



The Value of a Healthy Work Environment

Introduction

Numerous reports and articles have documented the challenges in recruiting and retaining a healthy nurse workforce. A healthy work environment has been defined as “a practice setting that maximizes the health and well-being of nurses, quality patient/client outcomes, organizational performance and societal outcomes” (Registered Nurses’ Association of Ontario (RNOA), 2006 p. 11) The quality of nurses’ work life was identified as a key issue by the Institute of Medicine (IOM) Committee on the Adequacy of Nurse Staffing in Hospitals and Nursing Homes (Wunderlich, Sloan, & Davis, 1996).

In national surveys conducted in 2002 and 2004, RNs identified the top four reasons for the nursing shortage as: inadequate salary and benefits, more career options for women, undesirable hours, and a negative work environment. While the overall state of the nursing work environment has shown improvement there are still problems that must be addressed if health care organizations are ever to maximize their full potential in providing high-quality and safe patient care. RNs surveyed in 2002 and 2004, believe that the best strategy to resolve the nursing shortage is to improve the work environment. (Buerhaus, Donelan, Ulrich, Norman, & Dittus, 2006).

In an effort to promote healthy work environments, professional groups have developed programs to guide employers. Four such programs, The Fourteen Forces of Magnetism, Nine Principles and Elements of a Healthful Practice/Work Environment, Six Essential Standards for establishing and sustaining healthy work environments, and Twelve Nurse-Friendly™ Hospital Criteria identify elements crucial to the health and well being of the nurse work environment and the safety and security of our health care system. Many of the elements in each of these programs are similar. This paper will briefly explore each program and the elements found to be essential to a healthy nurse work environment. Addendum A provides a table format comparison of the four programs.

It would be ideal for all nurse employers to embrace each of the elements and implement changes to achieve a healthy work environment. A staged approach may be more realistic and will be discussed in the implementation section.

Programs Promoting Health Work Environments

Fourteen Forces of Magnetism

In the early 1980s, recognizing a critical national shortage of nurses, the American Academy of Nurses (AAN) embarked on a study to identify hospitals which attract and retain professional nurses in their employment and to identify factors that seem to be associated with their success. From this study McClure et al. (1983) named characteristics of Magnet hospitals that became known as the Fourteen Forces of Magnetism. A decade after the original magnet study was published The Magnet Recognition Program was developed by the American Nurses Credentialing Center (ANCC). This voluntary program recognizes environments that not only attract nurses, but also acknowledge nursing excellence and the role professional nurses play in the delivery of quality patient care. The fourteen forces of magnetism are: interdisciplinary relationships, autonomy, professional models of care, organizational structure, quality of nursing leadership, management style, professional development, nurses as teachers, personnel policies and programs, image of nursing, consultation and resources, quality of care, quality improvement, and community and the hospital.

Six Essential Standards for established and sustaining health work environments

The American Association of Critical Care Nurses (AACN) recognizes the inextricable relationships among quality of the work environment, excellent nursing practice, and patient outcomes (AACN, 2005a). In 2005, The AACN released their *Standards for Establishing and Sustaining Healthy Work Environments: A Journey to Excellence*. AACN's healthy work environment initiative is focused, not on the physical environment, but on creating environments where the more complex, less tangible obstacles to employee and patient safety are addressed. Six evidence-based and relationship centered standards of professional practice have been identified (AACN, 2005b). The six essential standards are: true collaboration, effective decision making, appropriate staffing, authentic leadership, meaningful recognition, and skilled communication.

Nine Principles and Elements of a Healthful Practice/Work Environment

The Nursing Organizations Alliance (The Alliance) was formed in 2001 when two long-standing coalitions of nursing organizations united to create an even stronger voice for nurses. Members of the Alliance are professional associations. The mission of The Alliance is "to increase nursing's visibility and impact on health through communication, collaboration and advocacy." The Alliance has identified nine elements that they believe supports a healthful practice/work environment (The Alliance, n.d). These principles and elements of a healthful practice/work environment have been endorsed by member organizations including the American Organization of Nurse Executives (AONE). Currently AONE is working on a self assessment tool to accompany these nine elements. The nine principles and elements include: collaborative practice culture, communication rich culture, a culture of accountability, the presence of adequate numbers of qualified nurses, the presence of expert, competent, credible, visible leadership, shared decision-making at all levels, the encouragement of professional practice and continues

growth / development, recognition of the value of nursing's contribution, and recognition by nurses for their meaningful contribution to practice.

Twelve Nurse-Friendly™ Hospital Criteria

Developed by the Texas Nurses Association (TNA) Nurse-Friendly™ Hospital Designation is based on twelve criteria identified by expert nurse input and nursing literature as essential elements of the ideal nurse work environment. The TNA designation program is an ongoing program that provides a three-year designation for hospitals that can document that they met all of the criteria. The designation is awarded twice yearly. All hospitals in Texas, regardless of size, are invited to apply for Nurse-Friendly™ Hospital Designation. As of May 2006, seventeen hospitals in Texas have been certified as having the ideal nursing practice environment (TNA, 2006). The twelve criteria are: control of nursing practice, balanced lifestyle, chief nursing officer, middle management accountability, professional development, nurse orientation, competitive wages, nurse recognition, safety of the work environment, zero tolerance policy for abuse of nurses, systems exist to address patient care concerns, and quality initiatives.

In order to advance the adoption of the Twelve Nurse-Friendly™ criteria in hospitals throughout Texas the TNA partnered with the East Texas Area Health Education Center (AHEC). With the benefit of a \$1.2 million grant from the U.S. Health Resources and Services Administration (HRSA), the TNA and AHEC formed The Nurse-Friendly™ Program for Small and Rural Hospitals to assist hospitals with less than 100 beds to prepare for Nurse-Friendly™ Hospital Designation. Thirty hospitals are participating in the grant program and are at varying stages of the implementation process (TNA, 2004) TNA also intends to draft a set of "LTC Team-Friendly" Criteria to be used in evaluating exemplary long term care work environments (TNA, 2005).

Essential Elements of Health Work Environments

The following discussion represents a compilation of the four programs presented based on the identified common threads. An accompanying table, Essential Elements of a Healthy Work Environment, is provided in Addendum A to serve as a tool for comparing the four programs.

Collaboration/Teamwork

Teamwork and collaboration are often used synonymously. Collaboration is both a process (a series of events) and an outcome (a synthesis of different perspectives). Collaboration is a complex process requiring intentional knowledge sharing and joint responsibility for patient care (Lindeke & Sieckert, 2005). A common theme that describes the experience of a healthy work environment is the sense of team or community that is evident across disciplines to order to get the work of the organization done (Disch, 2002).

The quality of health care is dependent on how members of the team communicate, coordinate care, and negotiate differences in practice to achieve a comprehensive treatment plan for patients. (McGillis Hall, 2005). A staff member who makes decisions in isolation runs the risk of working with an incomplete assessment of the situation and an inaccurate perspective on the

patient's needs and treatments. Interdisciplinary relationships are extremely important. A sense of mutual respect between colleagues is essential. Nurse-physician collaboration has been found to be a strong predictor of psychological empowerment of nurses (Larrabee, Janney, Ostrow, Withrow, Hobbs Jr., & Gurani, 2003) Teamwork and partnerships emphasize the importance of communication, trusting relationships, and respectful support as necessary to create a healthy work environment (McGillis Hall, 2005). Findings suggest that poor communication and collaboration among health care professionals relate significantly to medical errors and staff turnover (Maxfield, Grenny, McMillan, Patterson, & Switzler, 2005).

Autonomy and Accountability

In order to fulfill their role as advocates, nurses must be involved in making decisions about the care of their patients. A significant gap frequently exists between what nurses are accountable for and their ability to take part in decisions that affect those accountabilities (AACN, 2005a). Autonomy & decision-making in nursing does not imply independence rather the right to exercise clinical and organizational judgment within the context of an interdependent health care team and in accordance with the socially and legally granted freedom of the discipline (MacDonald, 2002). The outcome of autonomy is accountability for practice (Holden, 1991). The influence nurses have and the control they can exert over their practice has been linked to nurse satisfaction (Ulrich, Buerhaus, Donelan, Norman, & Dittus, 2005). Effective control over practice has been linked to increased status, respect, and recognition (Kramer & Schmalenberg, 2003).

Control of Practice

“Nurses want a voice in decisions that affect the patient care environment and their ability to deliver quality care.” (Fitzpatrick, 2001. pg. 41). Control over practice is the freedom to shape policies and procedures in professional practice. When nurses have limited control over patient care they feel their expertise is not valued (The Change Foundation and the Canadian Health Services Research Foundation, 2001).

Control of nursing practice within the organization is demonstrated by development of a staffing plan that demonstrates substantive input from direct care nurses including participation on interdisciplinary committees within the organization. Further enhancement of control of practice includes the use of nursing councils to address practice concerns; systems that include direct care nurses in administrative and operational decision making; policies and procedures that facilitate the use of nursing standards and evidence based outcome measures in development of the nursing care model and practices in hiring that include direct care staff as stakeholders in hiring decisions (TNA, 2006).

Appropriate Staffing

Although nurses are dissatisfied with hospital work because of difficult working conditions, inadequate staffing is on the top, or close to the top of every list relating causes of dissatisfaction (Unruh, 2005). Nurse understaffing in hospitals has been ranked by the public and physicians as

one of the greatest threats to patient safety (Blendon, DesRoches, Brodie, Benson, Rosen, Schneider, Altman, Zapert, Herrmann, & Steffenson, 2002). When there is adequate staffing nurses have the opportunity to spend more time with each patient in every aspect of their care. However time constraints increase the likelihood of mistakes by creating a busy, stressful environment with distractions and interruptions (Iezzoni, 1997 & American Nurses Association, 1995). A number of factors have been found to influence nurse staffing from the patient, staff, and organizational perspective. Research indicates that nurse staffing has a definite and measurable impact on patient outcomes, medical errors, length of stay, nurse turnover, and patient mortality (Curtin, 2003). Substantial evidence links nurse staffing with patient, nurse, and organizational outcomes (McGillis Hall, 2005).

“Staffing must ensure the appropriate match between patient needs and nurse competencies” (AACN, 2005a). The measurement of nurse staffing focuses on numerical assessment of staffing as well as measures that take into consideration the mix of the staff employed in the organization (nursing hours per patient day, ratio of RNs to patients, and skill mix), how staff members are employed (full time, part-time, or per diem) and demographic characteristics (experience and education level) of the nursing staff (McGillis Hall, 2005). Sufficient staffing levels allow nurses the time they need to make patient assessments, complete nursing duties, and respond to health care emergencies, it also increases nurse satisfaction and reduces turnover. Studies have shown that one of the primary reasons for the increasing nurse turnover rate is dissatisfaction with workload/staffing levels (Adams & Bond, 2000). Low registered nurse staffing levels and poor organizational climates have been found to put nurses at greater risk of needle stick injuries (Aiken, Clarke, & Sloane, 2002). After adjusting for hospital characteristics, Aiken, et al. (2000), reported that an increase of one patient per nurse was linked to a 23% increase in the likelihood of burnout and 15% increase in the likelihood of job dissatisfaction.

Health care organizations must recognize the need of nurses to balance work and non-work life. Some people like to work overtime, because they can make more money or take time off at another time. Others prefer to work on a regular schedule. Although overtime is essential in emergencies there is concern that hospitals use it to compensate for inadequate levels of staffing (Steinbrook, 2002). Overtime usually refers to hours worked in excess of 40 in a regularly schedule workweek. Overtime can also refer to hours worked above and beyond the scheduled workday. Unplanned extra work can add stress and strain to home life. Comparing survey results from 2002 and 2004, in 2004 RNs reported less overtime, and when they did work overtime, RNs said they worked more voluntary versus required overtime (Buerhaus, Donelan, Ulrich, Norman, & Dittus, 2006).

Leadership

Leadership is defined as the process whereby one individual influences to achieve a common goal (Northhouse, 1997). Nursing leadership is of central importance to the work environment of nurses as it is the leaders who create and sustain the nurse work environment. Nurse managers have been found to have an impact on staff outcomes including nurse retention (Decker, 1997, Irvine & Evans, 1995; Loke, 2001; Lucas, 1991, McNeese-Smith, 1993). Staff nurses identified

that the most important characteristics of nursing leaders were experience, advanced knowledge, expertise, and clinical competence. (Meighan, 1990).

Nurse leaders are responsible for establishing strong models of nursing practice, including building levels of trust, and improving communication among team members within organizations (McGillis Hall, 2005). Leadership has been correlated with nurse job satisfaction and commitment toward institutional goals (Stordeur, D'hoore, & Vandenberghe, 2001; Larrabee, Janney, Ostrow, Withrow, Hobbs Jr. & Gurani, 2003). The literature consistently supports the key role of the leader in creating and sustaining healthy nurse work environments.

In a study of more than 43,000 nurses practicing in more than 700 hospitals in five countries, fewer than half of the nurses in each country reported that management in their hospitals were responsive to their concerns, provide opportunities for nurses to participated in decision making, and acknowledge nurses contributions to patient care (Aiken, Clarke, Sloane, Sochalski, Busse, Clarke, Giovannetti, Hunt, Rafferty, & Shamian, 2001). If change is to occur, elements contributing to unhealthy work environments must be addressed through the direct involvement of executive leadership.

Professional Development

According to Lawton & Wimpenny (2003), the three key roles or functions of professional development are: maintenance, survival, and mobility. The maintenance role refers to lifelong learning while the survival role refers to competence. The mobility role refers to employment capacity. In Magnet health care facilities significant emphasis is placed on orientation, in-service education, continuing education, formal education, and career development. Personal and professional growth and development is valued. In addition, opportunities for competency-based clinical advancement exist, along with the resources to maintain competency (TNA, 2004). Adequate orientation is not only a desired quality for the ideal work environment but it is also instrumental in facilitating a high standard of patient care (TNA, 2006).

Competitive Wages

In national surveys conducted in 2002 and 2004, RNs perceived an improved work environment to be just as important as improved wages and benefits in solving the nursing shortage (Buerhaus, Donelan, Ulrich, Norman, & Dittus, 2005). Results of a study conducted in five countries found that nurses in the United States and Canada nurses are more likely to be dissatisfied with working conditions than with their wages (Aiken, Clarke, Sloane, Sochalski, Busse, Clarke, Giovannetti, Hunt, Rafferty, & Shamian, 2001). The cost of nursing care is a significant portion of a hospital's budget. Although competitive wages are extremely important in the recruitment of nurses it is not the most important factor in retaining them.

Nurse Recognition

Nurses are the human interface between the health care organization and the patient. While a physician's time with patients is measured in minutes, nurses spend hours with patients (Greenberg, 2002). The fundamental role of the nurse is to provide quality patient care and

support for those suffering from health problems, yet these functions have often been disregarded by health care organizations. Nurses have not been treated as professional caregivers even though their presence at the bedside can literally impact life or death for their patients. With changes in the health care environment (restructuring, downsizing, managed care), nurses have been forced to perform an array of non-nursing responsibilities, which take them away from the bedside and the provision of professional nursing care (Greenberg, 2002).

Recognition of the value and meaningfulness of one's contribution to an organization is a fundamental human need and essential to personal and professional development (AACN, 2005). Reward and recognition programs, whether formal or informal, economic or personal, create motivation and job satisfaction. External rewards may draw a person to a job, but internal rewards are what keep them there (McCoy, 1999). Pay may be an incentive to recruit nurses, clinical advancement and recognition by peers and supervisors will retain them. The top motivator for job performance is recognition for a job well done (Nelson, 1994).

Adequate Support

Transforming Care at the Bedside (TCAB) a collaborative project between the Robert Wood Johnson Foundation (RWJF) and the Institute of Healthcare Improvement (IHI) is just one of many initiatives instituting small, simple changes to improve the nurse work environment making it easier for nurses to spend more time with patients and less time on administrative tasks. Moving supplies from a central location on the unit to patients' rooms allowing nurses to provide more direct patient care and the use of rapid response teams are just two examples of innovations, which support nursing practice. Rapid response teams enable a nurse to call on a team of clinicians to intervene when a patient's condition appears to be deteriorating. This practice provides validation for nurses' professional judgment and much needed assistance for patients prior to reaching a more irrevocable point of crisis (Hassmiller, & Cozine, 2006).

Intimidating behavior and poor interpersonal relationships lead to mistrust, chronic stress, and dissatisfaction among nurses (AACN, 2005a). Verbal abuse has been found to be common among healthcare providers (Sofield & Salmond, 2003). Sixteen percent of nursing turnover has been found to be related to factors associated with verbal abuse (Aiken, Clarke, Sloane, Sochalski, Busse, Clarke, Giovannetti, Hunt, Rafferty, & Shamian, 2001). Studies have revealed that verbal abuse and disrespectful behavior decrease morale, increase job dissatisfaction, and create a hostile work climate (AACN, 2004). Without adequate support nurses may experience both physical and mental illness and injuries related to the work environment resulting in absenteeism. Absenteeism is the lack of physical presence at a given time when there is a social expectation to be there (Martocchio & Harrison, 1993). One of the most basic needs in the work environment is safety, both physical and mental. Because the practice of nursing is physically demanding work, nurses are more susceptible to job-related musculoskeletal injuries (Norman, Donelan, Buerhaus, Willis, Williams, Ulrich, & Dittus, 2005). In fact a national survey of RNs revealed that almost one third (31%) of nurses had reported experiencing back or musculoskeletal injuries in the past year (Ulrich, Buerhaus, Donelan, Norman, & Dittus, 2005).

Older nurses report more musculoskeletal and needlestick injuries than are reported by younger nurses (Levtak, 2005). Of the 185,000 RNs that joined the workforce in 2002-2003, 70% were age 50 or over. By 2010, more than 40% of the RN workforce will be over 50 years of age (Norman, Donelan, Buerhaus, Willis, Williams, Ulrich, & Dittus, 2005). Therefore it is essential that factors related to the physical demands of the nurse work environment be addressed.

Quality Initiatives

Patient safety has become a national priority. The essence of nursing is helping people. Nurses want to work in organizations in which they can provide good, safe patient care. An environment grounded in evidence-based practice and nursing research is fundamental in achieving Magnet status (Turler, Reidinger, Ferket, & Reno, 2005). The Magnet Recognition Program recognizes health care organizations that demonstrate excellent outcomes in patient care as well as the ability to recruit and retain RNs (Brady-Schwartz, 2005). Therefore Magnet healthcare facilities can be used as successful models for organizations looking to integrate evidence-based practice and research into nursing practice.

Skilled Communication

Communication is one of the most important processes in a health care organization. "Nurses must be as proficient in communication skills as they are in clinical skills" (AACN, 2005b). Good communication builds productive relationships among health care workers and their patients. Nurses do not work in isolation. Optimal patient care mandates that the specialized knowledge and skills of nurses, physicians, administrators, and multiple other professionals be integrated (AACN, 2005a). In 2005 communication was the root cause of almost 70% of sentinel events, and over 80% of medication errors according to data reported to the Joint Commission from accredited organizations (Joint Commission on Accreditation of Healthcare Organizations (JCAHO), 2005). All members of the health care team must be expected to communicate effectively with each other.

Strong Community Presence

Hospitals that are best able to recruit and retain nurses also maintain a strong community presence. A community presence is seen as a variety of ongoing, long term outreach programs. Outreach programs result in the hospital being perceived as strong, positive, and a productive corporate citizen (McClure & Hinshaw, 2002). A strong community presence is indicated by a sense of public service, of giving back to the community. Such a presence is felt well beyond the walls of the hospital in ways that the public perceives the hospital as part of the community and responsive to community needs.

Implications

There is increasing evidence that patient safety, nurse recruitment and retention, and an organization's financial viability are linked to the nurse work environment. The Fourteen Forces of Magnetism, Nine Principles and Elements of a Healthful Practice/Work Environment, Six Essential Standards for establishing and sustaining healthy work environments, and Twelve

Nurse-Friendly™ Hospital Criteria have identified elements crucial to the health and well being of the nurse work environment and the safety and security of our health care system. Surveys conducted in 2002 and 2004 reveal that several positive changes in the nurse work environment have occurred resulting in decreased overtime and stress, increased job and career satisfaction, and improved relationships between nurses.(Buerhaus, Donelan, Ulrich, Norman, & Dittus, 2006). However there are still problems that must be overcome if health care organizations are ever to reach their full potential in providing safe, competent, and quality health care. A healthy work environment for nursing practice is desirable for both nurses and consumers of health care.

The optimum approach to achieve a healthy work environment will depend on the employment setting, size, available resources, and commitment of administration. The starting point regardless of these variables is to assess the current environment using the elements identified. With an honest, open approach determine the organizations strengths, weaknesses, and opportunities. If resources are limited (human and/or financial) it may be necessary to address the opportunities using a phased approach. For example, while funds are not available to bring wages up to a competitive level, implement programs that give nurses control of their practice and enforce an expectation that all members of the health care team demonstrate true collaboration. The essential process toward achievement of a healthy work environment includes:

1. Organizational leaders who acknowledge the necessity and value of maintaining a healthy work environment.
2. Completion of an honest, thorough assessment of the current environment.
3. Development of a plan to address weaknesses and opportunities.
4. Change is implemented and, if phased approach, completed.
5. Results/outcomes are evaluated.

Addendum A

Essential Elements of a Healthy Work Environment

The purpose of this table is to serve as a tool to compare four programs created by professional groups to promote healthy work environments. Each element identified as essential is in italics.

Essential Elements	Fourteen Forces of Magnetism¹	Six Essential Standards²	Twelve Nurse-FriendlyTM Hospital Criteria³	Nine Principles & Elements of a Healthful Practice/ Work Environment⁴
<i>Collaboration Teamwork</i>	<p><i>Interdisciplinary relationships</i></p> <ul style="list-style-type: none"> • Interdisciplinary relationships are characterized as positive. • A sense of mutual respect is exhibited among all disciplines. 	<p><i>True Collaboration</i></p> <ul style="list-style-type: none"> • Nurses must be relentless in pursuing and fostering true collaboration. 		<p><i>Collaborative Practice Culture</i></p> <ul style="list-style-type: none"> • Respectful collegial communication & behavior • Team orientation • Presence of trust • Respect for diversity
<i>Autonomy & Accountability</i>	<p><i>Autonomy</i></p> <ul style="list-style-type: none"> • Nurses are permitted and expected to practice autonomously, consistent with professional standards. <p><i>Professional models of care</i></p> <ul style="list-style-type: none"> • Models of care are used that give nurses the responsibility and authority for the provision of patient care. • Nurses are accountable for their own practice and are the coordinators of care. 			<p><i>A Culture of Accountability</i></p> <ul style="list-style-type: none"> • Role expectations are clearly defined • Everyone is accountable

Essential Elements	Fourteen Forces of Magnetism¹	Six Essential Standards²	Twelve Nurse-Friendly™ Hospital Criteria³	Nine Principles & Elements of a Healthful Practice/ Work Environment⁴
<i>Control of Practice</i>	<i>Organizational structure</i> <ul style="list-style-type: none"> Organizational structures are characterized as flat, rather than tall, with unit based decision making prevailing. Nursing departments are decentralized, with strong nursing representation evident in the organizational committee structure. The nursing leader serves at the executive level of the organization, and the chief nursing officer reports to the chief executive officer. 	<i>Effective Decision Making</i> <ul style="list-style-type: none"> Nurses must be valued and committed partners in making policy, directing and evaluating clinical care and leading organizational operations. 	<i>Control of Nursing Practice</i> <ul style="list-style-type: none"> Nurses are accountable for their own practice and are coordinators of patient care. 	<i>Shared Decision-Making at All Levels</i> <ul style="list-style-type: none"> Nurses participate in system, organizational, and process decisions Formal structure exists to support shared decision-making Nurses have control over their practice.
<i>Staffing</i>		<i>Appropriate Staffing</i> <ul style="list-style-type: none"> Staffing must ensure the effective match between patient needs and nurse competencies 	<i>Balanced Lifestyle</i> <ul style="list-style-type: none"> The facility recognizes the need of nurses to balance work and non-work life 	<i>The Presence of Adequate Numbers of Qualified Nurses</i> <ul style="list-style-type: none"> Ability to provide quality care to meet client/patient's needs Work/home life balance
<i>Leadership</i>	<i>Quality of Nursing Leadership</i> <ul style="list-style-type: none"> Nursing leaders are knowledgeable, strong 	<i>Authentic Leadership</i> <ul style="list-style-type: none"> Nurse leaders must fully embrace the imperative of a healthy work 	<i>Chief Nursing Officer</i> <ul style="list-style-type: none"> The activities of the chief nursing officer in the management of nursing 	<i>The Presence of Expert, Competent, Credible, Visible Leadership</i> <ul style="list-style-type: none"> Serve as an advocate for

Essential Elements	Fourteen Forces of Magnetism ¹	Six Essential Standards ²	Twelve Nurse-Friendly™ Hospital Criteria ³	Nine Principles & Elements of a Healthful Practice/ Work Environment ⁴
	<p>risk takers who follow an articulated philosophy in day-to-day operations of the nursing department. Nursing leaders also convey a strong sense of advocacy and support on behalf of the staff.</p> <p>Management style</p> <ul style="list-style-type: none"> Hospital and nursing administrators use a participative management style, incorporating feedback from staff at all levels of the organization. Feedback is characterized as being encouraged and valued. Nurses serving in leadership positions are visible, accessible, and committed to communicating effectively with staff. 	<p>environment, authentically live it and engage others in its achievement.</p>	<p>services are supported by hospital administration.</p> <p>Middle Management Accountability</p> <ul style="list-style-type: none"> The organization facilitates leadership competency among supervisors of direct care nurses and middle management through a delineated leadership program. 	<p>nursing practice</p> <ul style="list-style-type: none"> Support shared decision-making Allocate resources to support nursing
Professional Development	<p>Professional development</p> <ul style="list-style-type: none"> Significant emphasis is placed on orientation, in-service education, continuing education, formal education, and 		<p>Professional Development</p> <ul style="list-style-type: none"> The facility has a professional development program to facilitate ongoing educational needs to maintain and /or further 	<p>The Encouragement of Professional Practice & Continued Growth/Development</p> <ul style="list-style-type: none"> Continuing education/certification is

Essential Elements	Fourteen Forces of Magnetism¹	Six Essential Standards²	Twelve Nurse-Friendly™ Hospital Criteria³	Nine Principles & Elements of a Healthful Practice/ Work Environment⁴
	career development. Personal and professional growth and development is valued. <i>Nurses as teachers</i> <ul style="list-style-type: none"> Nurses are permitted and expected to incorporate teaching in all aspects of their practice. 		develop professional expertise. <i>Nurse Orientation</i> <ul style="list-style-type: none"> Adequate orientation is not only a desired quality for the ideal work environment but is an important factor in facilitating a high standard of care. 	supported and encouraged <ul style="list-style-type: none"> Participation in professional associations encouraged An information rich environment is supported
<i>Competitive Wages</i>	<i>Personnel policies and programs</i> <ul style="list-style-type: none"> Salaries and benefits are characterized as competitive. Rotating shifts are minimized and creative and flexible staffing models are used. Personnel policies are created with staff involvement, and significant administrative and clinical promotional opportunities exist. 		<i>Competitive Wages</i> <ul style="list-style-type: none"> Nursing salaries are competitive, are market adjusted, and recognize outstanding performance and professional commitment. 	
<i>Nurse Recognition</i>	<i>Image of nursing</i> <ul style="list-style-type: none"> Nurses are viewed as integral to the hospital's ability to provide patient care services. The services 	<i>Meaningful Recognition</i> <ul style="list-style-type: none"> Nurses must be recognized and must recognize others for the value each brings to the 	<i>Nurse Recognition</i> <ul style="list-style-type: none"> The facility recognizes individual nurse merit and excellence. 	<i>Recognition of the Value of Nursing's Contribution</i> <ul style="list-style-type: none"> Reward and pay for performance Career mobility and

Essential Elements	Fourteen Forces of Magnetism¹	Six Essential Standards²	Twelve Nurse-Friendly™ Hospital Criteria³	Nine Principles & Elements of a Healthful Practice/ Work Environment⁴
	provided by nurses are characterized as essential by the other members of the health care team.	work of the organization.		expansion <i>Recognition by Nurses for Their Meaningful Contribution to Practice</i>
<i>Adequate support</i>	<i>Consultation and resources</i> <ul style="list-style-type: none"> Adequate consultation and other human resources are available. Knowledgeable experts, particularly advanced practice nurses, are available and used. In addition peer support is given within and outside the nursing division. 		<i>Safety of the Work Environment</i> <ul style="list-style-type: none"> The facility demonstrates a concern for the health and safety of nurses by meeting and or exceeding regulatory standards. <i>Zero Tolerance Policy for Abuse of Nurses</i> <ul style="list-style-type: none"> Facility does not tolerate physician abuse of nurses. <i>Systems Exist to Address Patient Care Concerns</i> <ul style="list-style-type: none"> Nurses have a professional obligation to advocate for patients and to resolve issues that they believe affect the quality of patient care. 	
<i>Quality Initiatives</i>	<i>Quality of care</i> <ul style="list-style-type: none"> Nurses perceive that they are providing high quality care to their patients. Providing quality care is seen as an organizational 		<i>Quality Initiatives</i> <ul style="list-style-type: none"> The facility demonstrates a commitment to evidence based practice. 	

Essential Elements	Fourteen Forces of Magnetism ¹	Six Essential Standards ²	Twelve Nurse-Friendly™ Hospital Criteria ³	Nine Principles & Elements of a Healthful Practice/ Work Environment ⁴
	<p>priority as well, and nurses serving in leadership positions are viewed as responsible for developing the environment in which high quality care can be provided.</p> <p>Quality improvement-</p> <ul style="list-style-type: none"> • Staff nurses participate in the quality improvement process and perceive the process as one that improves the quality of care. 			
Skilled Communication		<p>Skilled Communication</p> <ul style="list-style-type: none"> • Nurses must be as proficient in communication skills as they are in clinical skills. 		<p>Communication Rich Culture</p> <ul style="list-style-type: none"> • Clear and respectful • Open & trusting
Strong community presence	<p>Community and the hospital</p> <ul style="list-style-type: none"> • Hospitals that are best able to recruit and retain nurses also maintain a strong community presence. 			

Source Documents

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