

Call to Action: Implementing Nurse Workplace Environment and Staffing Councils in New Jersey Hospitals



American Organization
for Nursing Leadership

Judith T. Caruso, DNP, MBA, MSN, RN, NEA-BC, FACHE, Rita Smith, DNP, MPA, RN, NEA-BC, Patricia Steingall, MS, RN, NE-BC, Susan Cholewka, MBA, and Kathleen K. Borenstein, DNP, RN, CCRN

The literature supports that a healthy work environment for nurses improves employee engagement and satisfaction as well as better patient outcomes. A 2018 survey of acute care and critical care nurses by the American Association of Critical-Care Nurses (AACN)—the fourth in a series—provided evidence that implementing the AACN Healthy Work Environment standards made a positive difference in nurse and patient outcomes.¹ The recent *Nurse Leader* article “Nurse Workforce Environment Staffing Councils: An Innovative Approach”² described the 2017 to 2018 pilot work in 9 New Jersey hospitals, relating how staffing councils empower nurses to make recommendations and participate in decisions to drive policy at an organizational level—and potentially across the continuum. This article explains the process and implementation of the call to action to roll out these councils throughout health care organizations in New Jersey.

STRUCTURE AND CONCEPTUAL FRAMEWORK

Under the leadership of the Organization of Nurse Leaders New Jersey (ONL NJ), the Nurse Workplace Environment and Staffing Council Steering Committee was formed in 2016. Initially, a staffing task force was developed in response to continued activity in New Jersey to regulate nurse staffing through legislation. The staffing task force transformed into the broader Nurse Workplace Environment and Staffing Council Steering Committee so it could focus on significant complex workplace factors and reframe the approach to the staffing discussion. This steering committee worked on the development and implementation for hospital-based Nurse Workplace Environment and Staffing Councils (NWESC) throughout New Jersey. The health care institution structure for the NWESC begins with co-chair leadership utilizing the chief nursing officer and a direct care staff RN. Each council is composed of more than 51% direct care RNs and supported by 49% other nurse leaders in the organization to address healthy work environment issues. The NWESC formations in many organizations became another shared governance council, collaborating with other councils and reporting up to a coordinating council. In

one organization, the former staffing engagement council merged with the broader work of the NWESC. This model of the interplay between leaders and staff demonstrates authentic leadership in developing high-performing teams and a commitment to staff empowerment through active engagement in issues of concern.³

The innovative approach to the development and implementation of hospital-based NWESCs gained statewide momentum as 20 more hospitals, following the original 9, joined the initiative in 2018 to 2019. The conceptual framework is based on the AACN Standards for Establishing and Sustaining Healthy Work Environments (*Figure 1*).¹

The charter vision that guides the ONL NJ NWESC Steering Committee is that “New Jersey will be recognized as the leader in creating and sustaining a healthy workplace environment for its nurses.” This vision is reflected in each hospital-based NWESC, as staff and leadership collaborate to educate all stakeholders on the healthy work environment model, resolving workplace issues and promoting shared governance.

In addition, the program has garnered interest outside of New Jersey. It was presented this year at the

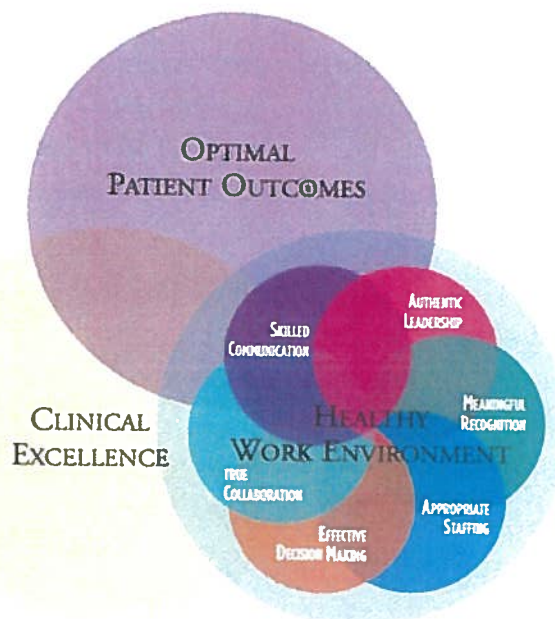


Figure 1. Interdependence of Healthy Work Environment, Clinical Excellence, and Optimal Patient Outcomes. Reprinted from American Association of Critical-Care Nurses.⁴ All rights reserved. Used with permission.

annual conferences of AONL and Sigma Theta Tau. A podium presentation also is on the program at the New York Organization of Executives and Leaders in October 2019.

STATEWIDE NWESC IMPLEMENTATION

Within New Jersey, interest in the NWESC program continues. Presentations of this important, innovative work were made to numerous stakeholders throughout New Jersey, for example, New Jersey Hospital Association (NJHA) Board of Trustees, NJHA government relations officers, and the New Jersey Chief Nurse Officers' Coalition. Currently, 3 active cohorts include 29 hospitals of which 27 are acute care hospitals and 2 are specialty hospitals. The 27 acute care hospitals represent 38% of New Jersey's acute care hospitals and more than 18,000 RNs. After the pilot group of 9, the second cohort formed in the fall of 2018 was split into 2 groups 2A and 2B, with 5 hospitals in the 2A and 7 hospitals in 2B. This split was necessary to accommodate the space needed to bring together the council members in their educational sessions. The third cohort was formed in January 2019, representing 8 new hospitals.

Modeled on the pilot project in 2017 to 2018, NWESC Steering Committee members lead the development and educational sessions for each new cohort. The steering committee also provides ongoing coordination and guidance to each newly formed hospital-based NWESC. Mentors from the pilot group are assigned to all the newly engaged hospitals. For example, the mentors guided the

new NWESC chairs and co-chairs in the council member selection process; formulating the agenda and activities for their first meetings; and designing their own charters. Figure 2 represents NWESC hospitals by county in New Jersey including acute care hospitals, specialty hospitals, and rehab centers.⁵ The hospitals highlighted in red are the hospitals involved with implementing NWESCs. These facilities are a true representation of New Jersey's health care facility landscape composed of a varied mix of facilities, for example, small suburban to large intercity systems; Magnet⁶ and non-Magnet; union and nonunion; and community and academic medical centers.

As each hospital forms and implements its hospital-based NWESC, ONL NJ encourages the development of hospital-specific charters consistent with the NWESC Steering Committee charter. When facilities obtain assessment data about their own organizations, they are encouraged to utilize the AACN Healthy Work Environment Assessment Tool that has been validated for nursing as well as for interprofessional use.⁶

EVIDENCE-BASED TOOLKIT

An important takeaway from the pilot project was the realization that a NWESC toolkit would assist new hospitals embarking on the council development by defining structure and providing a model charter consistent with AACN standards.

The *Nurse Workplace Environment and Staffing Council: Evidenced Based Toolkit*⁷ was created by the ONL NJ NWESC Steering Committee and approved by the ONL NJ board in February 2019. This 70-page toolkit was made available to all cohort participants to enhance their knowledge. The toolkit assists in orientation of new members to their councils, and it is adaptable to any health care facility developing its own NWESC. This evidenced-based toolkit is now available through ONL NJ for others who want to take a similar journey. The toolkit provides background on the New Jersey experience and the pilot project based on the AACN Standards for Establishing and Sustaining Healthy Work Environments.⁴ The chapter outline follows the 6 interrelated standards, that is, authentic leadership, true collaboration, skilled communication, effective decision making, appropriate staffing, and meaningful recognition, with outlines of educational content, discussion points for table top/group discussion, and with additional references and appendices of useful resources.

FEEDBACK FROM STAFF RNs

The direct-care staff RN co-chairs of the hospital-based NWESCs present at each of the educational sessions, discussing the work occurring in their cohort councils and learning sessions. Members of the NWESC Steering Committee have partnered with the new chief nurse officers in each cohort to either copresent or let the new chief nursing officer utilize the prepared presentations to present on their own.

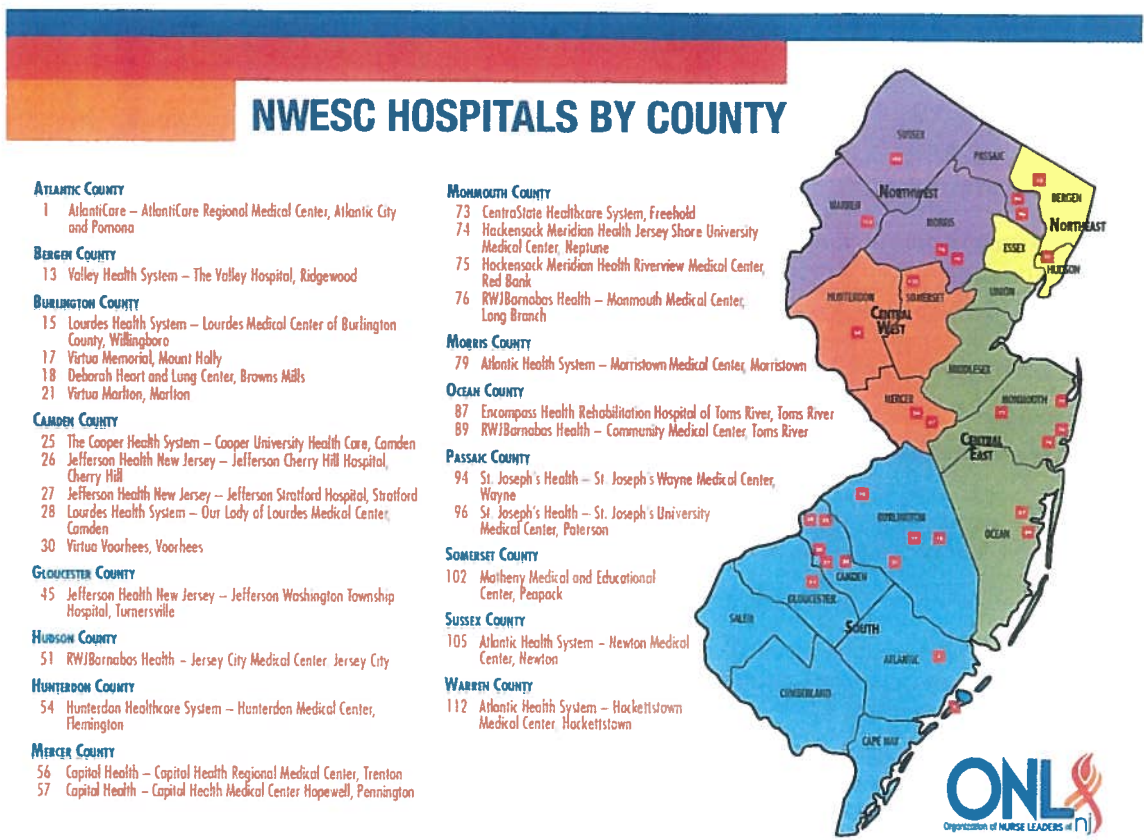


Figure 2. NJ NWESC Hospitals By County⁵

Direct-care staff RN co-chairs have also presented their experiences, outcomes, and learning at the ONL NJ Annual Meeting in 2018 and 2019. In the panel presentations by direct-care staff RNs, they have stated that “We are all in the same place...inspired by the educational sessions and in being part of figuring out how to improve our workplace environment and learn from the initiatives of others.” Based on the different governance structures at the various hospitals, co-chairs shared how they have created their charters and are engaging others in their organizations, such as participants in, other professional councils and leadership meetings, staff unit-level meetings. They are also spreading the word through articles in their organization’s newsletter to communicate and enhance the work of their NWESC.

Feedback from direct-care staff RNs who are NWESC’s members indicates that they are exploring staffing options, much like the work reported by other nurse staffing committees,⁸ and that this staffing review is better informed by the educational sessions and collaborative staff–senior leader approach. Additionally the NWESC are addressing resource availability and interdisciplinary communication to facilitate nurses working at the top of their licenses.

METRICS FOR SUCCESS

The NWESC Steering Committee is developing metrics for measuring success that will focus on improvements in reduced turnover, reduced vacancy rate, improved staff engagement and satisfaction, and improved patient and safety outcomes. One challenge in obtaining comparative engagement data is that different facilities utilize various reporting metrics. In addition, the NWESC Steering Committee plans to report on staff engagement scores.

ADDITIONAL RESOURCES

The NWESC Steering Committee will focus on additional educational programs in 2020 as identified by the individual councils. They would like more information on:

- Understanding health care reimbursement updates
- Understanding value-based purchasing and the quadruple aim
- Finding joy in the workplace
- Effective delegation and crucial conversations
- Effective care for second victims

The findings from the recent AACN’s 2018 Critical Care Nurse Work Environment Study demonstrate that the overall nurse work environment has improved, but there is still much work to be done, particularly regarding key issues such as staffing.¹ Recognizing that

nurse staffing and work environments are of national interest as well as interest in New Jersey, nurse leaders and staff nurses involved in NWESCs have met with state legislators to keep them informed of this innovative work. This initiative will expand to more New Jersey facilities. A fourth cohort, containing up to 8 more hospitals, is expected to roll out in the fall 2019 with more hospitals signing up for starting in 2020.

The focus continues on creating and maintaining healthy work environments for improved staff and patient outcomes, furthering staff nurse influence from the bedside to the boardroom.

References

1. Ulrich B, Barden C, Cassidy L, Varn-Davis N. Critical care nurse work environment 2018: findings and implications. *Am J Crit Care*. 2019;39(2):67-84.
2. Johansen ML, de Cordova PB, Weaver, SH. Nurse workforce environment staffing councils: an innovative approach. *Nurse Leader*. 2019;17(2):141-146.
3. Raso R. Be you! Authentic leadership. *Nurs Manage*. 2019;50(5):18-25.
4. American Association of Critical-Care Nurses. *AACN Standards for Establishing and Sustaining Healthy Work Environments: A Journey to Excellence*. 2nd ed. Aliso Viejo, CA: AACN. Available at: <https://www.aacn.org/WD/HWE/Docs/HWEStandards.pdf>. Accessed July 11, 2019.
5. Nurse Workplace Environment and Staffing Council (NWESC) Hospitals by County. Princeton, NJ: Organization of Nurse Leaders New Jersey; 2019.
6. Connor JA, Ziniel S, Porter C, et al. Inter-professional use and validation of the AACN healthy work environment assessment tool. *Am J Crit Care*. 2018;27(5):363-371.
7. Caruso JT, ed. *Nurse Workplace Environment and Staffing Councils: Evidenced-Based Toolkit*. Princeton, NJ: Organization of Nurse Leaders New Jersey; 2019.
8. McDonald B. Utilizing nurse staffing committees to engage direct care nurses in developing alternate shift lengths. *Nurse Leader*. 2019;17(2):147-150.

Judith T. Caruso, DNP, MBA, MSN, RN, NEA-BC, FACHE, is president and chief executive officer of Caruso Consulting, Warren, New Jersey. She can be reached at carusojt@aol.com. Rita Smith, DNP, MPA, RN, NEA-BC, is principal in C-Suite Healthcare Advisors and former senior vice president of patient care services and chief nursing officer, Jersey City Medical Center/RWJ Barnabas Health Services, Jersey City, New Jersey. She is president-elect of Organization of Nurse Leaders of New Jersey (ONL NJ). Patricia Steingall, MS, RN, NE-BC, is vice president of care services and chief nursing officer at Hunterdon Healthcare System, Flemington, New Jersey. Susan Cholewka, MBA, is executive director of ONL NJ, New Jersey Hospital Association, Princeton, New Jersey. Kathleen K. Borenstein, DNP, RN, CCRN, is manager of cardiovascular quality, nursing research and education, Gagnon Cardiovascular Institute Morristown Medical Center, Morristown, New Jersey. All authors are founding members of the ONL NJ Nurse Workplace Environment and Staffing Council Steering Committee.

1541-4612/2019/ \$ See front matter

Copyright 2019 American Organization for Nursing Leadership

Published by Elsevier

All rights reserved.

<http://dx.doi.org/10.1016/j.mnl.2019.06.006>