

Implementation of the AACN Healthy Work Environment Standards in the ICU

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Problem & PURPOSE

- Problem- Via interview staff reports decreased satisfaction with their work environment post COVID-19 pandemic resulting in a decreased staff retention and decreased experience level in the ICU.
- Purpose- To determine if the implementation of the AACN Healthy Work Environment Standards in a Midwestern urban intensive care unit would improve staff's perception of their work environment as evidenced by improved Healthy Work Environment Assessment Tool scores

Available Knowledge & Rationale

- Healthy work environments in the ICU have a significant effect on patient outcomes including lower odds of being admitted to the ICU, decreased hospital mortality, and decreased 30-day mortality.
- Poor work environments lead to poor guideline implementation and protocol use
- Healthy work environments also have a positive effect on nursing outcomes including retention, engagement, and absenteeism
- The AACN developed the Healthy Work Environment Standards which addresses 6 areas deemed essential to establishing and sustaining healthy work environments
 - Skilled communication
 - True Collaboration
 - Effective decision making
 - Appropriate staffing
 - Meaningful RecognitionAuthentic Leadership
- Rationale- Health belief model, according this model a person's behaviors depend on multiple factors including severity of potential illness, benefits of changing behavior, and obstacles to behavior change. ICU work environment can be viewed in the same light.

Methods

Context

- The target population for this project was the ICU staff at a midwestern urban community hospital.
- The ICU is a 20-bed medical-surgical intensive care unit with a varied patient population including neurology, neurosurgery, oncology, general surgery, and general medical patients.

Intervention

- Implementation of the AACN Healthy Work Environment Standards in the ICU
- Eight weeks of education, different weekly topics including a description of this project, the benefits of healthy work environments, and each individual standard
- Implementation of an interdisciplinary rounds template aimed at improving communication and interdisciplinary collaboration
- Core Kudos- Recognition of staff members by the charge nurse team

Study of Intervention

- The AACN Healthy Work Environment Assessment Tool (HWEAT) was used to analyze the effectiveness of the intervention
- Initial HWEAT was completed as part of a needs assessment in February of 2024
- Post intervention data was gathered at the conclusion of the 2-month intervention period
- Survey was completed using a link provided by the AACN through the HWEAT portal

Measure

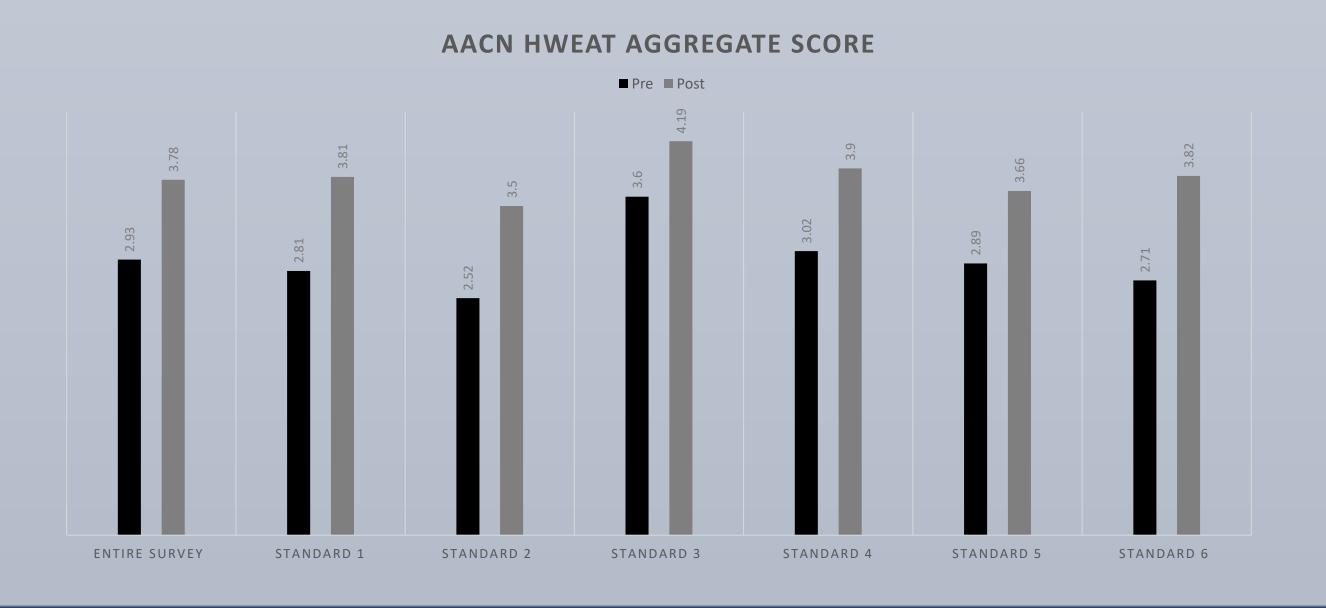
- HWEAT both reliable and valid
- 24 questions, four on each standard
- Uses a Likert scale based on level of agreement or quality (1-6)

Data Analysis

- The results of the HWEAT survey were provided by the AACN as aggregate data. There was an over all unit score, a score for each section, and a score for each individual question
- The scoring for the survey is as follows, below 3.00 indicates a need for improvement, 3.00-3.99 indicates a somewhat healthy work environment, 4.00-4.99 indicates a moderate healthy work environment, and 5.00 and up indicates a very healthy work environment
- The data from the pre and post survey was compared using descriptive statistics, specifically mean and standard deviation. Inferential statistics were not performed because of the aggregate nature of the data

Results

Healthy Work Environment Assessme	ent Tool R	esults		
Standard 1- Skilled Communication	Pre M	Pre SD	Post M	Post SD
Question	1.314	0.522	2.308	1.169
n my organization, the communication between staff in my role and top-level leadership is	1.514	0.322	2.306	1.109
In my work unit, the communication between staff in my role and the team members accountable for leading us is	1.543	0.731	3.231	1.601
n my work unit, the communication among team members is	3.914	1.228	3.461	1.308
n my work unit, staff in my role make sure their actions match their words.	4.457	1.179	2.808	0.621
Standard 2- True Collaboration				
Question	Pre M	Pre SD	Post M	Post SD
n my organization, the collaboration between staff in my role and top-level leadership is	1.285	0.613	2.077	1.141
n my work unit, the collaboration between staff in my role and the team members accountable for	1.486	0.806	3.154	1.561
leading us is	3.971	1.183	3.654	1.269
In my work unit, the collaboration among team members is			3.192	1.269
In my work unit, when disputes among team members occur, there are processes in place that help resolve them.	4.457	1.450	3.192	1.0/5
Standard 3- Effective Decision Making				
Question	Pre M	Pre SD	Post M	Post SD
In my organization, staff in my role influence organization-level decisions that affect the quality of patient care	2.886	1.450	3.500	1.693
In my work unit, patients and their families are provided the opportunity to participate in decisions affecting their care.	2.686	1.282	3.308	0.722
In my work unit, staff in my role and other team members are involved in making patient care decisions.	4.229	1.289	3.038	0.706
In my work unit, staff in my role are valued partners in influencing unit processes.	4.600	1.126	3.462	1.420
Standard 4- Appropriate Staffing	•			•
Question	Pre M	Pre SD	Post M	Post SD
In my organization, there are staffing policies in place that help support employees in my role in providing high-quality care.	2.971	1.576	3.346	1.299
In my work unit, processes are in place to evaluate the impact of staffing decisions.	2.886	1.368	3.731	1.558
In my work unit, there is adequate support staff in place to allow employees in my role to focus on the care they provide to patients.	2.686	1.410	3.500	1.394
In my work unit, the staffing of employees in my role ensures alignment between patient needs and	3.543	1.518	4.269	1.429
role competencies.				
Standard 5- Meaningful Recognition	Pre M	Pre SD	Post M	Post SD
Question			2.231	
In my organization, the recognition taking place between staff in my role and top-level leadership is	1.629	0.721		1.049
In my work unit, the recognition taking place between staff in my role and the team members accountable for leading us is	1.800	0.888	3.308	1.635
In my work unit, staff in my role recognize other team members for their valuable contributions.	4.400	1.269	2.846	0.662
In my work unit, other team members recognize staff in my role for their valuable contributions.	3.743	1.499	2.769	0.697
Standard 6- Authentic Leadership				
Question	Pre M	Pre SD	Post M	Post SD
n my organization, the promotion of a professional practice environment by top-level leadership is	1.943	0.893	2.538	1.247
n my work unit, the team members accountable for leading us inspire others to help achieve a healthy work	2.743	1.421	3.923	1.357
In my work unit, the team members accountable for leading us ensure staff have what they need to do their jobs.	2.943	1.453	4.269	1.195
In my work unit, the team members accountable for leading us effectively address abusive behavior.	3.229	1.675	3.462	0.887



Discussion

- Initial sample included 35 ICU employees; post survey included 26 ICU employees (response rate of 38% and 28% respectively.
- Increase in the mean response in 16 of 24 areas evaluated
- Of the standards specifically targeted (skilled communication, true collaboration, and meaningful recognition) 6 of 12 areas show improvement.
- Review of aggregate data showed an increase in the entire survey score from 2.93 to 3.78
- Increase was seen in the aggregate score for each individual standard
- When specific questions were evaluated, data did not seem to be consistent, 8 of the 24 areas evaluated did show in decrease in the mean score,
- Regarding interventions targeted at specific standards 50% of questions related to these standards showed an increase in the mean score
- Inconsistent results in these areas brings into question the effectiveness of specific interventions
- Similar projects which have shown an improvement in Healthy Work Environment Assessment Tool scores have also seen an improvement in nursing sensitive indicators such as turnover and average tenure.
- For this project to be sustainable the changes must be adopted by unit leadership. There would need to be ongoing Healthy Work Environment education especially for new employees.
- Limitations
 - Pre and post measurements were a year a part, other changes happened on the unit during that time as well
 - Second survey had less responses than the first, overall, relatively low response rate
 - Unable to determine how many of the same people were surveyed each time
 - Project was completed on a single unit
 - Aggregate data did not allow for inferential statistice

Conclusions

- Following the implementation of the American Association of Critical Care Nurses Healthy Work Environment Standards in a Midwestern urban Intensive Care Unit there was an improvement in staff's perception of the health of their work environment.
- This is evidenced by an increase in the mean Healthy Work Environment Assessment Tool scores
- Difficulty with generalizing results across other areas because of unit to unit variability (staff mix, organizational policies, leadership structure, patient population)
- Further research opportunities
 - Determining specific interventions that are most effective in improving ICU work environment
 - Further research into the association between the health of the work environment and patient outcomes
 - Further research into the association between the health of the work environment and nursing outcomes