |

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|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Employee safety is a primary focus for the organization | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27) There is zero tolerance for lateral violence in the organization | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28) The organization provides physical and psychological safety for patients, families, and staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 29) Direct care nurses have the necessary resources and equipment to provide safe patient care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 30) Direct care nurses and physicians have clear communication between each other | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 31) Clear communication is where the receiver understands a message from the sender as it was intended | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 32) Direct care nurses take into account a person's nonverbal communication or body language when to communicate a message | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 33) When communicating to a patient, the direct care nurse determine the patient understands the message | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 34) When there is a language barrier between a patient or family member, the direct care nurses use a form of translation to communicate the message | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 35) Members of the team get along well with their peers and other team members | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 36) Members of the team function with unselfish desire to see the whole picture and how it affects the group | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 37) | | | | |

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Members of the team work together without an individual being bullied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38) Members of the team work together to establish a common goal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39) Members of the team work together to achieve positive patient and staff outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40) Direct care nurses collaborate with other disciplines to accomplish the goals of the organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41) Direct care nurses collaborate with other disciplines in a nonthreatening manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42) Direct care nurses collaborate with other team members while making them feel equal and part of the team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43) Direct care nurses collaborate with other disciplines to develop policies and procedures for patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Appendix B. Nurse Leader Survey

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Work Environment Scale for Nurse Leaders

Please complete the survey below.

Thank you!

-
- 1) What is your age? 20-30
 31-40
 41-50
 51-60
 61- above
-
- 2) Years of Service at Norton Healthcare _____
-
- 3) Years of Service as RN _____
-
- 4) Years of Service as Nurse Leader _____

Please complete the Work Environment Scale for Nurse Leaders by indicating the level of relevance:

	Not relevant	Somewhat relevant	Quite relevant	Very relevant
5) Patient needs are matched to nurse competencies to determine appropriate staffing on each unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) A staffing matrix is used to determine staffing for a shift	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Assignments are made based on the patients acuity level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) Nurse leaders ensure that there is enough staff scheduled to provide the best outcomes for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) Nurse leaders receive input from direct care nurses to develop a staffing plan for each nursing unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10) Nurse Leaders are accountable for staffing the units to meet the productivity targets set by the organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11) Nurse leaders lead with integrity in their interactions with the staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12)				

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|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Nurse leaders lead by being transparent and to communicating change within the organization | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13) Nurse leaders are visionaries and strive to inspire their staff to grow and develop professionally and personally | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14) Nurse leaders lead by having a voice in the organization | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15) Nurse leaders lead changes within the organization to improve patient and nurse outcomes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16) Nurse leaders are empowered to make effective decisions within the organization | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17) Nurse leaders use critically thinking skills to make effective decisions for the organization | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18) Nurse leaders determine the facts and remain objective when making effective decisions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19) Nurse leaders involve key stakeholders when making effective decisions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20) Nurse leaders are recognized for a job well done | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21) Nurse leaders speak up and let their peers and bosses know when an employee has done a good job | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22) Recognition is given to nurse leaders in a timely fashion | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23) Recognition is individualized to how the nurse leader likes to receive it | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24) Nurse leaders have opportunities for professional advancement as a form of recognition in the organization | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25) | | | | |

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|---|-----------------------|-----------------------|-----------------------|-----------------------|
| The reward and recognition program is meaningful and makes nurse leaders feel valued in the organization | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26) Patient safety is a primary focus for the organization | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27) Nurse leaders feel safe by not being retaliated against when reporting errors | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28) There is zero tolerance for lateral violence in the organization | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 29) The organization provides physical and psychological safety for patients, families and staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 30) Nurse leaders have the necessary resources and equipment to do their job | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 31) Nurse leaders communicate in a respectful manner with other people in the organization | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 32) Clear communication is where the receiver understands a message from the sender as it was intended | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 33) Messages are communicated in an objective and unbiased manner | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 34) Nurse leaders take into account a person's non verbal communication or body language when trying to communicate a message | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 35) Nurse leaders are active listeners | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 36) Nurse leaders communicate in a non-threatening manner | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 37) Members of the team treat other team members with compassion and respect | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 38) Members of the team function with unselfish desire to see the whole picture and how it affects the group and organization | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 39) | | | | |

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|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Members of the team work together without an individual feeling bullied | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 40) Nurse leaders collaborate with other disciplines in a non-threatening manner | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 41) Nurse leaders collaborate respectfully with other disciplines | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 42) Nurse leaders collaborate with other team members and make them feel equal and part of the team | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 43) Nurse leaders collaborate with other disciplines to work for the best outcome of the patients and staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 44) Nurse leaders collaborate with other disciplines to develop policies and procedures regarding patient care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |