Nursing Leadership Workforce Compendium

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CHAPTER 3

Leadership

Nursing leadership is a dynamic, exciting and satisfying role that influences the very essence of health care. Across the care setting, nurse leaders are aware of their tactical accountabilities with ensuring appropriate staffing, creating effective multi-generational and diverse teams, achieving equity, meeting organizational goals and more. The relational requirements of the nurse leader role are perhaps more critical compared to other roles and the function of leadership is significantly growing in complexity. A leader's effectiveness in influencing individuals to work together to achieve a common good depends on relational leadership. Relational leadership is building a team of individuals who come together through a connection of shared values.

A nurse leader focusing on relational leadership is highly attuned to the team's interpersonal dynamics creating an emancipation of the team's potential. Individuals perform as a whole instead of solo players (Davidson, 2020). Forming and fostering relationships are a natural behavior for nurses, and when nurse leaders are able to practice relationally, they are more satisfied and fulfilled in their roles. Nurse leaders are responsible for coaching and mentoring current and aspiring leaders, while refining their skills and leadership competencies. Nurse leaders create the context for nursing excellence. The exemplars provided are a balance of how to develop these relational capabilities with how to liberate time for the nurse leader to practice them.

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Among roles in the specialty of nursing leadership, nurse managers encounter unique challenges because they practice in one of the most complex environments in the health care field – care at the front lines. For some, becoming a nurse manager may be their first formal leadership role. Some novice nurse managers state that their early days in the manager role were a culture shock, with many new things to learn despite being expert clinicians. Managers are often selected based on subjective data, a history of clinical leadership, comradery with staff and providers and clinical expertise. From day one, the nurse manager is expected to provide operational oversight for multiple individuals who provide direct care, ensure positive patient outcomes and experience, and manage finances while engaging the nurse workforce. Given the complex role expected of nurse managers, support from the organization, interdisciplinary team members, peers and those they supervise is essential. The goal is to support professional growth and development to ensure nurse leaders are well-prepared in areas that most influence the workforce and care delivery.

Key Findings From AONL Research

Table 1: Key nurse leader influencers of the nurse workforce

THE ENVIRONMENT: DRIVING CHANGE

Leaders can have the greatest positive influence on their nurse workforce by being honest and transparent, open to new ideas, present, and willing to listen

What aspects of your leader(s) positively influence members of the nurse workforce?

OPEN COMMUNICATION	"Openness in communication, willingness to listen, having them be visible to the teams."	AGREE SCORE! 90%	"Open communication, transparency, feeling of teamwork." — AGREE SCORE! 90%
OPEN TO NEW IDEAS	"Willingness to listen, open to new ideas, freedom to make decisions."	AGREE SCORE! 90%	"Strong and consistent communication, always available and open to new ideas." — AGREE SCORE! 89%
BEING PRESENT & ACCESSIBLE	"Time interacting with them and proper staffing support."	AGREE SCORE! 89%	"Rounding and speaking with staff. Being present and offering assistance. Being honest." — AGREE SCORE! 89%
LISTENING & CARING	"Open, caring and engaged. They listen and support."	AGREE SCORE! 90%	"Willingness to listen, open to new ideas, freedom to make decisions." — AGREE SCORE! 90%

¹ Agree score is a modeled estimate of the share of participants that would agree with a particular response. These are calculated using collaborative filtering from participant voting after submitting their own response. Each % agree score is representative of sample in one of the two sessions conducted and is used for inferential / comparative purposes.

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Table 2: Motivation of nurse leaders

The majority of Nurse Leaders are **motivated to drive change and feel comfortable sharing ideas** with their leaders

MOTIVATED TO INFLUENCE & DRIVE CHANGE

How motivated do you feel to influence and drive change for the nursing profession?

Very Motivated	52%	**90%**
Motivated	38%	Top 2 Box
Somewhat Motivated	10%	
Unmotivated	0%	
Very Unmotivated	0%	

Top Segments:
⬆ **Very Motivated**
Supports 15+ Hospitals (78%)
C-Suite (66%)
Delivery Context: Outpatient (65%)
Delivery Context: System/Corporate (65%)
1-10 Employees Supervised (62%)

COMFORTABLE SHARING IDEAS & CONCERNS

"I feel comfortable sharing ideas & raising concerns with my leaders and direct supervisors."

Strongly Agree		**84%**
Agree		Top 2 Box
Neither Agree / Disagree	7%	
Disagree	6%	
Strongly Disagree	2%	

Top Segments:
⬆ **Strongly Agree**
C-Suite (67%)
Supports 15+ Hospitals (67%)
Delivery Context: System/Corporate (63%)
Supervises 300+ Employees (61%)
30+ Years Experience (61%)

Top segments are based on professional demographics and excludes segments with n<20
Segments shown tested statistical significance at 90% confidence

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Table 3: Risk taking among nurse leaders

Nurse leaders are **most comfortable taking risks** when related to improved patient care, followed closely by advocating for their teams

What type of situation or circumstances would you or another leader feel comfortable taking a risk and why?

IMPROVING PATIENT CARE

Taking risks related to improving patient safety and patient outcomes, especially when the risks are evidence-based

"**Evidence-based practice changes**. I can justify actions which are based on evidence and provide the **best possible outcome for the patient.**"

AGREE SCORE: 84%

"**Patient care** - it's the right thing to do."

AGREE SCORE: 83%

ADVOCATING FOR THEIR TEAM

Acting in the best interest of staff by pursuing changes that could improve their work experience

"Situations that potentially improve the patient care environment and **working conditions for nurses.**"

AGREE SCORE: 81%

"When making a big change in practice that brings positive change to both patient care and **nursing workload.**"

AGREE SCORE: 83%

[1] Agree score is a modeled estimate of the share of participants that would agree with a particular response. These are calculated using collaborative filtering from participant voting after submitting their own response. Each % agree score is representative of sample in one of the two sessions conducted and is used for inferential / comparative purposes.

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Leadership Subgroup Work

Members of the Leadership Subgroup convened to develop consensus about the top leadership ideas that capture critical aspects of nursing leadership, specifically among front-line leaders (i.e., nurse managers), defining key goals, and identifying interventions and strategies to support nurse leaders (see Table 1). These members capitalized on their knowledge and experience from every level of nursing leadership and brought forward best practices, takeaways and exemplars to aid nurse leaders present and future. Nursing Assistant.

Table 1: Leadership Ideas, Goals and Strategies

Top Idea(s)	Goal	Intervention/Strategy
Explore needed proficiencies to lead in complex environments	Exemplify relational leadership with those served (task-based when appropriate)	Encourage team professional growth and skill development (e.g., in employee scheduling, daily staffing and financial management, etc.)
Access understanding and articulation of the value of nursing and nursing leadership	Articulate scope of practice, purpose and impact of nursing and nursing leadership	Financial/cost-accounting knowledge Advocating for fair treatment of patients, well-being of staff Media training
Practice ownership – willingness to address and resolve issues	Demonstrate ownership by managing time to maximize impact among those served	Professional governance – leader accountabilities differentiated from clinical nurse accountabilities
Assess the levels of well-being of self and organizational/unit culture	Connect with those served through meaningful conversations	Quick connects, check-ins Changing the work systems of nurse leaders
Examine current practices in creation of culture of belonging	Model professionalism, inclusivity and respect within the organization and among those served	Humility and empathy Professional governance
Improving transition to nurse manager practice	Develop leadership capital to reduce turnover and increase effectiveness	Peer communities, ongoing professional development opportunities, nurse leader retreat
Professional Development	Access to continued development in changing health care environment	Evidence-based programs

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Leadership Best Practices

1. Ongoing senior-nursing level engagement with front-line managers. Engagement may include intentional rounding, frequent check-ins and discussions to break down communication barriers, clarify information and support decision-making.

2. "Salon Coaching" for nurse managers by senior nurse leaders - similar to getting your hair done and talking about everything. This encourages the sense-making of the role and fosters relationship- building and organizational belonging. In addition, the approach serves as a forum for building trust and is the foundation for informal peer coaching.

3. Leveraging technology as a tool to assess data for operational decision-making and simplify administrative tasks. Works to eliminate data redundancies and workarounds that undermine the intent of automation.

4. Succession planning and educational opportunities help clinical nurses develop into charge nurses, practice council leaders and nurse managers, increasing the leadership acumen of nurse leaders to prepare and promote them into new leadership roles.

5. Engage and build partnerships with organizational leaders, including human resources, chief financial officer and operations officers. Chief nurses who introduce new nurse leaders to other executives reflect sponsorship and endorsement to the other senior leaders. Introductions also communicate nursing leadership team solidarity at all levels.

6. Developing a living unit description by nurse leaders and their teams to transparently inform finance and human resources to help teams understand the unit type, expected patient population and acuity, scope of service, care delivery model, target ratios, caregiver requirements, admission/discharge criteria, and more.

Takeaways

1. Nurse leaders need initial and ongoing professional development opportunities.

2. The complex health care environment requires proficiencies in relational leading/leadership.

3. Actively use relational leadership. Any relational style is good and can all be developed and refined.

4. As a leader, advocate for staff and other levels of leadership, as well as prioritize advocacy (honesty, advocacy, transparency).

5. Leveraging technology helps to reduce administrative burden and can free nurse manager time for team engagement.

6. Nurse managers must address their self-care, well-being, and work-life balance and demonstrate its importance to other nurse leaders. Included is accountability to learn boundary setting to maintain and prioritize the work within the nurse leader's control and what matters the most. It also includes using best practices for scheduling, including those in the context of self-care that limits consecutively worked shifts and worked hours per day and week.

7. Develop and redefine professional identity within leadership roles, including transitioning from expert clinician and chief problem-solver to novice leader. Openly address the potential for imposter syndrome. Facilitate a culture for clinicians to do their best work.

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Resources - Exemplars

Organizational programs for developing leaders are an essential, foundational step in helping leaders to grow and succeed. After taking an initial leadership position, robust programs will ensure the new leader has the tools for early success. Supportive programs help the new leader feel prepared to work in a complex leadership environment, understand the role of a nurse leader better, prepare them for whole practice ownership and improve their ability to resolve complex issues.

HARP PROGRAM FOR NURSING LEADERS – CITY OF HOPE
Responsibility and Professional development program supports the professional development of front-line managers through monthly leadership curriculum sessions. These sessions follow the HARP pyramid (based on Maslow's Hierarchy of Needs combined with AONL competencies). Contact Chris Tarver at ctarver@coh.org.

EAGLE PROJECT – EMORY HEALTHCARE
The Emory Ambulatory Guide to Leader Excellence is built upon existing local and national leadership resources. These resources are used to tailor an evidence- and competency-based professional portfolio that supports ambulatory care clinical nurse leaders. Contact Karla Schroeder at Karla.Schroeder@emoryhealthcare.org.

Once a solid foundation and understanding of the leader's role are established, continued professional development and support for the leader is essential.

NURSE MANAGER PROFESSIONAL DEVELOPMENT RETREAT – UW HEALTH
To improve the well-being of nurse managers and advance their professional development and teaching strategies to strengthen relationships with staff members, a Nurse Manager Professional Development Retreat was developed. The retreats are built around a theme defined by the Nurse Manager Council and consistent with nurse manager professional development. The 8-hour event is organized like a conference with both internal and external speakers, breakout sessions with report outs on applications to leadership practices and designated time for honest, transparent dialogue around current challenges. Upon completion of the retreat, UW Health found that the pre- and post-assessments indicated increased leadership opportunities for bedside nurses, satisfaction and self-assessed role competencies. Contact Rudy Jackson at RJackson@uwhealth.org.

NURSE LEADER RESIDENCY PROGRAM WITH MENTORING AND COACHING – MUSC HEALTH
Nurse managers can benefit from a forum for education, leadership development and mentorship to demonstrate the leadership critical components that promote staff engagement, patient experience, and excellence in nursing. Senior nurse leaders can actively mentor and coach nurse managers to learn about the scope of their responsibilities and assist with problem-solving. Clear expectations, including frequent data review and experience-informed problem-solving, enhance this aspect of professional development. One example of this program's success was addressing the challenge of multiple passwords for multiple software platforms used daily by front-line nurse managers. A senior nurse leader worked with IT to simplify the process with a single secure login. Contact Lisa James at Jameslis@musc.edu.

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One of the important concepts from the National Academy of Medicine (NAM) Clinician Well-Being consensus study (NAM, 2019) was that burnout prevention must include the individual as part of a work system. Both the individual and the work system must be addressed for well-being to improve, so not only do we understand and address individual levels of well-being, we also must change the work of the nurse leader to reduce the leader burden. The committee envisioned ways to identify and prevent burnout before it happens.

REDUCING NURSE LEADER BURDEN: A DATA-DRIVEN APPROACH USING LEAN METHODOLOGY – EMORY HEALTH
Capitalizing on Lean methodology to quantify and classify nurse leader work, opportunities are identified to reduce time-consuming activities (e.g., clerical, supply-chain issues, etc.). Using unit-level and organization-level data enables the leadership team to advocate for goal realignment, distribution of clerical tasks to non-clinical personnel, and facilitates a focus on functional, top of competency and expertise. Contact Rose Horton at Rose.Horton@emoryhealthcare.org.

Developing a living unit description by nurse managers and nurse leaders creates transparency within their teams establishes an agreement on the work performed in a department or unit. This is used to facilitate boundary setting, trust building, and measures for team achievement. Defining the scope of work/service of a unit is a formal process serving many purposes. It informs finance, quality, human resources and recruiting teams, as well as new recruits about the unit type, expected patient population and acuity, scope of service, care delivery model, target ratios, caregiver requirements, admission/discharge criteria and more.

UNIT SCOPE OF SERVICE TOOL
To provide nurse leaders with a consistent mechanism to describe the labor and financial resources their units need across departments and groups, the Unit Scope of Service tool has been used effectively since 2016. The tool includes information about the type of unit, FTEs, key performance indicators, admissions, discharges and unit descriptors. Contact ChrysMarie Suby at c.suby@lminstitute.com.

Our practice environments also must be where the nurse sees who they are as a nurse or the nurse leader sees themselves as a leader. Professional identity development is essential in individual fulfillment and achievement of purpose.

PROFESSIONAL IDENTITY IN NURSING SURVEY – UNIVERSITY OF IOWA
A self-assessment tool was developed to assist the professional development of nurse leaders in professional identity and to assist leaders in their roles. PINS is for nurses to assess professional identity within four domains (values and ethics, knowledge, nurse as leader and professional comportment) and evaluate the nurses' work environment. Contact Nelda Godfrey at ngodfrey@kumc.edu or Lindell Joseph at maria-joseph@uiowa.edu.

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Positive Practice Environment

Positive practice environments foster healthy workplace environments where nurse leaders can grow, thrive, be safe and stay well. Promoting nurse empowerment, engagement and interpersonal relationships at work will be critical to achieving positive practice environments and quality patient care. Healthier work environments lead to more satisfied nurses, resulting in better job performance and higher quality of patient care, subsequently improving the overall health care organizations' financial viability (Wei et al., 2018). Creating and nurturing these healthy, positive work environments will need continuous effort and emphasis from all health care leaders.

Many internal and external components of an organization create and support the foundation of a positive practice environment. This committee decided to limit the focus to four priority areas, which nurture a healthy, positive practice environment for nurse leaders. These four priority areas include, but are not limited to:

- Building the culture and environment
- Engagement, recognition, and appreciation
- Wellness and well-being
- New innovative care models

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Findings From AONL Research

Using virtual focus group technology and questions submitted by the AONL workforce subcommittees, staff from Deloitte consulting conducted synchronous and asynchronous sessions with AONL members in September 2022. Nurse participants recommended the following as a high priority to improve the overall positive practice environment:

- Culture is ranked most important by 49% of nurse leaders when cultivating a positive practice environment. Associations with current workplace culture are largely positive, driven by strong feelings of teamwork, care and support.

- Nearly half of nurse leaders ranked "building the culture and environment" as the most important when cultivating a positive practice environment.

- Roughly 1 in 4 nurse leaders strongly agree that their organization fosters a diverse, equitable and inclusive workplace.

- Over 50% of nurse leaders experience burnout multiple times each week.

- 68% of nurse leaders ranked flexible scheduling as the number one, most important non-monetary benefit, alongside increased administrative support and decreased expectations of 24/7 accountability.

- To increase joy and meaningful work for nurse leaders, the most commonly recommended improvements are related to time: fewer meetings and administrative tasks, protected time off and dedicated time for building relationships with their teams.

Considerations for Nurse Leaders

Building a culture and environment where nurses can grow and thrive should be a priority for all leaders to ensure we create a physically and psychologically safe environment that champions and prioritizes workplace safety with clear parameters. Nurse leaders must build a culture that empowers all nurses through a foundation based on listening, teamwork, trust and recognition that supports diversity, equity and inclusion. This culture also must ensure nurses practice at the top of their licenses and competencies, are decision-makers in patient care and are at the table in all aspects of health care.

1. Leaders at all levels need to improve interprofessional partnerships.

2. Creating and maintaining space for improved training and mentorship for nursing leaders is critical.

3. Ensure Just Culture and Bias Training is embedded in the organizational culture and education.

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Additional Key Resources:

- Guiding Principles for Mitigating Violence in the Workplace | AONL

- DEIB Guiding Principles Final.pdf (aonl.org)

- Hospitals Against Violence | AHA

- National Plan for Health Workforce Well-Being - National Academy of Medicine (nam.edu)

- American Association of Critical Care Nurses, Healthy Work Environments

- Speaking up or Remaining Silent: Understanding the Influences on Nurses When Patients Are at Risk - ProQuest

- Princeton's Institute for Nursing Excellence

Engagement, recognition, and appreciation

When organizations support, appreciate and engage their nurses, they are more likely to retain the professional staff needed to deliver safe, high-quality patient care. According to Dans and Lundmark (2019), creating positive practice environments requires more than a one-size fits all approach because the intent to stay for experienced nurses is based on overall job satisfaction, joy in work and career development opportunities. In contrast, new nurses' most critical driving factors are nurse manager support, joy in work, and praise and recognition. Findings from AONL Foundation-sponsored research continue to support the need for organizations to support, appreciate and engage their nurses (see Longitudinal Nursing Leadership Insight Study | AONL).

Additional Key Resources:

- Beyond Gratitude | AONL | A Tribute to Nurse Managers

- IHI Joy at Work

- What is The DAISY Award? | DAISY Foundation

- Frontline Dyad Approach to Maximize Frontline Engagement in Improvement and Minimize Resource Use | IHI - Institute for Healthcare Improvement

- How to Measure Employee Engagement with the Q12 - Gallup

Wellness and Well-being

The importance of nurse well-being and overall wellness cannot be emphasized enough, especially post-pandemic. Our health care systems are under incredible stress, especially nurses, due to the shortage of health care workers. Nurse well-being is crucial not only for the nurses' health but also because there is a direct correlation between nurse burnout and its effects on the quality of patient care. Nurses need to feel healthy, well, and supported moving into the future because the COVID-19 pandemic has intensified health care worker stress and left nurses unprotected and unsupported (Flaubert et al., 2021). Ensuring nurse wellness and well-being will require implementing and fostering strategies that address the structures and policies responsible for workplace hazards and stressors that lead to poor health, clinician burnout, mental fatigue and adverse patient outcomes.

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Additional Key Resources:

- [National Plan for Health Workforce Well-Being - National Academy of Medicine (nam.edu)](#)

- [Healthy Workforce Institute | Stop Incivility in Nursing](#)

- [The Future of Nursing 2020-2030 - National Academy of Medicine (nam.edu)](#)

- [Mindful Ethical Practice and Resilience Academy: Equipping Nurses to Address Ethical Challenges](#)

- [American Nurses Foundation Launches National Well-being Initiative for Nurses (nursingworld.org)](#)

- [Stress First Aid Continuum Model](#)

- [Stress First Aid for Health Workers](#)

Innovative Care Models That Support Superior Patient Outcomes

Nurse leaders can advance the effectiveness and delivery of patient care through innovative care models that address the complex needs of all patients, focusing on social determinants of health and advancing health equity. Creating and supporting new innovative care models will promote a positive practice environment and drive positive patient outcomes (Machon, Cundy, & Case, 2019). It's essential to create a culture where innovation is welcomed and can flourish, and staff and patients feel empowered to contribute to the innovation process and help drive positive change..

Additional Key Resources:

- [Innovative-Models-of-Care.pdf (aha.org)](#)

- [Edge Runners - American Academy of Nursing Main Site (aannet.org)](#)

- [Innovative care delivery models for the clinical practice of hepatology - Talwalkar - 2014 - Clinical Liver Disease - Wiley Online Library](#)

- [An innovative nurse staffing model: Nurses are Happy2Help and strike the right balance. The Journal of Nursing Administration (lww.com)](#)

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Exemplars

AUTHENTIC NURSE LEADERSHIP TOOLS - MATHER HOSPITAL

Research indicates that Authentic Nurse Leadership (ANL) and Healthy Work Environments (HWE) are the foundation supporting nurse engagement and patient outcomes. Recently, the development of an ANL Conceptual Model and a valid and reliable instrument, the Authentic Nurse Leadership Questionnaire (ANLQ), enabled the measurement of ANL attributes from the perception of clinical nurses. This research study was the first to develop and validate an ANLQ instrument for nurse leaders and to measure nurse leaders' tendency to produce socially desirable responses, as measured by the Index of Social Desirability. The ANLQ-NL and ANL Conceptual Framework were statistically significant in supporting HWE in which nurses practice. Contact Marie Giordano-Mulligan at mmulligan5@northwell.edu.

CREATING AN ANTI-RACIST WORKPLACE - MOUNT SINAI HOSPITAL

Development of a nursing diversity, equity and inclusion system committee, the Nursing Against Racism initiative, comprises multiple hospitals within Mount Sinai Health System. This committee will foster the advancement of knowledge by actively contributing to creating an anti-racist workplace environment within nursing. This committee would target all levels of nursing and the entire health care team. The charge of this committee is to advance the Mount Sinai Health System's core value of equity through the voice and actions of the nurse. Contact Natalie Callis at natalie.callis@mountsinai.org.

VIRTUAL NURSE - ATRIUM HEALTH

Virtual Nurse Observation Program created a care model that included bedside and virtual nurses. When increased nurse-to-patient ratios drain staffing resources, the virtual nurse provides additional support to enhance patient care while not replacing bedside nurses. Piloted in March 2021 in a progressive care unit with a bi-directional video-based program. The virtual nurse purposefully rounds on patients for the 5 Ps (pain, potty (or personal hygiene), position, periphery, and pump) and changes in condition and acts as a second witness for high-risk medications, orienting and re-orienting patients to their environment providing patient and family education. They complete documentation of admission/discharge, mobility of patients, oxygen use, intake and output, and patient education. At Atrium Health a virtual nurse can complete non-hands-on tasks, so a bedside nurse is free to do more care. This program was found to be an effective recruitment tool for novice nurses (additional support) and a retention tool for expert nurses who may not be able to maintain work at the bedside. Scores for patient experience increased, as well as increased team satisfaction with the role of the virtual nurse, especially from novice nurses. The virtual nurse has also successfully identified early recognition of patient changes and early notification of the need for RRT/Code and to assist with RRT/Code documentation. Contact Patricia Mook at Patricia.Mook@atriumhealth.org.

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Exemplars

LEADERSHIP INSTITUTE – UCSF HEALTH

The secret to nursing leadership success is listening. Employees feel empowered to problem solve, and a positive practice environment is created when multiple forums and open communication to all staff are provided. UCSF Leadership Institute partners with the UCSF School of Nursing and the UCSF Center for Nursing Excellence and Innovation, which includes leadership development at all levels of nursing. The UCSF nursing turnover rate of 9% bested the national average of 21% in 2021. Contact Pat Patton at Pat.Patton@ucsf.edu.

INSTITUTE FOR NURSING EXCELLENCE – PENN MEDICINE PRINCETON

Penn Medicine Princeton Health created an Institute for Nursing Excellence. This newly developed institute contains three centers: professional development and recognition, innovation and research, and clinical practice. The institute assists nurses in enhancing their clinical skills, pursuing career and educational goals, and participating in research and innovation. Read more at: Institute of Nursing Excellence (princetonhcs.org). Contact the Institute for Nursing Excellence team at PMPH-Foundation@PennMedicine.upenn.edu.

STRESS FIRST AID (SFA) MODEL

The SFA Stress Continuum Model was developed by the U.S. military for the Navy and Marine Corps to assess the level of their own and others' stress responses; this was later adapted for use by first responders and health care workers (National Center for PTSD, 2022). In the Stress Continuum Model, the four stress zones are ready (green), reacting (yellow), injured (orange) and ill (red). In the yellow zone, an individual may juggle things well and put things off. Wear and tear over time can put one in the "injured" state of feeling loss of control; panic, rage or depression; and/or guilt, shame or blame. Checking on each other and being aware of yourself and your team's behaviour can prevent a person from moving into the unhealthy "ill" state where symptoms are persistent or worsen over time, the person experiences severe distress, or has significant difficulty functioning at work or at home. The Stress First Aid model was designed to help people move themselves or their coworkers from the Red and Orange Zones back to the Yellow or Green Zones.

The SFA model has the end goal of moving people toward wellness. The SFA model includes seven actions to identify and address early signs of stress reactions in an "ongoing way" and not just after "critical incidents" (National Center for PTSD, 2022). The SFA Continuum Model and SFA are helpful tools for leaders at the bedside who may be first in line to help their team members at the onset of stress in the reacting (yellow) zone. Contact Christi Nguyen at Christi.Nguyen@UTSouthwestern.edu.

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WELLNESS PROGRAM – UCSF HEALTH

In an effort to improve wellness, staff engagement and reduce burnout, UCSF launched the **UCSF Mount Zion Wellness Program**, consisting of on-site and off-site wellness activities. A dedicated on-site wellness space offers massage chairs, art, and music therapy, aromatherapy, treadmills. and self-care journals. It also offers live integrative health classes such as yoga, acupressure, breathing exercises and massage therapy. Additionally, an all-inclusive off-site retreat sends nurses to a three-day energizing retreat focusing on health care staff healing from COVID-19 trauma. It also includes invigorating speakers, meditation, exercise programs and healthy meals. A year-long pilot began in May 2022.

The program is being measured by Gallup RN Satisfaction and Maslach Inventory Burnout metrics. Pre-intervention surveys captured age, sleep, years in health care, commute time, etc. Midway surveys were collected in the fall, and final post-intervention surveys to be sent May 2023. Anecdotal comments, post-wellness activities, and the programs' use are tracked via QR codes and Qualtrics. Front-line staff also are encouraged to become wellness ambassadors and provide constructive feedback about the program. Social media is utilized to maintain engagement with staff. Expecting positive results from the pilot, the organization plans to include other staff such as physical therapists, social workers, physicians, hospitality, etc. and offer the program to other UCSF sites. Contact Lourdes Moldre at Lourdes.Moldre@UCSF.edu.

MEANINGFUL PEER RECOGNITION – HUMANA

When clinician burnout and staffing shortages weighed heavily on nurse morale, Humana deepened its focus on meaningful peer recognition, embedding it into the tapestry of its nursing community practice. Ultimately, Humana promoted an environment of belonging while boosting nurse engagement and retention. Led by the chief nurse officer, the health plan created a formal, easy opportunity for nurses to recognize each other for teamwork, clinical expertise, and just plain kindness. Informed by nursing input, a peer-to-peer nurse recognition program was introduced in 2018. Every day, nurses at Humana can recognize and be recognized by each other through an easily accessible process that is simple yet incredibly meaningful for the nurses. The number of recognitions is unlimited and purely driven by the genuine desire of nurses to support one another. How it works: nurses visit a SharePoint site, complete a brief form, including the reason for recognition, and add a personalized note. Upon submission, an email is generated to the nurse being recognized (as well as their leader), and they also receive a certificate of appreciation from the chief nurse officer and a link to a recognition store where they can select an appreciation item. An email also goes to the nurse submitting the recognition, reinforcing the benefits of peer recognition. The chief nurse officer has access to the peer recognition platform to understand the number of recognitions, roles of those recognizing and being recognized, their business areas, and the sentiments of the recognition. Over four years, Humana nurses have shared 18,000 recognitions. Humana's engagement data has shown the favorable effects of peer-to-peer recognition on nurses feeling valued, one of the top 10 drivers of engagement and a leading predictor of turnover. Contact Sabina Zolota at szolota@humana.com or Kathy Driscoll at Kdriscoll1@humana.com.

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Exemplars

ALTERNATIVE STAFFING MODEL – MEMORIAL HERMANN HEALTHCARE

The leadership team developed an alternative staffing model to manage increasing volumes and a shrinking labor pool. A Kaizen was held with the front-line team, breaking down all care tasks required for care into licensed and skill-specific tasks. It was identified that 40% of the work currently performed by RNs could be safely delegated to other team members. A team approach model utilizing licensed vocational nurses, doulas and ancillary support was piloted for six months, including clinical-based orientation and charge nurse development guide on roles and responsibilities. This impacted efficiency and patient and quality outcomes across the service line. After the pilot was completed, length of stay observed/expected was within the top quartile of a national peer database, decreased severe maternal morbidity cases (complications associated with delivery) went from 2.8% to 0.0% from January 2022 to July 2022, annualized turnover of 32.4% improved to 19.4% in six months (3.5% in August 2022) and employee engagement scores advanced after the pilot. Contact Danyell Taylor at danyell.taylor@memorialhermann.org.

REDESIGNING THE NURSING CARE MODEL – COMMUNITY MEDICAL CENTER (CMC)

CMC addresses workforce staffing shortages by redesigning the current nursing care model for effective workforce planning and distribution. The pilot program integrates licensed practical nurses (LPN) on nursing teams on a 28-bed medical oncology unit. The initial development required a review of the LPN scope of practice, care hours needed and a review of the staffing grids. A front-line team was built, comprised of an RN, LPN, and patient care technician. Based on their skill sets, they divide the care assignment according to the scope of practice for each. The team model was evaluated by performing periodic leadership rounds. Through model, CMC leaders hope to increase retention of current staff, improve employee engagement and see an overall improvement in patient experience scores. Contact Donna Bonacorso at donna.bonacorso@rwjbh.org.

NATIONAL PLAN FOR HEALTH WORKFORCE WELL-BEING

National Academy of Medicine (NAM) – Launched in October 2022, the National Plan for Health Workforce Well-Being intends to drive collective action to strengthen the health workforce's well-being and restore the nation's health. The vision is that people are cared for by a health workforce thriving in an environment fostering their well-being as they improve population health, enhance the care experience, reduce costs and advance health equity. Seven priority areas include:

1. Create and sustain positive work and learning environments and culture.
2. Invest in measurement, assessment, strategies and research.
3. Support mental health and reduce stigma.
4. Address compliance, regulatory and policy barriers for daily work.
5. Engage effective technology tools.
6. Institutionalize well-being as a long-term value.
7. Recruit and retain a diverse and inclusive health workforce.

The report identified ten key elements to drive a successful national movement, acknowledging that improving health worker well-being is a shared responsibility that requires collective action by all stakeholders in the United States health system and those who influence the systems that support health. More information can be found by downloading the full or abridged National Plan for Health Workforce Well-Being Report.

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Wrap-up Summary/Recommendations for Nurse Leaders

As highlighted throughout this chapter, many significant initiatives and strategies promote and foster positive practice environments across the health care sector, especially those that impact our nursing profession. Nurse leaders can best support nurses by building the culture and environment necessary to create a positive practice environment. Changes in the work environment that focus on engagement, recognition and appreciation of nurses at all levels; the support and building of better teamwork; and increasing retention and joy at work will ultimately improve patient outcomes. Positive practice environments demonstrate a commitment to workplace safety, and place a focus on clinician wellness and well-being. New, innovative care models should support nursing functions – creating efficiency and removing burdensome barriers to advance care delivery and evidence-based practices–and promote health equity for all.

It is essential nurse leaders continue to raise awareness of the positive effects of building and sustaining healthy practice environments. We need a long-term and systematic approach embedded into every aspect of nursing. Ongoing research is needed to fully understand the impact and correlations of each potential component that creates and embodies a positive practice environment, within our nursing profession and in each health care setting.

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