The relationship between healthy work environments and retention of nurses in a hospital setting

DESIREE RITTER RN, BSN, MHA
House Supervisor, Childrens Hospital of Los Angeles, Los Angeles, CA, USA

Introduction

Background

There is a nursing shortage that has been ongoing and is expected to continue, resulting in challenges for the healthcare system in the United States. The current nursing shortage began over a decade ago and peaked in 2002. According to the US Department of Health and Human Services (2002) the nationwide shortage in the year 2000 was 6%, or the equivalent of over 110 000 nurses. By 2005 that percentage had grown to 10% or the equivalent of over 218 000 nurses. In California, this deficiency is felt even stronger. California has long been known to have the lowest Registered Nurse (RN) ratio in the United States. In 2004, California was short of over 150 nurses for every 100 000 persons when compared nationally (Lin et al. 2008).

Future predictions for the nursing shortage are grim. It is expected that the demand for nurses will increase but the supply will continue to decrease. The RN shortage could grow up to 29% of the entire nursing population by the year 2020 if it continues on this path.
(Lin et al. 2008). The anticipation is that as the Baby Boomers age there will be an increased need for nurses. The number of people over 65 years will result in over 50% of the increase in RNs needed between now and 2020. At the current rate it is projected that the shortage of RNs will be anywhere from 285 000 to 1 000 000 nurses short in just 10 years. This could be more than triple the size of any shortage in the past five decades.

There is a present misconception that there is no longer a nursing shortage. Many new graduate nurses have had difficulty finding employment. This temporary condition reflects what is happening with the current economy. Nurses have postponed previously planned retirement dates. Many want to recoup financial losses from their retirement funds when the market plummeted. Other nurses switched their status from part time or per diem to full time in order to avoid being cancelled when the census drops. There are also nurses that needed to go back into the workforce as a result of a spouse being laid off or salary cuts. This unpredicted temporary decrease in the demand for RNs will change when the economy improves. It has created a false sense of security among some nursing leaders and administrators. It is the proverbial calm before the storm. Administrators should take advantage of the resources that are readily available while they have the opportunity. The statistics cannot be ignored. The ageing workforce is an additional key contributor to the nursing shortage. The average age of a RN in 2007 was 43.7 years (Donelan et al. 2008). In California, the two largest groups of RNs according to age are the 45–49 years age range, which was almost 18%, and the 50–54 years age range, which made up nearly 20% of all California RNs (Lin et al. 2008). It has been well documented that a large percentage of the nursing workforce will be of retirement age in the next decade. During this same time frame the needs for nurses are anticipated to double as a result of the projected health needs of ageing Baby Boomers.

Significance

The significance of the nursing shortage is the impact it has on hospitals at the operations level and on patients at the patient care level. Hospital operational costs increase as the demand for nurses increases. This is because of the fact that the hospitals have to pay overtime and turn to nursing registry and travel nurse agencies to staff patients safely. Second, for recruitment reasons and to stay competitive in the market, hospitals are forced to continue to increase RN salaries. At the patient care level, a shortage of RNs could lead to costly and deadly mistakes. It has long been proven that the number of RNs and staffing levels have a direct impact on mistakes made or conversely error prevention.

The Joint Commission released data showing that deficiencies in staffing contributed to 24% of the 1609 sentinel events [Joint Commission Public Policy Initiative (JCPPI) (2001)]. The quality of care suffers as well when there is a deficiency of nurses. The opposite is also true when there is adequate staffing. Multiple studies have linked optimum staffing levels to positive impacts on quality (Aiken et al. 2002, Hall et al. 2008), reduction of costs and improved health outcomes for patients (Aiken et al. 2009). Some examples documented are decreased complications, decreased adverse events, decreased length of stays and decreased deaths (JCPPI 2001). The health care staff members feel the impact of the nursing shortage also. Physicians, nurses, chief nursing officers and chief executive officers agree that the nursing shortage seriously affects hospital staff members, patient-to-nurse relationships, the ability of the hospital to maximize census and patient-centered care (Kuehn 2007).

Key issues

The focus of this portion of the present paper is to explore HWEs for nurses in the hospital setting. The key issues that will be discussed are unhealthy work environments, healthy work environments, the Magnet connection, management’s link, and retention. Some unhealthy work environments will be evaluated and the repercussions of them reported. HWEs will be defined. The connection between Magnet designation and HWEs will be illustrated. Management’s influence on a healthy work environment (HWE) will become evident. Turnover and retention will be addressed.

Dangers of unhealthy work environments

The dangers of unhealthy work environments in the health care setting have been demonstrated in the literature for decades. This came to the forefront when the Institute of Medicine (IOM) issued their report stating that as many as 98 000 patient deaths occur in hospitals every year owing to errors (IOM 2003). The errors were attributed to failure to follow management practices designated for safety, unsafe staffing and education, unsafe work and workplace design and punitive cultures hindering reporting and error prevention. Unhealthy work environment characteristics were found to be poor communication, abusive behaviour, disrespect, resistance to change, lack of vision or leadership, no
Poor communication is noted as a common factor in the work environment that affects nursing and patient outcomes. Evidence suggests that there could be a decrease in medication errors if the nurse–physician communication was improved (Manojlovich & DeCicio 2007). Pinkerton (2005) conducted a study which related poor communication and collaboration to medical errors and staff turnover. The key findings were that 84% of physicians and significantly over half of the clinical staff noted potentially harmful shortcuts taken with patients. Less than 10% of the respondents confront their colleagues about concerns, but those that did noted better outcomes.

Poor hospital care environments affect patient mortality and nurse outcomes. In hospitals which were inadequately staffed and had the poorest patient care environments, the mortality rate for surgical patients was 60% higher when compared with hospitals with better care environments, higher staffing levels and the most highly educated nurses (Aiken et al. 2008). Aiken et al. (2008) summate that 40 000 deaths per year in the United States could be prevented with improved patient care environments, staffing and education.

Perceived pressure in the work environment is also an indicator of an unhealthy work environment. In evaluating nursing work environments, it was found that nurses desire a work environment with less pressure (Kotzer et al. 2006). In the survey conducted by Kotzer et al. (2006), the purpose was to evaluate nurses’ perceptions of what their work environment currently was and what their ideal environment would be. The measurement tool used was the Work Environment Scale. Their study found that the current work environments were reported as 5.43, 5.5 and 4.69. Ideal work environment scores were reflected as 1.7, 2.5 and 2.77.

Healthy work environment defined

Several entities have attempted to define a healthy work environment. After the IOM’s recommendation in 2002 to transform the work environment of nurses, the Nursing Organizational Alliance released their nine Principles and Elements of a Healthful Practice/Work Environment in 2004. These included the following:

- collaborative practice culture;
- communication-rich culture;
- a culture of accountability;
- the presence of adequate numbers of qualified nurses;
- the presence of expert, competent, credible and visible leadership;
- shared decision-making at all levels;
- the encouragement of professional practice and continued growth/development;
- recognition of the value of nursing’s contribution; and
- recognition by nurses of their meaningful contribution to practice (Boeck 2005).

The American Association of Critical-Care Nurses then released their key standards of a HWE in 2005 which included communication, collaboration, practice environment, professional advancement and empowerment (Gilmore 2007). Essential solutions to improve the work environment that were identified in a study conducted by Heath et al. (2004) echoed those that are consistent with a Magnet environment. These included feeling valued by their organization, having standardized processes, staff empowerment, strong leadership, a sense of community, strategic planning that reflects the mission, vision and goals of the organization. A healthy work environment is crucial to job satisfaction, best practices and retention encompassing many of these key principals.

The Magnet connection

Magnet status and healthy work environments have a strong connection. Magnet recognition was initiated by the American Academy of Nursing in the 1980s to recognize hospitals that demonstrated the unique ability to recruit and retain top nurses (Aiken et al. 2009). Hospitals with Magnet designation have been proven to possess qualities which advance healthy work environments, promote retention and decrease errors. The Beacon Award is also a recognition of excellence which pertains specifically to critical care units. The American Association of Critical Care Nurses developed the Beacon Award in 2003 (Ulrich et al. 2007a). Units with Magnet or Beacon status demonstrate considerably higher levels of positive agreement concerning communication, collaboration, decision-making, staffing, recognition and leadership than those without. The nurses report healthier work environments and greater job satisfaction in these areas of excellence when compared with those without the standards of excellence achieved (Ulrich et al. 2007b). Nurses in Magnet hospitals report the most productive work environments (Schmalenberg 2008). Nurses in Magnet organizations report more satisfaction with their jobs than those without.

Even when Magnet principles are implemented without full Magnet designation the rewards are evident. It was found that nurses in institutions seeking Magnet status had very similar reports to the Magnet hospitals that had already obtained status (Ulrich et al. 2007b). In relation to individual work units, Wolf and Greenhouse (2006) found that the higher developed the unit, the higher the nurse’s perception that the Forces of Magnetism were present in that unit.

The management link

Nurse Managers are a fundamental link to the retention of nurses. They are in the key position to promote change and ensure a positive work environment therefore enhancing retention. Managers are acutely aware of the impact they can have on retaining their staff. Nurse Managers report that staffing, retention in addition to staff happiness and ensuring good patient outcomes were key roles in their position (Anthony et al. 2005). Unfortunately, a common reason given by staff as the basis for leaving their current job was management or leadership. As managers it is important to examine where the deficiencies are felt and how they can be improved.

Results of a National online survey reported by Ulrich et al. (2006) showed deficiencies with communication and collaboration between the RN and their managers and administration. In the area of respect, most of the RNs rated respect from administration fair to poor. Of the RNs that stated intent to quit, they also stated they would reconsider if there was more respect from frontline nurse managers and administration. In the area of physical and mental safety and abuse, one-fifth to one-quarter reported experiencing sexual harassment, discrimination, verbal abuse and physical abuse at work. Lastly, in the area of retention, almost half of the respondents had intent to quit in the next 3 years. Of these, the majority of them did not intend to leave the nursing profession, only their current position. Again, better leadership was cited as something that would make them reconsider quitting.

Managers are definitely under pressure to impact retention. There is considerable doubt though that they have the available resources to make the impact. A research done by Shirey and Fisher (2008) found that about 75% of the nurse managers reported being responsible for one unit or more. The average nurse manager had 71 staff members for whom they were responsible. This number is excessive and is over four times the usual number recommended. This could be an indicator as to managers being overburdened and not able to meet the needs of the nurses.

Retention

The area of retention has been studied feverishly in recent years as a result of the prediction of the impending nursing shortage. It also has been linked to positive outcomes for hospitals to be able to retain their highly-qualified nurses. Retention is a prominent factor in Magnet designation. It is tied to healthy work environments and best practices. The literature points to creating favourable practice environments and job satisfaction as two key areas that strongly impact the retention of nurses. According to a study conducted by Smith et al. (2005) nurses who expressed that their practice environment met their expectations upon graduation also reported higher appreciation of job characteristics and management style, emphasis on quality of customer service, higher satisfaction with benefits, higher organizational commitment and increased job satisfaction. Those nurses whose expectations were not met in the practice environment reported higher job tension.

Involving staff in changing the practice environment can lead to favourable results. The nurses are the ones working in the systems and can provide insight as to where the deficiencies are, that if addressed, would lead to a more favourable practice environment. Hall et al. (2008) found that after participating in the creation of changes and implementing them, nurses reported increased perceptions of their work and their work environment. When staff created and implemented potentially better practices (PBPs) in five Neonatal Intensive Care Units because of high turnover, the turnover rates decreased anywhere from 13 to 64% (Rikli et al. 2006). The PBPs implemented included orientation, rewards and recognition, healthy work environments, nurse–physician collaboration and autonomy.

Job satisfaction can be enhanced when education is encouraged and supported. Education, continued growth and development and professional advancement are agreed upon characteristics important to HWEs. Nurses believe that clinically competent peers and support for education are the most important elements for a healthy work environment (Schmalenberg et al. 2008). Nurses with specialty certifications report increased job satisfaction as opposed to those without certifications (Schmalenberg & Kramer 2008). It has also been established that nurses with a master’s degree report the most positive work environments (Schmalenberg 2008).

Fostering and retaining new nurses and ageing nurses are important in the plight of retention. A study
involving new nurses and their work environment revealed that over half of them anticipated quitting their current nursing job for another one, and over one-tenth of them were contemplating changing careers (Lavoie-Tremblay et al. 2008). It is imperative to have a comprehensive programme and supportive environment for new graduates. Schmalenberg et al. (2008) found that all of the best practice hospital environments had extensive new graduate and new hire preceptor programmes.

It will become essential that we retain our mature experienced nurses in light of the impending shortage. Mion et al. (2006) discuss how the worth of the older nurse promotes themes of commitment, historical knowledge, benefits to patients and families, richness and depth of clinical knowledge, life experience allowing for increased empathy and understanding for patients and families, mentoring and leadership. They go on to relay that older nurses are more accepting of organizational change. Their study also gave suggestions of roles for the ageing nurse, which included auditors, educators or telephone triage. Additional ways to support the ageing nurse according to Mion et al. (2006) included equipment and environmental enhancements and physical work load considerations.

**Conclusion**

The current literature and evidence demonstrated a positive effect between healthy work environments and the retention of nurses in the hospital setting. It confirmed the disadvantages and often dangers of unhealthy work environments. The literature illustrated the benefits of healthy work environments to the patient, nurse and the hospital. It also discussed best practices related to healthy work environments. The importance of Magnet recognition was addressed and the causal relationship to a healthy work environment was shown. Management as a key contributor was established. Retention and the interlinking to a healthy work environment were studied.

**Implications for nursing management**

The implications of this topic apply primarily to management and upper administrators. The responsibility to create a healthy work environment rests on their shoulders. The looming nursing shortage will bring about challenges for all healthcare organizations. The time to act is now. This is the calm before the storm. Managers need to implement changes now that will recruit and retain nurses to secure their position in the future. It has been demonstrated through the literature review to be crucial to safe patient care.

The first step management needs to consider is to evaluate the current health of the work environment. There are several tools to evaluate the health of the work environment. A common tool discussed in the literature was the Essentials of Magnetism (EOM and II) tool. Other tools utilized were the Healthy Workplace Index (HWPI) and the Practice Environment Scale of the Nursing Work Index (PES-NWI) surveys. Once a baseline assessment is done, management can implement changes in areas considered deficient. Numerous examples of attributes of a HWE were defined in the literature. One essential factor of a HWE included Magnet status. It is clear that hospitals that are not Magnet Certified need to at least implement the principles of Magnet. Once a HWE is attained, leaders need to foster that environment and remain focused on kaizen. Although the present study reflects an American view point, the nursing shortage is one of global concern. The thoughts that have been presented could be applied and may resonate with international readers.

**References**


