Describing Nurse Leaders’ and Direct Care Nurses’ Perceptions of a Healthy Work Environment in Acute Care Settings, Part 2

Penny Huddleston, PhD, RN, CCRN
Jennifer Gray, PhD, RN, FAAN

BACKGROUND: The American Association of Critical-Care Nurses (AACN) Healthy Work Environment Assessment Tool was developed as a simple screening tool to assess the characteristics of a healthy work environment (HWE) in critical care environments.

PURPOSES: The purposes of these 2 qualitative research studies are to explore the nurse leaders’ and direct care nurses’ perceptions of the meaning of a HWE, to describe the nurse leaders’ and direct care nurses’ perceptions of a HWE, and to define the characteristics of a HWE in acute care settings.

METHODS: Exploratory descriptive designs using focus groups and guided questions with tape-recorded interviews were used to define the characteristics of an HWE.

RESULTS: The 6 original themes from AACN HWE standards and 2 new themes emerged as a result of the nurse leaders and direct care nurses defining the characteristics of a HWE, which included appropriate staffing, authentic leadership, effective decision making, meaningful recognition, skilled communication, true collaboration genuine teamwork, and physical and psychological safety. The qualitative statements from these 2 studies will be used in future studies to describe and develop HWE scales for nurse leaders and direct care nurses and to assess the psychometric properties of these new tools.

Based on the findings of the previous research studies to assess the psychometric properties of the American Association of Critical-Care Nurses (AACN) Healthy Work Environment Assessment Tool (HWEAT),1,2 an opportunity for further research was identified to develop healthy work environment (HWE) scales for nurse leaders and direct care nurses in acute care settings. Two qualitative research studies were conducted to explore the nurse leaders’ and direct care nurses’ perceptions of the meaning of a HWE, to describe the nurse leaders’ and direct care nurses’ perceptions of a HWE, and to define the characteristics of a HWE in acute care settings.

Background

Deaths from preventable adverse events have been estimated at 210 000 to 440 000 annually.3 The estimated annual cost for measurable medical errors that harmed patients was $17.1 billion to $37.6 billion for adverse events.4 Poor communication played a significant role in causing adverse events in hospitalized patients and in unhealthy work environments.5 In 2011, the Institute of Medicine and the Robert Wood Johnson Foundation published The Future of Nursing: Leading Change, Advancing Health Report, which focused on quality and patient-centered care with the recommendation that nurses’ work environments be transformed to meet the future needs of healthcare.6
Significance

The United States Department of Health and Human Services estimated that there were 2,751,000 registered nurses (RNs) in 2015. The growth in jobs in the United States has been projected to increase to 439,300 RNs by 2024. The projected rate of growth for RNs in the United States is 16% from 2014 to 2024. The RN workforce will grow from 2.75 million in 2014 to 3.19 million in 2024. With an estimated population growth in Texas of 37.26% by 2030, an additional 109,779 RNs will be needed in Texas by 2030. Retention of nurses is dependent upon establishing and maintaining HWEs in acute care settings to improve patient and nurse satisfaction, patient and nurse outcomes, and patient safety. Without standardized tools with strong psychometric properties, researchers cannot develop, implement, or measure outcomes on a HWE in acute care settings.

Literature Review

The AACN has a substantial number of publications focused on HWEs. Content experts from AACN regarding an HWE developed and published the Standards for Establishing and Sustaining a Healthy Work Environment. The standards were defined as skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership. In 2005, the AACN HWEAT was developed from these standards. The AACN HWEAT has been used as an assessment to obtain individual and team feedback on the status of the nurses work environments in critical care settings. Further research is needed to develop scales for nurse leaders and direct care nurses to measure a HWE in acute care settings.

Theoretical Framework

Donabedian’s Quality Care Model, along with Laschinger’s theory of structural empowerment and Spreitzer’s theory on psychological empowerment, formed the HWE framework for these 2 qualitative studies. An HWE framework was adapted from Huddleston’s work on an HWE. Donabedian’s concepts of structure, process, and outcome are the concepts that serve as the foundation for this framework. Laschinger’s concept of structural empowerment relates to the concept of structure in Donabedian’s model. Spreitzer’s concept of psychological empowerment relates to the concept of process in Donabedian’s model. Patient outcomes, nurse outcomes, and organizational outcomes relate to the concept of outcome in Donabedian’s model. Strong structures lead to strong processes while strong processes lead to strong patient outcomes.

Research Design

Exploratory descriptive qualitative designs were used in the nurse leader and direct care nurse studies to determine themes to describe the characteristics of a HWE adapted from the AACN HWEAT.

Settings

Ten hospitals within the Baylor Scott & White Health (BSWH) North Division served as the settings for these studies, which are located in the Dallas/Fort Worth area. The BSWH North Division is composed of 15 hospitals with more than 109,000 admissions annually and more than 100 primary care, specialty care, and senior health centers with more than 3,000 affiliated physicians and more than 5,500 nurses.

Sample

Purposive sampling was used to obtain the samples for these research studies. Homogenous groups of nurse leaders and direct care nurses served as the samples. Seventy-two nurse leaders from 10 acute care settings participated in 9 focus groups. Nurse leaders with less than 2 years of experience and nurse leaders from an agency were excluded from the nurse leader sample. Fifty-seven direct care nurses from 11 acute care settings participated in 10 focus groups. New graduate nurses, agency and contract nurses, and a nurse who was the daughter of the principal investigator (PI) were excluded from the direct care nurse sample. Specific demographic data may be found in Table 1.

Methods

Once the Baylor Health Care System institutional review board approved the research studies, subjects were consented to participate in the nurse leader or direct care nurse studies. The PI used guided questions in the interviews that reflected the objectives of the studies with tape-recorded interviews. Reliability was assessed to determine the internal consistency of the data. Validity was established through the use of credibility, triangulation, and thick rich word description of the data. Validity testing for consistency of the data was confirmed through comparing and cross-checking the data through observations of the interviews and checking for consistency with what the participants said in the interviews. Credibility was obtained through the researcher’s years of study on an HWE. Triangulation was obtained through the use of multiple researchers analyzing the transcripts and comparing their findings. Finally, thick and rich
word descriptions were used to demonstrate the quality of the data.

Data Analyses

Constant comparison, whereby data were simultaneously collected, coded, and analyzed to allow for themes to be developed,\(^{18}\) was the 1st step of data analysis. Interviews were transcribed verbatim. The interview transcripts were coded line by line, sentence by sentence, using a process called open coding. This process of open coding assisted in the identification of possible labels, common themes, or concepts. The researchers listened to the tapes and extensively reviewed the data. Themes were developed, which lead to subcategories and categories upon reaching theoretical saturation. Memos and diagrams were used throughout the process.

The 2nd method used to analyze the data included the use of NVIVO software (Burlington, Massachusetts) to assist with the identification of themes and to develop word clouds to map themes and concepts by color, font size, placement, and orientation of the words displayed. The 100 most frequent words used to answer the questions had larger font sizes, which represented the higher frequency of the use of the words displayed. The colors and orientation were used to form contrasts between concepts and concentric borders around the groups of words.

Results

A HWE was defined as policies, procedures, processes, and systems designed to empower nurses, ensure patient safety, enhance recruitment and retention of employees, achieve the goals of the organization, and achieve personal satisfaction in the environment in which they work.\(^{11,13,19-22}\) A HWE encompassed a sense of authentic leadership, skilled communication, true collaboration, autonomous practice through empowerment, appropriate staffing, effective decision making, and meaningful recognition.\(^{11,13,19,20,23}\) Nurse leaders and direct care nurses further defined an HWE using the original 6 characteristics including appropriate staffing, authentic leadership, effective decision making, meaningful recognition, skilled communication, and true collaboration from AACN.\(^{13}\) New themes of a HWE included genuine teamwork and physical and psychological safety.

Appropriate Staffing

Appropriate staffing was defined as being able to take care of patients in a manner that was safe, timely, efficient, effective, equitable, and patient-centered care. Appropriate staffing depended on the acuity of the patient, the staffing matrix, the skill level and educational level of the nurse, and a safe environment for both the patient and nurse. The category of appropriate staffing was illustrated by the following quotes from nurse leaders’ and direct care nurses’ studies.

| Table 1. Demographic Data for Nurse Leaders and Direct Care Nurses |
|--------------------------|--------------------------|--------------------------|
| Characteristic           | Nurse Leaders \(n = 72\) | Direct Care Nurses \(n = 57\) |
| Gender                   | n | % | n | %  |
| Male                     | 12 | 16.67 | 8 | 14.06 |
| Female                   | 60 | 83.33 | 49 | 85.96 |
| Age                      |   |     |   |     |
| 20-29                    | 2 | 2.77 | 8 | 14.04 |
| 30-39                    | 9 | 12.50 | 16 | 28.07 |
| 40-49                    | 26 | 36.11 | 18 | 31.58 |
| 50-59                    | 29 | 40.28 | 14 | 24.56 |
| 60-69                    | 6 | 8.33 | 1 | 1.75 |
| Race/Ethnicity           |   |     |   |     |
| African American         | 6 | 8.33 | 3 | 5.26 |
| American Indian          | 1 | 1.39 | 5 | 8.77 |
| Asian                    | 5 | 6.94 | 49 | 85.96 |
| White                    | 58 | 80.55 |  |
| Hispanic                 | 1 | 1.39 |  |
| Pacific Islander         | 1 | 1.39 |  |
| Highest level of education |   |     |   |     |
| Associate degree         | 2 | 2.77 | 12 | 21.11 |
| Bachelor degree          | 43 | 59.72 | 38 | 66.66 |
| Master degree            | 20 | 27.77 | 6 | 10.52 |
| Doctorate of nursing practice | 1 | 1.39 | |
| Doctorate of philosophy  | 5 | 6.94 | 1 | 1.75 |
| Years on unit            |   |     |   |     |
| 0-5                      | 41 | 56.94 | 21 | 36.84 |
| 6-10                     | 16 | 22.22 | 23 | 40.35 |
| 11-15                    | 5 | 6.94 | 5 | 87.72 |
| 16-20                    | 6 | 8.33 | 4 | 7.02 |
| 21-25                    | 3 | 5.26 |  |
| 26-30                    | 2 | 2.77 |  |
| >30                      | 2 | 2.77 | 1 | 1.75 |
| Years of RN experience   |   |     |   |     |
| 0-5                      | 2 | 2.77 | 11 | 19.29 |
| 6-10                     | 7 | 9.72 | 10 | 17.54 |
| 11-15                    | 7 | 9.72 | 6 | 10.53 |
| 16-20                    | 11 | 15.28 | 7 | 12.28 |
| 21-25                    | 27 | 37.50 | 9 | 15.79 |
| 26-30                    | 17 | 23.61 | 8 | 14.04 |
| >30                      | 1 | 1.39 | 6 | 10.53 |

Appropriate staffing is based on the acuity of the patient and the skill set of the nursing staff while having access to resources including equipment and supplies.

Appropriate staffing is quite simple. It is being able to take care of your patients in a safe, quality, efficient way. It is when you feel you are taking good care of the patient, and the patient feels like he or she is being taken care of...and you are able to get all the tasks done.
**Authentic Leadership**

Authentic leadership was defined as the ability to be goal oriented, to get the followers to follow, be approachable and trustworthy, a good communicator, open minded, confident, coaches, visible, transparent, and responsive to requests and needs of the staff. The category of authentic leadership was illustrated by the following quotes from nurse leaders’ and direct care nurses’ studies.

- Authentic leadership is having the right person in the right position with the right qualifications, right experience, right education and training who continues to grow and learn. Being respectful, trusting, flexible, engaged, personable, collaborate with others, loyal, concerned about the common good of others, transparent, honest, servant, and goal-oriented.

- A leader is visible, transparent, honest, trustworthy, respectful, consistent, a good listener, responsive to needs, while having an open door policy so people can come and talk to the leader when they have a concern.

**Effective Decision Making**

Effective decision making was defined as the ability to make a decision using critical thinking skills to examine all aspects of the decision, including who the decision will affect and the possible outcomes of the decision. The category of effective decision making was illustrated by the following quotes from nurse leaders’ and direct care nurses’ studies.

- Thinking through the process...assessing the situation, gathering all the facts when making decisions, sometimes using collaboration...effective decision making to reach a good outcome...think outside the problem to solve it and see what is affected by it.

**Meaningful Recognition**

Meaningful recognition was defined as receiving individualized recognition or being appreciated for the
work a person does for a patient or coworker. It is a
smile from a patient, a thank you note, an e-mail, or a
note delivered to the home. The category of meaningful
recognition was illustrated by the following quotes
from nurse leaders’ and direct care nurses’ studies.

Some people like to be publically praised. Sometimes just a simple thank you is nice. I don’t need a
gift or a big award. Compliments must be honest
and consistent.

Meaningful recognition is not really a big monetary
thing that people might think about, but for me it is
satisfaction, even a smile from a patient...that to me
is meaningful. I think it is individualized.

Skilled Communication

Skilled communication was defined as specific, direct,
conceise, skilled, received from the listener, planned
out, not misinterpreted or misunderstood, clearly
directed, clarified by seeking feedback, and varied in
styles based on the audience. The category of skilled
communication was illustrated by the following quotes
from nurse leaders’ and direct care nurses’ studies.

Being articulate and calm, you know, kind of...
understanding the person you’re communicating
with... It’s not scripted.

Listening, open and direct statements...you can
understand...understanding who you are communica-
ting with so that you...talk at their level, their style.

True Collaboration

True collaboration was defined as a leader guiding a
group, listening, playing a neutral role, establishing
goals, acting respectfully toward others, feeling com-
fortable to express his/her ideas, and willingness to
compromise. The category of true collaboration was
illustrated by the following quotes from nurse leaders’
and direct care nurses’ studies.

Working together...where everyone at the table
feels, they are...equal...being on the same page.

The workers are passionate about a goal they want
to accomplish and they find others who have the
same passion so they work together.

Genuine Teamwork

Genuine teamwork was defined as collaboration with
other coworkers, resulting in the best outcomes for the
patient, nurse, and organization while caring for one
another through showing appreciation for the work
that has been completed. The category of teamwork
was illustrated by the following quotes from nurse
leaders’ and direct care nurses’ studies.

Teamwork...establishing a goal...working together
to achieve an outcome for the patient, patient and
staff satisfaction...not just only on our units but
hospital-wide.

A HWE would be where everybody works together
as a team. Nobody feels as if he/she is being bullied
into doing something, and nobody feels as if his/her
work is not appreciated.

Physical and Psychological Safety

Safety was defined as the organization being physi-
cally and psychologically safe. Physical safety was
defined as preventing physical injury or harm to the
patients, family members, and staff. Physical safety
was also having the right tools to do the job. Psych-
ological safety was defined as a nonretaliatory
environment where jobs were secure. The category of
safety was illustrated by the following quotes from
nurse leaders’ and direct care nurses’ studies.

Physical safety is a safe environment from each other
and accidents... safe staffing... safety mechanism to
keep everyone safe...the patient, family, and staff.

Psychological safety is where staff is empowered to
have a voice without being retaliated against or
losing his or her job. All parties feel heard...they are
allowed to...they feel comfortable to speak within
the organization.

<table>
<thead>
<tr>
<th>Themes</th>
<th>Definitions</th>
<th>Supporting Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honesty</td>
<td>Honesty was defined as telling the truth in all organizational activities.</td>
<td>Leaders need to tell the truth when managing people.</td>
</tr>
<tr>
<td>Integrity</td>
<td>Integrity was defined as demonstrating ethical principles, which include honesty and respect in all organizational activities.</td>
<td>Leaders must demonstrate integrity if others are going to trust them. Integrity includes honesty, respect, and trust.</td>
</tr>
<tr>
<td>Respect</td>
<td>Respect was defined as having the opportunity to speak openly in a conversation and be open minded.</td>
<td>Everyone has an opportunity to speak his or her mind and be open minded...willing to listen to what others are say...seeing another person's point of view.</td>
</tr>
<tr>
<td>Trust</td>
<td>Trust was defined as demonstrating integrity, honesty, and respect.</td>
<td>Leaders must be trustworthy and able to be trusted.</td>
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In Table 2, the categories the nurse leaders and direct care nurses described as a HWE were derived from the subcategories and themes found in the data analysis phase of the 2 research studies. The themes were determined by the frequency of the words in the transcripts. The subcategories were developed by combining the themes into groups.

Underlying themes that overlap the characteristics of a HWE were honesty, integrity, respect, and trust. Both the nurse leaders and direct care nurses agreed that these characteristics were a part of the underlying culture of a HWE. Definitions and statements that support the transcripts may be found in Table 3.

Discussion

Based on the findings of these research studies, a HWE was defined by the characteristics previously identified in the AACN HWE standards, including appropriate staffing, authentic leadership, effective decision making, meaningful recognition, skilled communication, and true collaboration and the addition of 2 new characteristics of genuine teamwork, and physical and psychological safety. The limitation to these studies included the findings not being generalizable as a result of the studies being conducted in 1 healthcare system; however, the number of subjects and the themes identified in both samples were similar, which strengthened the findings of these research studies.

Conclusion

As a result of these research findings, the qualitative statements from the transcripts will serve in the development of the new tools to measure a HWE for nurse leaders and direct care nurses. Once these scales have been developed, further testing of the psychometric properties will be necessary to determine the validity and reliability of the tools. Once these HWE tools are developed, nurses at all levels in acute care settings will be able to develop, implement, and measure interventions to change the health of the work environment.

References