# AACN Standards for Establishing and Sustaining Healthy Work Environments

*A Journey to Excellence, 2nd edition*

AMERICAN ASSOCIATION *of* CRITICAL-CARE NURSES

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# A Message From
# the American Association of
# Critical-Care Nurses

In 2001, the American Association of Critical-Care Nurses (AACN) committed to actively promote the creation of healthy work environments that support and foster excellence in patient care wherever acute and critical care nurses practice. This commitment further solidified the Association's dedication to optimal patient care and the recognition that the deepening nurse shortage could not be reversed without work environments that support excellence in nursing practice.

*AACN Standards for Establishing and Sustaining Healthy Work Environments: A Journey to Excellence*, issued in 2005, responded to mounting evidence that unhealthy work environments contribute to medical errors, ineffective delivery of care, and conflict and stress among health care professionals. The standards uniquely identified previously discounted systemic behaviors that can result in unsafe conditions and obstruct the ability of individuals and organizations to achieve excellence. AACN called for the creation and continual fostering of healthy work environments as an imperative for ensuring patient safety and optimal outcomes, enhancing staff recruitment and retention, and maintaining health care organizations' financial viability.

This seminal work identified 6 essential standards that must be in place to create and ensure a healthy work environment. They provide an evidence-based framework for organizations to create work environments that encourage nurses and their colleagues in every health care profession to practice to their utmost potential, ensuring optimal patient outcomes and professional fulfillment.

Since the first edition of the standards was released in 2005, there has been spirited national and international dialogue about the work environment's impact on nurse retention, team effectiveness, patient safety, nurse and patient outcomes, and burnout among health care professionals. Yet workplace studies confirm that unhealthy work environments still exist in many organizations despite delineation of the standards, robust discussion of issues, and enhanced focus on patient safety and outcomes of care. At no other time in health care's history has there been more turbulence, rapid change, or complexity. Today's work environments demand even more attention to the fundamental issues of these standards, because stakes are high, and patients' lives depend on it.

Bolstered by the activity of the last decade, this second edition of the standards reflects AACN's continued commitment to act boldly, deliberately, and relentlessly until issues that impede the creation of healthy work environments are resolved. The original 6 standards remain unchanged. They are now further supported by new evidence confirming the inextricable link between healthy work environments and optimal outcomes for patients, health care professionals, and health care organizations. The evidence confirms that work and care environments must be safe, healing, and humane. They

must be respectful of the needs and contributions of patients, families, and every individual who directly or indirectly affects patient care.

Year after year since 1999, Gallup's annual survey has confirmed nurses as the professionals most trusted to act honestly and ethically.[1] The public relies on nurses to bring about bold change that ensures safe patient care and paves a path toward excellence. These standards —— and the courage it takes to ensure their implementation — honor the public's trust.

AACN — a community of exceptional nurses — is the largest specialty nursing organization in the world. We have the knowledge, strength, and influence to establish and sustain healthy work environments by making these standards the norm. This requires the commitment of each nurse, each unit, and each organization. We urge you to join us in furthering this vision through thoughtful and decisive actions. There is no time to wait. Our patients and their families are depending on us.


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[1]Honesty/Ethics in Professions. http://www.gallup.com/poll/1654/honesty-ethics-professions.aspx. Published December 2, 2015. Accessed January 4, 2016.

"IF WE DON'T DRIVE CHANGE, CHANGE WILL DRIVE US."

*—Kevin Cashman*
*Author, Leader, Consultant*

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# CASES IN POINT

Acute and critical care nurses repeatedly voice grave concerns and experience moral distress regarding the status of health care work environments. The following examples reflect countless similar instances occurring daily in health care organizations and demonstrate the devastating impact of unhealthy work environments on the effectiveness of the health care system.

**1** A new graduate nurse is told during orientation that nurses in the unit do not believe new nurses should work in critical care. The experienced nurses avoid the new nurse, complaining he is too needy and asks too many questions. Isolated and not wanting to be a burden, the new nurse tries to manage a complicated patient without asking for help. The patient's condition worsens and when the physician arrives, she yells at the nurse, blaming him for poor patient care. The physician demands the assignment be changed and insists that this nurse never care for her patients again. Devastated, the nurse resigns from the hospital and eventually changes careers.

**2** The critical care unit is unusually busy and short-staffed due to sick calls. A Code Blue is called at 3 a.m. on a medical-surgical unit. The critical care nurse assigned to the emergency response team asks her fellow nurses to cover her patients while she responds. The nurses reassure her they will collectively keep an eye on her patients. Shortly after the nurse leaves, they hear a loud crash and find one of her patients on the floor. The patient dies the next day of complications from an epidural hemorrhage.

**3** A physician running late for office hours quickly rounds on a patient without seeking out or interacting with the patient's nurse. The physician is unaware that the patient experienced a near-syncopal episode earlier in the day and, from a remote location, enters orders to resume all blood pressure medications. A nurse on the next shift administers the medications, and the patient experiences a life-threatening decrease in blood pressure.

**4** A hospital aggressively tries to reduce throughput times in the emergency department (ED) by implementing a policy that, without exception, units must accept patients from the ED within 1 hour of the bed being ready. Seeking to comply with the policy, the ED staff transports a patient to the unit without knowing that the receiving nurse is not there to accept the patient. Tensions run high between staff members, and an argument ensues in front of the patient and family, who become frightened and lose confidence in the unit's ability to provide safe care.

"OUR LIVES BEGIN TO END THE DAY WE BECOME SILENT ABOUT THINGS THAT MATTER."

*–Martin Luther King Jr.*

Each day, medical errors harm patients and families who are cared for in thousands of health care settings. Work environments that tolerate ineffective interpersonal relationships and do not support education to acquire the skills needed to prevent harm perpetuate these unacceptable conditions. And health care professionals are complicit when they remain silent and resigned despite their overwhelming moral distress. Consider these all-too-familiar situations:

- An unstable patient deteriorates and requires urgent intervention because a less-experienced nurse doesn't ask peers for advice due to some previous unpleasant encounters when seeking help.

- A patient falls and sustains injuries after trying to get out of bed on his own because a nurse had to leave an inappropriately staffed unit to respond to an emergency elsewhere.

- A physician orders new medications via computer at a remote location without discussing the change with the patient's nurse. The medications are given, and the patient develops life-threatening complications.

- A rigidly enforced policy prevents collaborative decision making between 2 hospital units. This results in tense staff relationships and reduced patient and family perceptions of the care being delivered.

Each of these situations represents poor and ineffective relationships characteristic of an unhealthy work environment. Time and education to develop essential skills are often dismissed as unworthy of resource allocation because of the mistaken perception that relationships among health care team members do not affect an organization's financial health. Nothing could be further from the truth. Relationship issues create serious obstacles to the development of work environments where patients and their families can receive safe care and achieve optimal outcomes. Inattention to those relationships creates barriers that can become the root cause of medical errors, hospital-acquired infections, clinical complications, patient readmissions, and nurse turnover.

The National Academy of Medicine (NAM), formerly known as the Institute of Medicine, reports that safety and quality issues exist in large part because dedicated health care professionals work in systems that neither prepare nor support them to achieve optimal patient care outcomes.[1] Adequately addressing these reputedly "soft" issues is key to halting the epidemic of treatment-related harm to patients and the continued erosion of the bottom line in health care organizations.

All health care professionals are obligated to address these issues. And nurses are bound by the *Code of Ethics for Nurses* to maintain professional, respectful, and caring relationships with colleagues as well as ensuring fair treatment, transparency, and the best possible resolution of conflicts.[2]

For more than 3 decades, AACN has advocated for principles such as interprofessional collaboration and effective leadership that are essential to healthy work environments.[3] The standards in this document

extend this legacy and support the National Academy of Medicine's declaration that nurses are uniquely positioned to play an integral role in the transformation of health care.[4,5]

A 9-person panel developed the standards in 2005, drawing from extensive published and unpublished reports from nurses and other experts in health care organizations across the United States. Fifty expert reviewers, representing a wide range of roles, acute and critical care settings, and geographic locations where nursing care is provided, validated the standards, critical elements, and explanatory text.

This second edition reflects the emergence of robust evidence acquired since 2005 addressing the concepts described in the 6 standards. The literature strongly supports the tenets of the standards and highlights the urgent need for health care professionals to continue addressing these issues. Current evidence establishes a link from the health of the work environment to patient and nurse outcomes that reinforces the premise that rather than soft, the issues addressed in the standards are critical to safe and effective patient care.

# 6 essential standards

AACN is strategically committed to bringing its influence and resources to bear on creating work and care environments that are safe, healing, humane, and respectful of the rights, responsibilities, needs, and contributions of all people — including patients, their families, nurses, and other health care professionals. AACN recognizes the inextricable links among the quality of the work environment, excellent nursing practice, and patient care outcomes. The AACN Synergy Model for Patient Care™ further affirms that excellent nursing practice is that which meets the needs of patients and their families.[6]

| | |
|---|---|
| **essential** | Absolutely required; not to be used up or sacrificed. Indispensable. Fundamental. |
| **standard** | Authoritative statement articulated and promulgated by the profession, by which the quality of practice, service, or education can be judged. |
| **critical elements** | Structures, processes, programs, and behaviors required for a standard to be achieved. |

Six standards for establishing and sustaining healthy work environments have been identified. The standards represent evidence-based and relationship-centered principles of professional performance. Each standard is considered essential in that effective and sustainable outcomes do not emerge when any standard is considered optional.

The standards align directly with the core competencies for health care professionals recommended by the National Academy of Medicine (NAM). They support the education of all health care professionals and echo NAM's call "to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics."[7]

The standards also align with the 9 provisions of the American Nurses Association's *Code of Ethics for Nurses* and provide a framework to assist nurses in upholding their obligation to practice in ways that are consistent with appropriate ethical behaviors.[2] Properly implemented, the standards help ensure that acute and critical care nurses have the skills, resources, accountability, and authority to make decisions that help ensure excellent professional nursing practice and optimal outcomes for patients and their families.

In addition, the standards support the education of nurse leaders to acquire the core competencies of self-knowledge, strategic vision, risk-taking and creativity, interpersonal and communication effectiveness, and inspiration identified by the Robert Wood Johnson Foundation's Executive Nurse Fellows Program.[8]

The standards are neither detailed nor exhaustive. They do not directly address dimensions such as physical safety, clinical practice, clinical and academic education, and credentialing, all of which are addressed by a multitude of statutory, regulatory and professional agencies, and other organizations. With these standards we aspire to shine a light on the dimension these frameworks often overlook — the human factor.

This document is designed to be used as a foundation for thoughtful reflection, engaged dialogue, and bold action related to the current realities of work environments. Critical elements required for successful implementation accompany each standard. Working collaboratively, individuals and groups in an organization should determine the priority and depth of application required to ensure each standard is met.

The standards for establishing and sustaining healthy work environments:

### Skilled Communication
Nurses must be as proficient in communication skills as they are in clinical skills.

### True Collaboration
Nurses must be relentless in pursuing and fostering true collaboration.

### Effective Decision Making
Nurses must be valued and committed partners in making policy, directing and evaluating clinical care, and leading organizational operations.

### Appropriate Staffing
Staffing must ensure the effective match between patient needs and nurse competencies.

### Meaningful Recognition
Nurses must be recognized and must recognize others for the value each brings to the work of the organization.

### Authentic Leadership
Nurse leaders must fully embrace the imperative of a healthy work environment, authentically live it, and engage others in its achievement.

# adoption and implementation

The standards provide a functional yardstick for performance and development of individuals, units, organizations, and systems. They reaffirm that safe and respectful work environments are imperative and require systems, structures, and cultures that support communication, collaboration, decision making, staffing, recognition, and leadership.

Progress for each standard can be measured using the AACN Healthy Work Environment Assessment™ tool available at www.aacn.org/hwe. This assessment measures baseline and sequential progress of a unit's journey to implement and sustain the standards. References and other resources support individuals and teams in understanding perceptions, barriers, and tactics for addressing each standard.

Implementation of the standards demonstrates an organization's ethical accountability for the provision of safe and optimal care to patients and families. The standards can only lead to excellence when they have been adopted at every level of the organization — from the bedside to the boardroom. Adoption requires creating the systems, structures, and cultures that provide the ongoing collaborative education necessary to

enhance and support the effort. This requires organizational leaders to recognize that people often create and perpetuate unhealthy work environments because they lack the knowledge, skills, and experience to do otherwise.

Success will be further ensured when individuals are afforded the opportunities to acquire needed skills and willingly embrace implementation of the standards as a personal obligation, holding themselves and others accountable. Success requires a committed partnership between nurses and their organizations. For example, safe staffing cannot be accomplished when a fatigued nurse works excessive overtime hours and perhaps attempts to maintain a second job.

Careful scrutiny of the 6 standards, illustrated in Figure 1, reveals the interdependence of each standard. For example, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership depend upon skilled communication and true collaboration. Likewise, authentic leadership is imperative to ensure sustained implementation of the other standards.



OPTIMAL PATIENT OUTCOMES

CLINICAL EXCELLENCE

HEALTHY WORK ENVIRONMENT

SKILLED COMMUNICATION

AUTHENTIC LEADERSHIP

MEANINGFUL RECOGNITION

TRUE COLLABORATION

EFFECTIVE DECISION MAKING

APPROPRIATE STAFFING
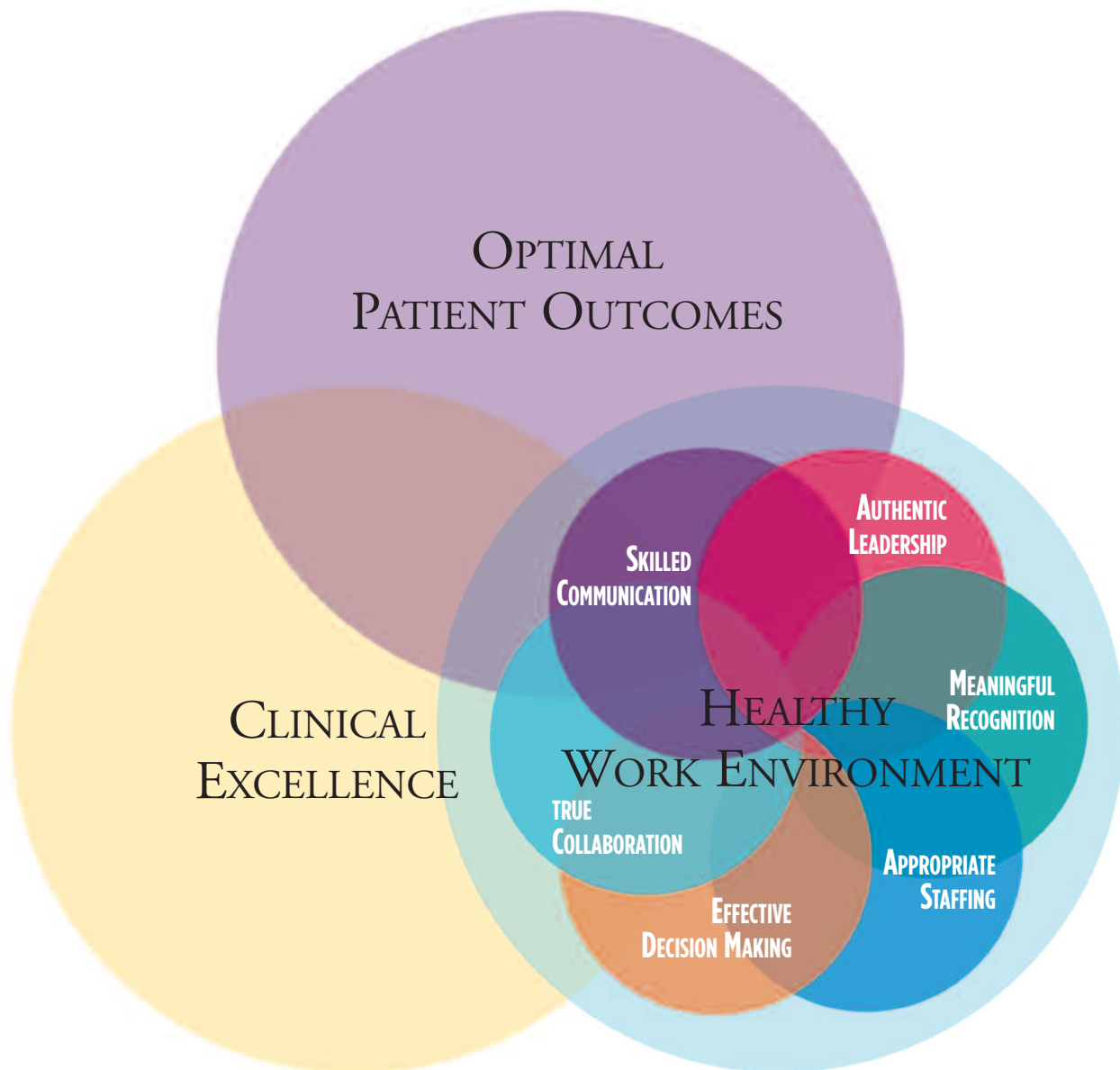
## figure 1

Interdependence of Healthy Work Environment, Clinical Excellence, and Optimal Patient Outcomes.

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# standard 1

NURSES MUST BE AS PROFICIENT IN COMMUNICATION SKILLS AS THEY ARE IN CLINICAL SKILLS.

## *skilled*

### (skĭld)

*Having familiar knowledge united with readiness and dexterity in its application*

Optimal care of patients mandates that nurses, physicians, administrators, and other health care professionals integrate their specialized knowledge and skills. This integration can be accomplished only through frequent, respectful interaction, and skilled communication. Skilled communication is more than the one-way delivery of information. It is a two-way dialogue in which individuals think and decide together. The culture of critical care requires true collaboration and demands an environment where nurses speak with knowledge and authority related to patient care.[1]

Creating safe and excellent work environments requires that nurses and health care organizations make it a priority to develop written, spoken, and nonverbal communication skills that are on par with expert clinical skills.[2] In AACN's critical care nurse work environment surveys conducted in 2006, 2008, and 2013, nurses rated themselves as proficient in communication skills as they are in clinical skills. Communication was rated higher at the unit level than the organization level in all three surveys.[3,4,5] Yet, data from The Joint Commission indicate that breakdowns in team communication are top contributors to sentinel events.[6]

Research indicates that nurses regularly take calculated risks and do not communicate with colleagues because they feel unsafe or that others will not listen — even when a patient safety tool signals potential harm.[7] As a result, patients in the care of clinically expert nurses are at risk for medical errors and other forms of unintended harm.[8,9,10,11,12]

Intimidating behavior and deficient interpersonal relationships lead to mistrust, chronic stress, and dissatisfaction among nurses, which contribute to nurses leaving their positions and often their profession altogether.[13] The 2013 AACN critical care nurse work environments survey identified respect as a key factor in successful communication.[3] When a work environment is disrespectful, nurses can encounter conflict in every dimension of their work, including conflict with others as well as between their own personal and professional values. Skilled communication supports a nurse's ethical obligation to seek a resolution that preserves his/her professional integrity while ensuring a patient's safety and best interests.[14]

"WE CANNOT BE TRULY HUMAN APART FROM COMMUNICATION … TO IMPEDE COMMUNICATION IS TO REDUCE PEOPLE TO THE STATUS OF THINGS."

*—Paulo Freire*
*International educator, Community activist*

Ensuring that nurses and other team members receive support from leaders for education, competency mastery, and meaningful rewards for effectively negotiating conflict-laden conditions can dramatically improve the work environment.

## critical elements

- The health care organization provides team members with support for and access to interprofessional education and coaching that develop critical communication skills, including self-awareness, inquiry/dialogue, conflict management, negotiation, advocacy, and listening.

- Nurses and all other team members are accountable for identifying personal learning and professional growth needs related to communication skills.

- Skilled communicators focus on finding solutions and achieving desirable outcomes.

- Skilled communicators seek to protect and advance collaborative relationships among colleagues.

- Skilled communicators invite and hear all relevant perspectives.

- Skilled communicators call upon goodwill and mutual respect to build consensus and arrive at common understanding.

- Skilled communicators demonstrate congruence between their words and actions, holding others accountable for doing the same.

- Skilled communicators have access to appropriate communication technologies and are proficient in their use.

- Skilled communicators seek input on their communication styles and strive to continually improve.

- The health care organization establishes zero-tolerance policies and enforces them to address and eliminate abuse and other disrespectful behavior in the workplace.

- The health care organization establishes formal structures and processes that ensure effective and respectful information sharing among patients, families, and the health care team.

- The health care organization establishes systems that require individuals and teams to formally evaluate the impact of communication on clinical and financial outcomes, and the work environment.

- The health care organization includes communication as a criterion in its formal performance appraisal system, and team members demonstrate skilled communication to qualify for professional advancement.

"The single biggest problem in communication is the illusion that it has taken place."

*-George Bernard Shaw*
*Playwright, Nobel laureate*

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# standard 2

**Nurses must be relentless in pursuing and fostering true collaboration.**

## *true*
### (trōō)

*Sincerely felt or expressed. Not pretended. Worthy of being depended on*

True collaboration is a process, not an event. It must be ongoing and built over time, eventually resulting in a work culture where communication and decision making between nurses and other professions as well as among nurses themselves becomes the norm. Unlike the lip service that collaboration is often given, in true collaboration the unique knowledge and abilities of each professional are respected to achieve optimal, safe, and quality care for patients. Skilled communication, trust, knowledge, shared responsibility, mutual respect, optimism, and coordination are integral to successful collaboration.[1,2,3]

Without the synchronous, ongoing collaborative work of health care professionals from multiple disciplines, patient and family needs cannot be optimally satisfied within the complexities of today's health care system. Extensive evidence shows the negative impact of poor collaboration on various measurable indicators, including patient safety and outcomes, patient and family satisfaction, professional staff satisfaction, nurse retention, and cost.[4,5,6,7,8] The National Academy of Medicine, formerly known as the Institute of Medicine, points to "a historical lack of interprofessional cooperation as one of the cultural barriers to safety in hospitals."[9,10]

AACN's critical care nurse work environment surveys demonstrate that collaboration with physicians and administrators is among the most important elements in creating a healthy work environment.[1,2,3] Nurse-physician collaboration also is a strong predictor of psychological empowerment of nurses.[11,12] Respect between nurses and physicians for each other's knowledge and competence, coupled with a mutual concern that quality patient care will be provided, is a key organizational element of work environments that attracts and retains nurses.[1,2,3]Additionally, an unresponsive bureaucracy generates organizational stress, which is significantly more predictive of nurse burnout and resignations than emotional stressors inherent in the work itself.[1,2,3]

"We are different so that we can know our need of one another, for no one is ultimately self-sufficient. A completely self-sufficient person would be subhuman."

*–Archbishop Desmond Tutu*
*Civil rights activist, Nobel laureate*

Conflict is a natural part of human relationships which emphasizes the need for effective and collegial interpersonal relationships. These connections and the collaboration they produce require constant attention and nurturing, supported by formal processes and structures that foster joint communication and decision making.[13] Evidence documenting differing perceptions among nurses, physicians and health care executives of nurse-physician collaboration points to an imperative that effective methods be developed to improve working relationships among all health care professionals.[1,2,3,10,14]

## critical elements

- The health care organization provides team members with support for and access to interprofessional education and coaching that develop collaboration skills.

- The health care organization creates, uses, and evaluates processes that define each team member's accountability for collaboration and how unwillingness to collaborate will be addressed.

- The health care organization creates, uses, and evaluates operational structures that ensure the decision-making authority of nurses is acknowledged and incorporated into the norm.

- The health care organization ensures unrestricted access to structured forums, such as ethics committees, and makes available the time and resources needed to resolve disputes among all critical participants, including patients, families, and the health care team.

- Every team member embraces true collaboration as an ongoing process and invests in its development to ensure a sustained culture of collaboration.

- Every team member contributes to the achievement of common goals by giving power and respect to each person's voice, integrating individual differences, resolving competing interests, and safeguarding the essential contribution each makes in order to achieve optimal outcomes.

- Every team member acts with a high level of personal integrity and holds others accountable for doing the same.

- Team members master skilled communication, an essential element of true collaboration.

- Each team member demonstrates competence appropriate to his or her role and responsibilities.

- Nurse and physician leaders are equal partners in modeling and fostering true collaboration.

"We don't accomplish anything in this world alone … and whatever happens is the result of the whole tapestry of one's life and all the weavings of individual threads from one to another that create something."

*–Sandra Day O'Connor*
*Former Associate Justice of the Supreme Court of the United States*

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# standard 3

Nurses must be valued and committed partners in making policy,
directing and evaluating clinical care, and leading organizational operations.

*effective*

(ĭ-fĕk′tĭv)

*Producing a strong
impression or response*

To fulfill their role as advocates, nurses must be involved in making decisions about patient care.[1] However, a significant gap often exists between what nurses are accountable for and their participation in decisions affecting those accountabilities. Nurse involvement and full partnership with physicians and other health care professionals in decisions that impact patient care are key messages of the 2011 Institute of Medicine report on the future of nursing.[2]

The 2013 AACN critical care nurse work environment survey reports a decline in effective decision making as the largest change from the 2008 survey.[3,4] The standard specifically addresses the nurse's role in making policy, directing and evaluating clinical care, and leading organizational operations. The survey also reports a decline in the perception that nurses have the opportunity to influence decisions that affect the quality of patient care.[3,4] This autonomy-accountability gap interferes with nurses' ability to optimize their essential contribution and fulfill their obligations to the public as licensed professionals.

As the single constant professional presence for hospitalized patients, nurses are uniquely positioned to gather, filter, interpret, and transform data from patients and the system into meaningful information required to diagnose, treat, and deliver care. Evidence indicates that nurse involvement in decision making is associated with improved work satisfaction and positive patient outcomes.[5] Failure to incorporate the perspective of experienced nurses in clinical and operational decisions may lead to harmful and costly errors, while also threatening a health care organization's financial viability.

Nurses believe they provide high-quality nursing care and are accountable for their own practice.[3,4,6,7] Health care organizations that attract

"People will not believe in [an organizational] change effort unless
they have the opportunity to plan it, experience it, provide feedback, and own it.
Involvement supports and sustains motivation, the essential ingredient for change."

—*Robert F. Allen*
*Advocate for cultural change and wellness*

and retain nurses successfully implement professional care models in which nurses have the responsibility and related authority for patient care. When nurses do not have control over their practice, they become dissatisfied and are at risk for leaving an organization. Formal operational structures support this autonomous nursing practice. National programs such as the AACN Beacon Award for Excellence®, the American Nurses Credentialing Center (ANCC) Magnet Recognition Program® and the Malcom Baldrige National Quality Program recognize this organizational success.[8,9,10,11]

## critical elements

- The health care organization clearly articulates organizational values, and team members incorporate these values when making decisions.

- The health care organization ensures that nurses in positions from the bedside to the boardroom participate in all levels of decision making.

- The health care organization provides team members with support for and access to ongoing interprofessional education and development programs focusing on strategies that ensure collaborative decision making. Program content includes mutual goal setting, negotiation, facilitation, conflict management, systems thinking, and performance improvement.

- The health care organization has operational structures in place that ensure the perspectives of patients and their families are incorporated into decisions affecting patient care.

- Individual team members share accountability for effective decision making by acquiring necessary skills, mastering relevant content, assessing situations accurately, sharing fact-based information, communicating opinions clearly, and inquiring actively.

- The health care organization establishes systems, such as structured forums involving appropriate departments and health care professions, to facilitate data-driven decisions.

- The health care organization establishes deliberate decision making processes that ensure respect for the rights of every individual, incorporate all key perspectives, and designate clear accountability.

- The health care organization has fair and effective processes in place at all levels to objectively evaluate the results of decisions, including delayed decisions and indecision.

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"Individuals and organizations learn and evolve through conscious, deliberate action. Deliberate action is ethical. When the time to act has come, it is unethical not to do something."

*–David Thomas*
*Ethicist, Ethics of Choice Training Program*

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24

# standard 4

**Staffing must ensure the effective match between patient needs and nurse competencies.**

*appropriate*

(ə-prō′prē -ĭt)

*Suitable for achieving a particular end*

Inappropriate staffing seriously endangers patient safety and impacts nurses' well-being. Evidence suggests that better patient outcomes result when registered nurses in healthy work environments provide a higher proportion of care hours.[1,2,3] However, the beneficial impact of enhanced staffing is contingent upon the status of the work environment.[4] Studies show that investing solely in staffing resources in the absence of a healthy work environment is ineffective.[1,5,6] Further evidence confirms that the likelihood of serious complications or death increases when fewer registered nurses are assigned to care for patients.[1,7,8,9] Research also acknowledges a relationship between educational preparation, specialty certification, and clinical nursing expertise.[1,10,11,12,13]

The 2013 AACN critical care nurse work environment survey reports a significant decline from the 2 previous surveys in both the health of the work environment and the presence of appropriate staffing.[14,15,16] When nurses are overworked, overstressed, or in short supply, it can contribute to nurse dissatisfaction, burnout, and turnover. Nurse turnover jeopardizes the quality of care, increases patient costs, and decreases hospital profitability.[17,18]

Staffing is a complex process. Its goal is to match the competencies of nurses with the needs of patients at multiple points throughout their injury or illness. Because the conditions of critically ill patients fluctuate rapidly and continuously, it is imperative that nurse staffing decisions consider more than fixed nurse-to-patient ratios. Reliance on staffing ratios alone can create a dangerous mismatch by applying a fixed solution to a dynamic situation. Staffing solely according to rigid ratios ignores variability in patient needs, patient acuity, nurse competencies, and the status of the work environment.[8,18] The AACN Synergy Model for Patient Care provides a framework for matching patient needs to nurse competencies.[19]

"Staffing levels based on competency and skill applicable to patient mix and acuity must be part of the solution."

*—The Joint Commission*

Organizations must embrace dramatic innovation to devise and systematically test new staffing models, including allotting time for nurses to work together away from direct patient care to identify opportunities for improvement and create solutions to unit challenges. These models require methods for ongoing evaluation of staffing decisions in relation to patient and system outcomes.[4,6,19,20] This evaluation is essential to provide accurate trend data for identifying targeted improvement tactics, including technologies to reduce the demand for and increase the efficiency of nurses' work.

## critical elements

- The health care organization has staffing policies in place that are solidly grounded in ethical principles and support the professional obligation of nurses to provide high-quality care.

- Nurses participate in all organizational phases of the staffing process from education and planning — including matching nurses' competencies with patients' assessed needs — through evaluation.

- Nurses seek opportunities to obtain knowledge and skills required to demonstrate competence to ensure an effective match with the needs of patients and their families.

- The health care organization has formal processes in place to evaluate the effect of staffing decisions on patient and system outcomes. This evaluation includes an analysis when patient needs and nurse competencies are mismatched and how often contingency plans are implemented.

- The health care organization has a system in place that facilitates team members' use of staffing and outcomes data to develop more effective staffing models.

- The health care organization provides support services at every level of activity to ensure nurses can optimally focus on the priorities and requirements of patient and family care.

- The health care organization adopts technologies that increase the effectiveness of nursing care delivery. Nurses are engaged in the selection, adaptation, and evaluation of these technologies.

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"Let it never be overlooked or doubted: Nurses are innovators in the truest sense, transforming our reality and impacting patient outcomes."

*–Marian Altman and William Rosa*
*Nurses, Clinicians, Educators*

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# standard 5

Nurses must be recognized and must recognize others for the value each brings to the work of the organization.

*meaningful*
(me′ nĭng-fəl)

*Having meaning, function, or purpose. Significant*

Recognition that individual contributions to an organization's work have value and meaning is both a fundamental human need and an essential requisite for personal and professional development.[1,2] People who are not recognized feel invisible, undervalued, unmotivated, and disrespected. Nurses desire recognition for their work and commitment to their patients. When recognition is meaningful, an individual's true essence and uniqueness are recognized and honored.[3] Lack of meaningful recognition can lead to discontent, compassion fatigue, burnout, and suboptimal care outcomes.[4,5,6,7]

AACN members and constituents identify meaningful recognition as a central element of a healthy work environment.[8,9,10] Results from 3 successive AACN critical care nurse environment surveys confirm meaningful recognition as an important factor in a healthy work environment.[8,9,10] Other evidence confirms that hospitals that are successful in attracting and retaining nurses emphasize personal growth and development, providing multiple rewards for expertise and opportunities for clinical advancement.[1,3,7,11,12]

Meaningful recognition is not an event. It is an ongoing process that builds over time to become a norm in the work culture. Recognition is only meaningful when it is relevant to the person being recognized. Nurses consistently rate recognition from patients, families, and other nurses as the most meaningful.[8,9,10] It reaffirms nurses' positive contributions, emphasizing the impact of nursing care and increasing awareness of nurses' unique contributions to health care.[1,11,13]

Recognition that is not congruent with a person's contributions — or is delivered during times of emotionally charged organizational change — is often perceived as disrespectful tokenism. Effective recognition programs do not occur automatically and require formal structures and processes to ensure the desired outcomes.

"Treat people as if they were what they ought to be, and you help them to become what they are capable of being."

–*Johann Wolfgang von Goethe*
*Philosopher, Poet, Playwright*

# critical elements

- The health care organization has a comprehensive system in place that includes formal processes and structured forums that ensure a sustainable focus on recognizing all team members for their contributions and the value they bring to the work of the organization.

- The health care organization establishes a systematic process for all team members to learn about its recognition system and how to participate by recognizing the contributions of colleagues and the value they bring to the organization.

- The health care organization's recognition system reaches from the bedside to the boardroom, ensuring individuals receive recognition consistent with their personal definition of meaning, fulfillment, development, and advancement at every stage of their professional career.

- The health care organization has processes in place to nominate team members for recognition in local, regional, and national venues.

- The health care organization's recognition system includes processes that validate the recognition is meaningful to those being acknowledged.

- Team members understand that everyone is responsible for playing an active role in the organization's recognition program and meaningfully recognizing contributions.

- The health care organization regularly and comprehensively evaluates its recognition system, ensuring effective programs that help move the organization toward a sustainable culture of excellence that values meaningful recognition.

"Managers assume that job security is of paramount importance to employees. Among workers, however, it ranks far below desire for respect, a higher standard of management ethics, increased recognition of employee contributions, and closer, more honest communications between employees and senior management."

*–Robert H. Rosen*
*Psychologist, Business Author, MacArthur Foundation Fellow*

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# standard 6

## Authentic Leadership

**Nurse leaders must fully embrace the imperative of a healthy work environment, authentically live it, and engage others in its achievement.**

*authentic*

(ô-thĕn′tĭk)

*Conforming to fact and therefore worthy of trust, reliance or belief*

Nurse leaders play major roles in creating and maintaining healthy work environments. Results of the 2013 AACN critical care nurse work environment survey indicate a decline in nurses' perception that front-line nurse managers and chief nurse executives fully embrace the concept of a healthy work environment and engage others in achieving it.[1]

Nurse leaders — including managers, administrators, advanced practice nurses, educators, and other formal and informal clinical leaders — may lack both the support resources commensurate with their scope of responsibilities and access to key decision making forums in their organizations. A multitude of reports and white papers by leaders in all sectors of the health care community issue a forceful call to address the challenges created when nurse leaders are inadequately prepared and positioned in the organization.[2,3,4]

Nurse managers, in particular, are key to the retention of satisfied staff. Yet, all too often they receive little preparation, education, coaching, or mentoring to ensure success. Nurse leaders must be skilled communicators, team builders, agents for positive change, role models for collaboration, and committed to service.[5,6] In turn, this means having skill in the core competencies of self-knowledge, strategic vision, risk-taking, creativity, interpersonal and communication effectiveness, and inspiration.[4,7]

Healthy work environments require that individual nurses and organizations commit to systematic and comprehensive development of nurse leaders. Nurse leaders must be positioned within each organization's key operational and governance bodies in order to inform and influence decisions that affect practice environments and nursing practice itself.[1,8,9,10]

"One of the most decisive functions of leadership is the creation, management, and when necessary, the destruction and rebuilding of culture."

*–Edgar Schein*

*Organizational behavior and culture pioneer*

# critical elements

- The health care organization provides support for and access to education and coaching to ensure that nurse leaders develop and enhance knowledge and abilities in authentic leadership, skilled communication, effective decision making, true collaboration, meaningful recognition, and appropriate staffing.

- Nurse leaders demonstrate an understanding of the requirements and dynamics at the point of care and within this context successfully translate the vision of a healthy work environment.

- Nurse leaders excel at generating visible enthusiasm for achieving the standards that create and sustain healthy work environments.

- Nurse leaders ensure the design of systems necessary to effectively implement and sustain standards for healthy work environments.

- The health care organization ensures that nurse leaders are appropriately positioned in their pivotal role in creating and sustaining healthy work environments. This role includes participation in key decision making forums, access to essential information, and the authority to make necessary decisions.

- The health care organization facilitates the efforts of nurse leaders to create and sustain a healthy work environment by providing the necessary time and financial and human resources.

- The health care organization makes a formal mentoring program available for all nurse leaders. Nurse leaders actively engage in the mentoring of nurses in all roles and levels of experience.

- Nurse leaders role model skilled communication, true collaboration, effective decision making, meaningful recognition, and authentic leadership.

- The health care organization includes the individual's influence on creating and sustaining a healthy work environment as a criterion in each nurse leader's performance appraisal. Nurse leaders demonstrate leadership in creating and sustaining healthy work environments in order to achieve professional advancement.

- The health care organization ensures progress toward creating and sustaining a healthy work environment is evaluated at regular intervals using tools designed for that purpose. The AACN Healthy Work Environment Assessment tool is available at www.aacn.org/hwe.

- Nurse leaders and team members mutually and objectively evaluate the impact of leadership processes and decisions on the organization's progress toward creating and sustaining a healthy work environment.

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"Authentic leadership is determined neither by your position nor title,
but by the depth of awareness, skill, and presence
you bring to your actions and interactions."

*–Eric Klein*
*Author, Consultant*

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"Yesterday I was clever, so I wanted to change the world.
Today I am wise, so I am changing myself."

*–Rumi*
*Poet, Scholar, Theologian*

# Call to Action

Compelling evidence confirms that healthy work environments are essential to ensure patient safety, enhance staff recruitment and retention, and maintain an organization's financial viability. Inattention to the standards put forth in this document poses a serious obstacle to establishing and sustaining healthy work environments. Without them, the journey to excellence is impossible.

This document's evidence-based framework was developed to guide health care organizations in elevating the required competencies to the highest strategic and operational importance. The dialogue that will result from this process must guide the reprioritization and reallocation of resources necessary for healthy work environments.

For the American Association of Critical-Care Nurses, issuing these standards in 2005 was the first step in the Association's commitment to transforming health care work environments, so the needs of patients and their families are met, and nurses are empowered to contribute optimally in meeting those needs. AACN remains strategically committed to leading the way in developing and disseminating practical and relevant resources that support individuals and organizations in creating healthy work environments.

AACN calls upon every health care professional, health care organization, and professional association to fulfill their obligation to create healthy work environments where safety becomes the norm and excellence the goal. This vision will become a reality only when these standards and their critical elements have been integrated into everyday practice. This call to action requires the following fundamental shifts in health care work environments by challenging:

**Nurses and all health care professionals to**:

- Embrace their personal obligation to create healthy work environments.
- Collaborate with others to develop work environments in which individuals hold themselves and others accountable for professional behavior standards.
- Follow through until effective solutions have been realized.

**Health care organizations to**:

- Adopt and implement these standards as essential and nonnegotiable for all.
- Incorporate principles from these standards into unwavering behavioral and professional expectations for all.
- Establish the organizational systems and structures required for successful education, implementation, and evaluation of the standards, including use of the AACN Healthy Work Environment Assessment tool, available at www.aacn.org/hwe, to track their progress.
- Demonstrate behaviors by example at every level of the organization.
- Recognize, celebrate, and disseminate successful strides that contribute to a healthy work environment.

**AACN and the community of nursing to**:

- Bring to national attention the urgency, importance, and evidence that healthy work environments have a direct impact on quality of care, patient safety, patient outcomes, nurse morale, and nurse outcomes.
- Promote the standards as essential to establishing and sustaining healthy work environments.
- Continue to develop evidence-based resources to support individuals, organizations, and health care systems in successfully adopting and sustaining implementation of the standards, then recognizing and publicizing their successes.

"When life itself seems lunatic, who knows where madness lies? Perhaps to be too practical is madness. To surrender dreams — this may be madness. Too much sanity may be madness — and the maddest of all is to see life as it is, and not as it should be."

*-Miguel de Cervantes*
*Novelist, Poet, Playwright*

A healthy work environment is not created by isolated actions or tasks. Instead, it manifests itself as a commitment to a way of being that is enculturated through thoughts, actions, and deeds. Health care professionals in many organizations have begun their journey toward establishing and sustaining healthy work environments. They have committed to addressing the difficult issues that block the way. These powerful stories illuminate what is possible in work environments that call forth the optimal contributions of individuals and teams. Their inspiring successes paint a vivid picture of how this transformation can be accomplished.

The illustrations below are adapted from interviews and feedback from nurses participating in the AACN Beacon Award for Excellence program and the AACN Clinical Scene Investigator Academy.

## *Skilled communication protects and advances collaborative relationships.*

1

Every day before multidisciplinary rounds on my unit, we talk with patients and families about questions and other things they might want discussed with the team. We encourage them to actively participate during rounds and, as nurses, we speak up to ensure their topics are addressed. After rounds, we follow up with both the patient and the family to validate what they heard, answer questions, and clarify areas of confusion. This process supports effective communication, not only for the patient and family, but also among all members of the health care team. Patient and family expectations are verified and supported to increase trust and confidence among everyone involved.

## *True collaboration is an ongoing process of mutual trust and respect.*

2

Our hospital faced economic challenges, and we all worried downsizing might be imminent if expenses could not be reduced. The nurses on our unit took action by brainstorming with peers, observing unit activities, and looking for ways to increase efficiency and decrease cost. We learned that large amounts of money were lost due to incremental overtime, overuse of supplies, and damage to equipment. As a group, we agreed to hold each other accountable for reducing waste. We discussed how to help each other when one of us gets behind. We agreed that no one is done until everyone is done, and our goal is to be done on time. Both shifts worked together to streamline shift handoff, so everyone could feel supported in completing their work. Our unit met its financial goals in large part because of our efforts, and we were recognized by the hospital for outstanding collaboration and teamwork.

## *Advocating for patients requires involvement in decisions that affect patient care.*

3

One of the most exciting decisions we made in our unit was to institute an early mobility program for patients on ventilators. Before beginning such a marked change in clinical practice, our team reviewed and critiqued the literature and then spent several months helping team members from other disciplines — including our hospital's CEO — also become familiar with it. Our process was intentional. We

learned together along the way, starting with stable patients who were most likely to succeed. From nurses to respiratory therapists, physical therapists, physicians, and unit secretaries, we are all on the same page in making this happen each day — it's what's best for the patient, and that's something we all agree on. It's exciting to work on this kind of unit where real changes that support what's best for the patient can truly become a reality.

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### Remaining focused on matching nurses' competencies to patients' needs points the way to innovative _staffing_ solutions.

4

Staffing for our unit goes far beyond numbers and grids. It is a comprehensive process that ensures nurses' knowledge and abilities — both clinical and interpersonal — match what patients and their families need. Before starting on our staff, nurses who want to work in our unit are offered a "shadow" day so they can experience our patients, activities, and culture. Orientation is tailored to each nurse's needs and experience level — one size doesn't fit all. In addition to a preceptor, each new nurse has a mentor. Emphasis is placed on aligning the nurse's needs with the preceptor's and mentor's abilities. Our staff is not only competent in clinical skills but also strong in communication, critical thinking, and conflict management. When staffing is tight, we all pitch in to get the job done — including our manager and advanced practice nurses who stay to make sure we're okay. We take pride in our team and raise the bar high.

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### _Meaningful recognition_ acknowledges the value of a person's contribution to the work of the organization.

5

It started because we couldn't offer reimbursement for certification, so I focused on simple efforts to recognize those who became certified. I decided to take a photo and ask a few questions: How has certification changed your practice? Why did you get certified? What would you tell others who are considering becoming certified? Then, I wrote up a congratulatory e-mail and sent it to every nurse in our hospital. This felt so special that unit leaders began to print the e-mails and hang them in their unit, so everyone could see and share in the recognition. Hospital leaders also signed a personalized card for each newly certified nurse, and our marketing department added information about certified nurses to its articles and reports. We did all of this not only to recognize each newly certified nurse but also to inspire others. It really worked!

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### _Nurse leaders_ create a vision for a healthy work environment and model it in all their actions.

6

One of the major reasons I stay here is because of the leaders I work with. All of our nurses — no matter their role — are encouraged to be critical thinkers and participate in decisions about patient care and how the unit operates. Our nurse manager's open door policy creates a comfortable atmosphere for us to raise concerns. She is visible on the unit and builds positive relationships through open communication, timely feedback, and supporting each of us. The CNO, CEO, and other members of the hospital leadership team round frequently on the units. They are open and honest about challenges, ask for our input, and encourage us to be part of the solutions. They understand that, as nurses, we are a valuable and direct link to patients, and they really work to make the resources we need readily available to provide excellent care.

## Our Mission

Patients and their families rely on nurses at the most vulnerable times of their lives. Acute and critical care nurses rely on AACN for expert knowledge and the influence to fulfill their promise to patients and their families. AACN drives excellence because nothing else is acceptable.

## Our Vision

The American Association of Critical-Care Nurses is dedicated to creating a healthcare system driven by the needs of patients and families where acute and critical care nurses make their optimal contribution.

## Our Values

As the American Association of Critical-Care Nurses works to promote its mission and vision, it is guided by values that are rooted in, and arise from, the Association's history, traditions and culture. AACN, its members, volunteers and staff will honor the following:

- *Ethical accountability and integrity* in relationships, organizational decisions, and stewardship of resources.
- *Leadership to enable individuals to make their optimal contribution* through lifelong learning, critical thinking and inquiry.
- *Excellence and innovation* at every level of the organization to advance the profession.
- *Collaboration* to ensure quality patient- and family-focused care.

## About AACN

AACN is the largest specialty nursing organization in the world, representing the interests of more than 500,000 nurses who are charged with the responsibility of caring for acutely and critically ill patients. The Association is dedicated to providing our community of nurses with the knowledge and resources necessary to provide optimal care to patients and families.

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