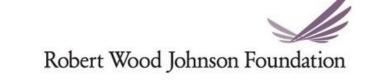
# **FUTURE OF NURSING™**

# Campaign for Action





AT THE CENTER TO CHAMPION NURSING IN AMERICA

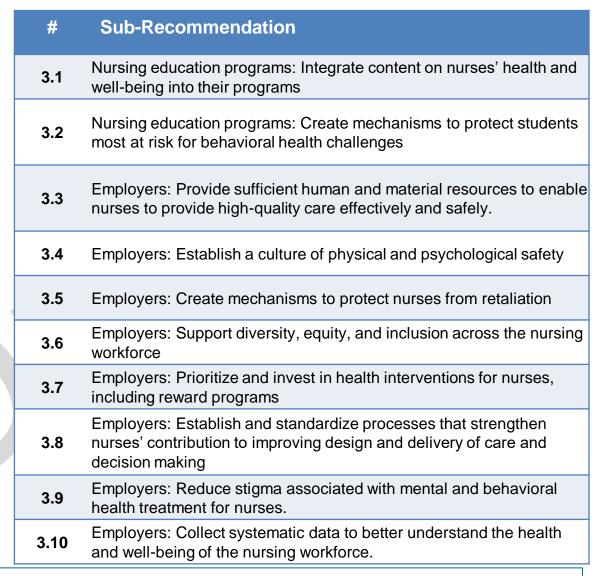
# Recommendation 3 PROMOTING NURSES' HEALTH AND WELL-BEING

### **Recommendation #3** PROMOTING NURSES' HEALTH AND WELL-BEING



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By 2021, nursing education programs, employers, nursing leaders, licensing boards, and nursing organizations should initiate the implementation of structures, systems, and evidence-based interventions to promote nurses' health and well-being, especially as they take on new roles to advance health equity.



3.1 Nursing education programs should integrate content on nurses' health and well-being into their programs to raise nursing students' awareness of the importance of these concerns and provide them with associated skill training and support that can be used as they transition to practice.

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#### 1. Key Strategic Stakeholders

#### **Nursing**

National accreditors associations and organizations

#### **Healthcare**

Clinical and executive leadership (CNOs and HR)

#### **State Government**

State Boards of Nursing

#### **Education**

Academic leaders (presidents, provosts, deans); faculty; financial aid; academic success decision makers

#### 2. Top 3-5 Actions for 2021

- A. Retrain faculty on wellbeing (Ex: EBP (Evidence Based Practice)
- B. Wellbeing influencers that determine work/life balance
- C. Academic and practice partnerships (residency models) that are incorporated into the institutional structure for a sustainable culture
- D. Curriculum mapping with coursework considerations for faculty and students
- E. Start developing the tool-kit for the Academic Success model

#### 3. Top 3-5 Actions for 2022

- A. Collaborative nursing self-care plans (active curriculum that supports this concept)
- B. Academic Success model (holistic health, academic health, protective factors that promote resilience such as promoting permission to seek early support and peer support)
- C. Incorporate health and wellness into the curriculum for faculty and students
- D. Remove some of the punitive standards (creating a just culture)

- Within a year we have a designed curriculum that incorporates protective factors for faculty and students' health and wellness concepts (professional transitional model)
- Develop achievable recommendations. Schools and academic partnership, faculty and student coursework overload. Work-life balance
- Identify pilot programs/demonstration projects for faculty and students (schools can volunteer) to achieve items 1&2

3.2 Nursing education programs should create mechanisms, including organizational policy and regulations, to protect students most at risk for behavioral health challenges, including those students who may be experiencing economic hardships or feel that they are unsafe; isolated; or targets of bias, discrimination, and injustice.

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#### 1. Key Strategic Stakeholders

#### 2. Top 3-5 Actions for 2021

#### 3. Top 3-5 Actions for 2022

#### **Nursing**

Accreditation organizations

#### Healthcare

Nurse managed clinics

#### Education

Boards of Trustees; Students; Student Services; Presidents; Provosts (to assure the college or university is mission driven) D.

#### **Federal Government**

Congress

#### **State Government**

Boards of Nursing; State legislatures

#### Other

ACLU and courts when bias continues despite policies in place; National Advisory Council on Nurse Education and Practice (NACNEP), foundations for better funding nursing programs to support high risk students.

- A. Review mission of the college or university to make sure it A. supports student success and includes the concept of cultural humility and individual autonomy to address social B. injustice (addressed in the code of conduct)
- B. Communicate what is available to students through a variety of methods
- C. Faculty and students should develop an equity lens in the D. Develop and test tools to collect data to measure success curriculum and toward each other
- Prepare faculty to work with high risk students, focus on bias, discrimination and injustice
- E. Assess what services are available and whether they are utilized; identify deficits and changes needed in services provided
- F. Develop a method to measure student risk prior to admission and during enrollment to target resources

- Pilot methods to measure student risk and target resources with focus on preventing bias and injustice
- Office for success, connection between students, faculty and administration
- C. Each student has a designated support service for their personal health
- Inventory the tools used to measure student success beyond National Council Licensure Examination (NCLEX) pass rates

- · Retention and graduation of high-risk student
- Students will access what they need to stay in school
- There is a process to provide support and a method to evaluate outcomes
- Sustainability plan and funding to support resources
- Policies and procedures informed by a diverse group to actively support Diversity, Equity, Inclusion, and Justice (DEIJ)

3.3 Employers, including nurse leaders, should provide sufficient human and material resources (including personal protective equipment) to enable nurses to provide high-quality person-, family-, and community-centered care effectively and safely. This effort should include redesigning processes and increasing staff capacity to improve workflow, promote transdisciplinary collaboration, reduce modifiable burden, and distribute responsibilities to reflect nurses' expertise and scope of practice.



#### 1. Key Strategic Stakeholders

#### 2. Top 3-5 Actions for 2021

#### 3. Top 3-5 Actions for 2022

#### Nursing

Labor – Nursing Workforce; National Council for Boards of Nursing

#### Healthcare

Health Care Systems; Accreditation – ex. Joint Commission, Magnet recognition; Hospital Associations

#### **Federal Government**

Department of Health; Federal Emergency Management Agency (FEMA)

#### **State Government**

Departments of Health; State Boards of Nursing

#### **Education**

Nursing Schools partner with Employers (Health Systems and/or Organizations)

#### Other

Suppliers of materials (PPE, etc.); Purchasing Groups (Premier, etc.); Local Health Departments

- A. Develop/Implement Continuing Education (staff development) for diversity, equity, inclusion and SDOH
- B. Develop alternative sources of supplies
- C. Identify processes for supply chain and make sure nurses B. are involved.
- D. Identify best practices to model
- E. Identify data sets (National, State, Local)
- F. Support for nurses to participate in community outreach
- G. Provide behavioral health and wellness resources for nurses
- H. Development of systems to support breaks/alternate shift lengths for nurses during shift
- Support systems outside the health system (childcare, etc.)

- A. Set national standards and collect data regarding human and material resources to identify gaps across care giving sites
- B. Conduct assessment on full scope of practice areas
- C. Fully implement National Nurse Practice Act (consensus model)
- D. Fully implement the Enhanced Nurse Licensure Compact
- E. Billing for nursing services

- · Baseline Data Collected
- Definition of human & material resources measured against the standards
- Measure diversity (age, race, gender, ethnicity) of the nursing workforce
- Measure attrition

3.4 Employers, including nurse leaders, should establish a culture of physical and psychological safety and ethical practice in the workplace, including dismantling structural racism; addressing bullying and incivility; using evidenced-informed approaches; investing in organizational infrastructure, such as resilience engineering; and creating accountability for nurses' health and wellbeing outcomes.



#### 1. Key Strategic Stakeholders

#### **Nursing**

Accrediting Organizations (Joint Commission, Magnet/ANCC, Nursing Education, etc.); State and Federal Professional Organizations to include diversity and specialty focused groups B. Identify and engage stakeholders and seek input

#### **Healthcare**

State Hospital Associations; Large Employers

#### **Federal Government**

Regulatory Organizations (OSHA, NIOSH, CMS); Legislators and committees

#### **State Government**

Boards of Nursing; Public Health Departments

#### Other

Human resource associations

#### 2. Top 3-5 Actions for 2021

- A. Research and discover current successful evidence-based programs that support Nurse Wellbeing inside and outside of the clinical setting
- C. Understand current laws and legislation about protecting healthcare workers from violence
- D. Categorize current programming according to specific issues (e.g., bullying, violence, safety, resilience, wellbeing)
- E. Identify gaps in programming to develop new evidencebased approaches
- F. Identify Indicators for nurses health and well being outcomes

#### 3. Top 3-5 Actions for 2022

- A. Identify trends/themes, gaps, and prevalence to help prioritize by impact
- B. Develop detailed plans and identify vested stakeholders to engage in the planning
- C. Create toolkits and build partnerships
- D. Get feedback from stakeholders regarding toolkits and projects
- E. Pilot toolkits (turnkey method)
- F. Develop evaluation plan

- Development of the toolkits
- Successful implementation in a specific number of programs and toolkits
- Robust evaluation plan (Nurse Wellbeing)
- Continued sustainable commitment, support, and buy in from participating stakeholders (Focus on Accreditation and regulatory agencies)

3.5 Employers, including nurse leaders, should create mechanisms, including organizational policy and regulations, to protect nurses from retaliation when advocating on behalf of themselves and their patients and when reporting unsafe working conditions, biases, discrimination, and injustice.



#### 1. Key Strategic Stakeholders

#### Nursing

American Nurses Association (ANA); American Organization for Nursing Leadership (AONL) and state level leadership organizations; diverse nursing and other healthcare representative organizations or associations; The Joint Commission

#### Healthcare

American Hospital Association (AHA) and state level associations

#### **Federal Government**

US Department of Health and Human Services (DHHS) and state, tribal and territories counter parts; Occupational Safety and Health Administration (OSHA)

#### 2. Top 3-5 Actions for 2021

- A. Ensure all stakeholders include diverse representation to address this issue
- B. Scan literature and lead employers (more than 10,000 nurses) and their boards to identify policies that reflect best practices to define retaliation and advocacy
- C. Assess the environment and plan for development of a white E. Benchmarking paper with model policy template
- D. Develop draft accountability measures to identity and track data

#### 3. Top 3-5 Actions for 2022

- A. Analysis of existing policies to identify gaps
- Draft white paper of best practices in model policies
- C. Expand engagement of stakeholders around accountability metrics
- D. Development of communication plan/strategy.

- Universal Adoption of identified model policy
- Reduction of reported retaliation events

3.6 Employers, including nurse leaders, should support diversity, equity, and inclusion across the nursing workforce, and identify and eliminate policies and systems that perpetuate structural racism, cultural racism, and discrimination in the nursing profession, recognizing that nurses are accountable for building an antiracist culture, and employers are responsible for establishing an antiracist, inclusive work environment.



#### 1. Key Strategic Stakeholders

#### Nursina

All Nursing Association Accrediting Bodies; Nursing Associations - National & State; National Student Nurses' Association (NSNA); The Joint Commission

#### **Healthcare**

American Hospital Association (AHA); America's Essential Hospitals; Employers of Nurses; Long Term Care (LTC) organizations; Tribal Hospital Systems

#### **Federal Government**

Federal Hospital Systems

#### Education

American Association of Critical Care Nurses (AACN); National League for Nursing (NLN); State Boards of Nursing (NCSBN); State Boards of Higher Education

#### Other

LeapFrog Group

#### 2. Top 3-5 Actions for 2021

- A. All Stakeholder groups should develop Diversity, Equity & A. Inclusion (DEI) statements and convene committees to address the issue
- B. Training to bring awareness to implicit bias and how these C. National Council of State Boards of Nursing Exam bias can be embedded in policies/procedures
- C. Develop guidelines/tools to help in reviewing policies/procedures for bias
- D. Conduct a gap analysis to set recruitment priorities for underrepresented people

#### 3. Top 3-5 Actions for 2022

- Develop template language for policies and procedures
- B. While recruiting for diversity be intentional in practices related to equity and inclusion
- (NCLEX) reviewed for bias.
- D. Culture of Safety surveys will include questions related to inclusivity
- E. Research to determine whether holistic university admission criteria is effective and develop best practices
- F. Evaluate Employer hiring practices and identify best practices

- Gaps identified are decreased
- The percentage of employers meeting Diversity, Equity & Inclusion (DEI) standards increases
- National Council of State Boards of Nursing Exam (NCLEX) scores improve in populations identified as lagging in Step 2
- · Workforce reports show a higher percentage of underrepresented populations in in the profession

3.7 Employers, including nurse leaders, should prioritize and invest in evidence-based mental, physical, behavioral, social, and moral health interventions, including reward programs meaningful to nurses in diverse roles and specialties, to promote nurses' health, well-being, and resilience within work teams and organizations.

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#### 1. Key Strategic Stakeholders

health/well-being programs)

#### **Healthcare**

Nursina

HR departments; Insurance companies to create parity with mental health services; Mental Health/Counseling **Organizations** 

#### Other

Boards of Organizations/representatives throughout the organizational chart (100% buy-in); Exercise and Fitness Organizations; Marketing - messaging; Spiritual Organizations/Chaplaincy Programs (to address stress);

#### 2. Top 3-5 Actions for 2021

- A. Identify best practice P&P to support work/life balance Accrediting organizations (tie accreditation to support for nurse | B. Leaders create a safe environment to self report needs for | B. mental health (MH) services - role model/action oriented
  - C. Permission for MH Days.
  - D. Public Service Announcements (PSAs) re: need for nurses' Mental Health (MH)/wellness needs (Messaging for health/well-being)
  - E. Mindful/Quiet rooms with release time to use
  - F. Normalize need for health promotion/well-being
  - G. Investigate reward programs directed toward individual nurses and employers
  - H. Identify best practices among organizations across all sectors to create a culture of health/well-being for emplovees
  - Promote/Create environment/culture to enhance equity identify structures of the environment/culture
  - J. Redesign nursing work hour expectations (safety/wellness) - are 12 hour shifts safe???
  - K. Identify modernized preceptorship models to reduce burden with financial incentives
  - Org. survey/analysis of what employees want/need: rewards focused on needs/wants of employees

#### 3. Top 3-5 Actions for 2022

- A. Nurse Managed health/wellness organizations Child/Elder Care
- C. Pre/Post tenure sabbatical (Q2years) in academe/practice (reward!)
- D. Flexible PTO/banking hours for later use (reward!).
- P&P, legislation to address/prevent violence against healthcare professionals (HCPs) – focused throughout organizations (leadership to frontline workers) - including accountability
- Create programs to allow nurses to spend more time with family
- G. Create a culture of equity and inclusivity in organizations
- H. Incorporate indicators of well-being into accreditation processes – applied equitably
- Develop and implement NAWE (Nurse Adverse Work Events) survey for nurses (Evidence-based Practice (EBP) based on Academic Center for Evidence-Based Practice (ACES)
- Develop a Culture of Care/Language of Care (Employers → Employees) (a la Planetree)
- K. Implement modernized preceptor models with financial incentives (Excellent model at Norton Health in KY)

- Lower turnover rates among nurses across settings est. baselines/target.
- Retention of new nurses across settings 1, 3, 5 years out
- Pre/Post implementation surveys to measure improvement change (Nurse Adverse Work Events, NAWE)
- Measure the hardwiring of a *culture* of employee wellness/health
- · Menu of awards/recognitions based on needs/wants

3.8 Employers, including nurse leaders, should establish and standardize institutional processes that strengthen nurses' contribution to improving the design and delivery of care and decision making, including the setting of institutional policies and benchmarks in health care organizations and in educational, public health, and other settings.

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#### 1. Key Strategic Stakeholders

#### **Nursing**

Nurses on Boards Coalition (workforce investment boards, school boards, state boards of education); student Nurses Associations; Unions (National Nurses United)

#### **Healthcare**

American Hospital Association; CEOs of Healthcare systems and large employers; Trade Associations

#### Education

**Academic Institutions** 

#### Other

Community and Public Health Agencies; Government Agencies; SCORE (volunteer networks around the country helping entrepreneurs start, build businesses)

#### 2. Top 3-5 Actions for 2021

- A. Health Institutions will include direct care nurses in the plan of care decisions
- B. There are decision making positions in a variety of sectors, making sure nursing is included in those sectors
- Adopt a shared mental model of nursing leadership and collaboration at the institutional level
- D. Increase employer understanding of nurses' roles, and that they can play in different employment settings; offering cross-disciplinary training/formal education to create shared understanding of nursing roles internal and external to the profession
- E. Prioritize the development of a checklist that includes cross-disciplinary representation as part of formal Diversity, Equity and Inclusion (DEI) models
- F. Survey the institutions/agencies on how they view their nursing workforce, or do they use the nursing workforce what do they see the roles are to determine where the challenges are to be more integrated

#### 3. Top 3-5 Actions for 2022

- A. Incorporate interprofessional collaboration and shareddecision making processes
- B. Advocating at all levels for this change to happenidentifying the challenges
- C. Prioritize partnering and/or mentoring—in representation on boards and decision-making bodies
- D. Develop entrepreneurial opportunities for nursing organizations to facilitate the dissemination and implementation of evidence-based programs for delivery of care
- E. Ensure opportunities are available for nursing students to learn about and enter into a variety of occupations
- F. Involving nurses at big health system innovation centersschools of nursing placing students as interns

- Data/Feedback from frontline nurses as how to they view nurse leaders
- All nursing schools have programs for innovation
- All healthcare facilities and organizations representing social determinants of health (SDOH) have a nurses on boards
- Nurse leaders at the state level represent the impact of nurses in their community

3.9 Employers: Reduce stigma associated with mental and behavioral health treatment for nurses.

## FUTURE OF NURSING™ Campaign for Action

#### 1. Key Strategic Stakeholders

#### Nursing

American Nurses Association + all state orgs; American Organization of Nurse Leaders; National Council of State Boards of Nursing (NCSBN); State based Action Coalitions

#### Healthcare

American Hospital Association; national long-term care and home care associations

#### Education

American Association of Colleges of Nursing (AACN) & other nursing education associations

#### Other

Stigma Reduction Partners e.g. the Human Library, storytelling/podcast groups like The Moth, an intergenerational partner to leverage different views of mental health (reversal of traditional mentoring!); Brene Brown; Employee Assistance Programs/Organizations

#### 2. Top 3-5 Actions for 2021

- A. Develop/adopt a foundational definition of stigma
   B. Initiate a Stigma Reduction media and storytelling campaign/platform leveraging the COVID experience
- C. Challenge stakeholders to develop action plans to name, rename and discuss the stigma of mental and behavioral health treatment for nurses
- D. Determine baseline data requirements

#### 3. Top 3-5 Actions for 2022

- A. Reframe the thinking about stigma to an appreciative approach
- B. Approach State Board's of Nursing to address stigma associated with licensing processes and work with policy makers to reduce policies that enforce stigma (alternative to discipline, application questions, etc.)
- C. Action Coalitions should convene state and system level stakeholders to initiate discussions/barrier reduction
- D. Include and develop considerations for stigma in diverse nursing workforce populations
- E. Begin adding to nursing curricula evidence-based approaches of reducing stigma for graduating nursing students entering the workforce
- F. Identify and address National Council of State Boards of Nursing (NCSBN) compact issues that inhibit participation

- A baseline assessment has been completed to understand intention to leave the profession because of mental/behavioral health issues
- · Newly licensed nurses are taught to recognize, understand and act on needs to reduce stigma
- · Policy & system changes impact nurses' ability to access mental & behavioral health treatment
- Nurses have the skills to act on their personal/professional need to access mental & behavioral health treatment

## 3.10 Employers: Collect systematic data to better understand the health and well-being of the nursing workforce.



#### 1. Key Strategic Stakeholders

#### 2. Top 3-5 Actions for 2021

#### 3. Top 3-5 Actions for 2022

#### **Nursing**

American Nurses Credentialing Center (ANCC) pathways standards (well-being) & Magnet model for work environment metrics; National FORUM of State Nursing Workforce Centers and Individual State members; NCSBN and Accrediting Bodies

#### Healthcare

American Hospital Association (AHA); Homecare groups; Federally Qualified Health Centers (FQHCs) & Community Health Centers; Institute for Healthcare Improvement (IHI); LeadingAge; Major Healthcare Systems; National Healthcare Trade Associations & Professional Associations and their related State members; etc.

#### **Federal Government**

Action Collaborative on Clinician Well-Being; Agencies for Healthcare Quality; National Academy of Medicine; Surgeon General; Veterans Administration

#### **State Government**

Licensing Organizations within each state Agencies for Healthcare Quality

#### **Other**

**Equity & Inclusion National Groups** 

- A. Educating stakeholders regarding the key measures used to assess well-being
- B. Understanding which entities collect/hold the data and what measures/elements comprises the data, such as the tool Healthy Nurse/Healthy Nation via the American Nurses' Association
- C. Identify and generate a list of the various "players" as to how this data is being collected on a state and national scale
- D. Create or designate a group to undertake this process of identification- Tri Council? (really 5 organizations: American Association of Critical Care Nurses (AACN), National League for Nursing (NLN), American Nurses Association (ANA), National Council of State Boards of Nursing (NCSBN), American Organization for Nursing Leadership (AONL)
- E. Understanding well-being via multiple organizations (including accreditors, health systems and Joint Commission) and via a cultural "lens" both inside and outside of nursing so metrics can be included in their standards

- A. Streamline & Align so to reduce duplication of state and national efforts, identify sources of data and information -Gold Standard.
- B. Development of Leadership skills to encourage healthy work environments and self-care
- C. Establish a foundation that promotes the principles of health and well-being within our nursing education schools and programs
- D. Establish a clear research agenda to delve into these issues- gather the evidence to inform interventions
- E. Review and assess the availability via federal funds from the American Rescue Plan per each state to support this work

- Existence of an agreed upon "centralized-measures" ... minimum dataset... for comparison to utilize across all sectors
- An increase in national and state funding opportunities for research and other work related to health & well-being
- Transparency of established standards utilized by accrediting organizations to measure & assess health and well-being
- All nursing organizations would identify how they are engaging and valuing the health and well-being of their nursing staffs across all levels