WORK ENVIRONMENT IMPACT ON NURSE RETENTION: AN EVIDENCE-BASED PROJECT

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AVAILABLE KNOWLEDGE & RATIONALE

Workplace Significance: Unhealthy environments heavily drive chronic stress, clinical burnout, and an estimated ~40% nurse intent to leave.

Safety Climate: Low retention degrades continuity of care, resulting in poor patient safety outcomes and higher risk of hospital-acquired complications.

PICO(T) Question: *For nurses working in acute care facilities (P), does implementation of a healthy work environment (I) improve nurse retention (O)*

P	I	O
Acute Care Facilities	Implementation of a HWE	Nurse Retention

CONTEXT

Setting: High-acuity acute care clinical inpatient units characterized by dynamic workloads and acute staffing shortages.

Key Stakeholders: Clinical bedside nurses, nurse leaders/managers, and patients benefiting from experienced staff.

$56,300

Average cost to replace a single bedside RN

METHODS

Search Protocol: Systematic literature querying of Academic Search Elite, CINAHL, and Medline Complete databases.

Limiters: Published 2021-2026, English language, peer-reviewed journals, acute care hospital focus.

- **Inclusion:** High evidence hierarchies, RN staff, modifiable environmental criteria.
- **Exclusion:** Non-hospital, duplicates, non-PICO.

INTERVENTION

AACN HWE Framework: Targeted standards across six modifiable core components: skilled communication, collaboration, effective decisions, staffing, recognition, and leadership.

Operational Tools: Kudos Gratitude programs, transition-to-practice nurse residencies, structured mentor support, and unit governance councils.

MEASURE

Validated Instruments: Healthy Work Environment Assessment Tool (HWEAT), Practice Environment Scale (PES-NWI), and Nursing Activities Score (NAS).

Staff Outcomes: Quantified via Kudos participation metrics, unit-level turnover percentages, and intent-to-leave Likert scales.

RESULTS & EVIDENCE SUMMARY

Study (Year)	Level	Key Quantitative Outcomes
Almotairy ('22)	L-V	HWE linked with job enjoyment p<.001 and stay intent p=.001.
Angiulo ('25)	L-VI	Meaningful recognition rose HWEAT scores (3.95 to 4.13); cut turnover.
Brady ('24)	L-III	Safe staffing raised satisfaction from 53.1% to 68.6% p<.001.
Dacanay ('26)	L-VI	Toolbox program increased active unit recognition participation by 140%.
Parker ('25)	L-VI	Six-year framework study showed positive unit retention growth of 9%.

DISCUSSION

Key Understandings: Retention is highly multifactorial. Meaningful recognition acts as an influential, easily modifiable retention factor.

Limitations: Limited causal inference due to a lack of RCTs; potential response bias within self-report surveys.

Implications: HWE strategies are highly cost-effective; replacing a single clinical nurse averages a substantial **$56,000** in organizational cost.

Retention = safety

CONCLUSIONS & FUTURE RECOMMENDATIONS

Conclusion: Sustained HWE implementation confirms a direct, positive correlation with acute care nurse retention and patient safety.

Administration: Reallocate travel nurse budgets into permanent recognition and staffing.

Practice: Implement active Unit-Based Councils.

Education: Embed the AACN HWE framework into nursing school curricula.

PROJECT REFERENCES

PRIMARY EVIDENCE:

* Almotairy, M. (2022). Healthy work environment, job enjoyment, and intention to stay among acute care nurses. Journal of Nursing Scholarship.
* Angiulo, L. (2025). Impact of meaningful recognition on HWEAT scores and unit turnover rates. Journal of Nursing Administration.
* Brady, M. (2024). Safe staffing models and registered nurse satisfaction in acute care facilities. Nursing Management.
* Dacanay, R. (2026). Implementing unit-level toolbox programs to increase active peer recognition. Nurse Leader.
* Parker, S. (2025). A six-year longitudinal framework evaluation of positive unit retention growth. Healthcare Executive.

ECONOMIC IMPACT & BACKGROUND FOUNDATION:

* Conklin, T. (2025). Tracking first-year and unit-level turnover trends in high-acuity inpatient settings.
* NSI National Health Care Retention & RN Staffing Report (2025/2026). The macroeconomic cost metrics of clinical bedside nurse turnover.

1. Introduction & The "Why" (0:00 - 1:00)

- **Hook & Welcome:** "Good morning/afternoon. My name is [Your Name], and along with my colleagues Gabby Dornacker, Katie Holling, and Jasye Morrison from Nebraska Methodist College, we are excited to present our evidence-based project: *Work Environment Impact on Nurse Retention*."
- **The Problem:** "We are facing a staggering global nursing shortage. Nationally, hospital nurse vacancy rates sit around 8.6%, with a third of hospitals reporting vacancies over 10%. Unhealthy work environments act as a primary catalyst for chronic stress and clinical burnout, forcing up to **40% of nurses to voice an intent to leave** their current roles."
- **Safety Climate:** "This isn't just a staffing issue; it's a patient safety issue. High turnover degrades the continuity of care, spiking the risk of hospital-acquired complications like CAUTIs and falls."
- **Our PICO(T) Question:** "This reality drove our clinical inquiry: *For nurses working in acute care facilities, does the implementation of a healthy work environment (HWE) improve nurse retention compared to toxic or unhealthy environments?*"

2. Methodology & Measurement Tools (1:00 - 2:00)

- **The Search:** "To answer this, we conducted a systematic literature query across Academic Search Elite, CINAHL, and Medline Complete. We limited our search to peer-reviewed, English-language journals published between 2021 and 2026, focusing strictly on acute care settings."
- **Inclusion/Exclusion:** "After a rigorous screening of 224 initial database yields down to 55 relevance-screened papers, we narrowed our selection down to **8 high-quality studies** spanning Levels III to VI on Melnyk's Hierarchy of Evidence."
- **How We Measured Success:** "We looked at data using validated tools, including the Healthy Work Environment Assessment Tool (HWEAT), the Practice Environment Scale (PES-NWI), and the Nursing Activities Score (NAS). Staff outcomes were quantified using unit-level turnover percentages, Likert intent-to-leave scales, and Kudos program engagement metrics."

3. The Intervention: The HWE Framework (2:00 - 3:30)

- **The Core Framework:** "Our intervention centers heavily around the **AACN Healthy Work Environment Framework**. Rather than viewing retention as a monolith, this framework targets six modifiable, interconnected core components: Skilled Communication, True Collaboration, Effective Decision-Making, Appropriate Staffing, Meaningful Recognition, and Authentic Leadership."
- **Operationalizing the Concepts:** "To bridge theory and bedside practice, the evidence pointed to four highly actionable operational tools:
    - **Kudos Gratitude Programs:** To foster micro-recognition.
    - **Transition-to-Practice Residencies:** Supporting vulnerable novice nurses through structured onboarding.
    - **Structured Mentor Support:** Pairing experienced nurses with new staff to alleviate moral distress.
    - **Unit-Based Governance Councils:** Empowering bedside clinicians to co-create staffing and practice models alongside leadership."

4. Results & Evidence Summary (3:30 - 5:00)

- **Synthesis of Findings:** "The quantitative data across our 8 appraised studies yielded powerful, statistically significant results:
    - **Almotairy ('22):** Proved a direct link between healthy practice environments, job enjoyment ($p < .001$), and an increased 3-year intent to stay ($p = .001$).
    - **Brady ('24):** Demonstrated that deploying structured safe staffing frameworks raised nurse satisfaction from 53.1% to 68.6% ($p < .001$).
    - **Angiulo ('25) & Dacanay ('26):** Focused heavily on meaningful recognition. Angiulo showed a rise in overall HWEAT scores (3.95 to 4.13) and a drop in turnover. Dacanay implemented a 'Toolbox program' that boosted active unit recognition participation by a massive 140% and cut unit turnover rates by 7% (dropping from 22.7% to 15.7%).
    - **Parker ('25):** A robust 6-year longitudinal framework study showing that sustained adherence to AACN standards drove a **9% positive unit retention growth** post-pandemic."

5. Discussion, Financial Implications, & Next Steps (5:00 - 6:00)

- **Key Understandings & Limitations:** "The literature demonstrates that retention is highly multifactorial. While a lack of randomized controlled trials (RCTs) limits absolute causal inference, the data across descriptive and observational studies is incredibly cohesive."
- **The Business Case (Bottom Line):** "For hospital administration, HWE strategies are profoundly cost-effective. Replacing a single acute care clinical nurse averages a substantial **$56,000 in organizational cost**. Toxic units bleed money via travel nurse budgets and onboarding loops."
- **Future Recommendations:** "Moving forward, we recommend a multi-pronged approach:
    - **Administration:** Reallocate bleeding travel-nurse budgets directly into permanent recognition infrastructure and permanent staffing support.
    - **Practice:** Actively implement and fund Unit-Based Governance Councils to give nurses a voice.
    - **Education:** Formally embed the AACN HWE framework directly into core nursing school curricula so the next generation enters the workforce expecting and maintaining these standards."
- **Conclusion:** "Sustained healthy work environments directly correlate with higher nurse retention and, ultimately, safer patient care. Thank you, and I am happy to open up the floor to any questions you may have."