

Critical Care Nurse

The journal for high acuity, progressive, and critical care

Critical Care Nurses' Work Environments 2008: A Follow-Up Report

Beth T. Ulrich, Ramón Lavandero, Karen A. Hart, Dana Woods, John Leggett, Daria Friedman, Pat D'Aurizio and Samantha J. Edwards

Crit Care Nurse. 2009;29: 93-102 doi: 10.4037/ccn2009619

© 2009 American Association of Critical-Care Nurses

Published online <http://ccn.aacnjournals.org>

Personal use only. For copyright permission information:

http://ccn.aacnjournals.org/cgi/external_ref?link_type=PERMISSIONDIRECT

Subscription information

<http://ccn.aacnjournals.org/subscriptions>

Information for authors

<http://ccn.aacnjournals.org/misc/ifora.shtml>

Submit a manuscript

<http://www.editorialmanager.com/ccn>

Email alerts

<http://ccn.aacnjournals.org/subscriptions/etoc.shtml>

Critical Care Nurse is the official peer-reviewed clinical journal of the American Association of Critical-Care Nurses, published bi-monthly by The InnoVision Group, 101 Columbia, Aliso Viejo, CA 92656. Telephone: 949-362-2000. Fax: 949-362-2049. Copyright 2009 by AACN. All rights reserved.

AMERICAN
ASSOCIATION
of CRITICAL-CARE
NURSES

Critical Care Nurses' Work Environments 2008: A Follow-Up Report

Beth T. Ulrich, RN, EdD, FACHE
Ramón Lavandero, RN, MA, MSN
Karen A. Hart, RN, BSN
Dana Woods, MBA
John Leggett
Daria Friedman
Pat D'Aurizio, RN, MPA, CHCR, NE-BC
Samantha J. Edwards

PRIME POINTS

- The majority of critical care nurses who responded to this survey are very satisfied with nursing as a career.
- Issues remain in the work environment that can impede quality of care, safety of patients, and nurses' job satisfaction and retention.
- Perceived organizational support for nursing certification is significantly related to the health of critical care nurses' work environments, quality of care, nurses' career and job satisfaction, and nurses' intent to leave their current position.
- Improved leadership could result in less turnover.

The American Association of Critical-Care Nurses (AACN) began a major national campaign to actively promote and support healthy work environments in 2001.¹ Since then, AACN has implemented the Act Boldly Campaign,² conducted a strategic market research study to identify detailed information about healthy and unhealthy work environments,³ issued forceful position papers on the prevention of workplace violence and on zero tolerance for abusive behaviors,^{4,5} completed a landmark national critical care survey that described critical care units and their environments,⁶ and, in January 2005, issued national standards for establishing and sustaining healthy work environments.⁷

In 2006, Gannett Healthcare Group (which includes *Nursing Spectrum*, *NurseWeek*, and www.Nurse.com), and Bernard Hodes

©2009 American Association of Critical-Care Nurses doi: 10.4037/ccn2009619

Group (a leader in integrated talent solutions and a division of Omnicom) joined AACN to conduct a national survey of critical care nurses. The survey was designed to determine the baseline status of critical care work environments. The results of that survey were reported previously in *Critical Care Nurse*.^{8,9} In 2008, these 3 organizations conducted a follow-up survey. This article reports the major results of the 2008 survey with comparisons to the 2006 baseline results.

Study Design and Sample

The original online survey instrument used in the 2006 survey was based on the AACN healthy work environment standards and on previous research about registered nurses' (RNs') work environments.⁸ The 2008 survey used the same questionnaire with only minor modifications (ie, addition of questions to probe results found in the 2006 survey). Once again, convenience sampling was used with AACN members and other constituents invited via

e-mail to participate. The e-mail invitation contained an online link to the survey instrument (hosted by Bernard Hodes) and an incentive was offered to participants (a chance to win a complimentary registration to the AACN National Teaching Institute and Critical Care Exposition). The survey was conducted from August 18 to September 9, 2008.

Frequencies, percentages, standard deviations, and means were determined for each question and cross-tabulated against demographic variables. A total of 5562 RNs responded, with representation from every state and the District of Columbia. The demographic information for the respondents is shown in Table 1.

Results

AACN Healthy Work Environment Standards: Overview

Respondents were more aware of the AACN healthy work environments

standards in 2008; 60.8% of the respondents in 2008 were aware of the standards, as compared with 54.6% in 2006. We asked questions based on the AACN standards about the status of work environments in organizations as a whole (macro-systems) and for respondents' individual units (microsystems). The results were very similar to the results obtained in the 2006 survey. As in 2006, RN respondents—in all cases—rated the health of their individual work unit environments higher than the health of their organizations (Table 2).

Table 1 Demographic information for survey respondents

Characteristic ^a	Survey	
	2006 (N = 4034)	2008 (N = 5562)
Mean age, y	44.6	45.8
Female sex	89.6	89.8
White (non-Hispanic) ethnicity	86.2	87.4
Nursing experience, y	17.5	18.9
Work full time	83.6	85.3
Work in acute care hospitals	92.0	92.5
Work in direct patient care	62.4	60.1

^a Values are percentage of responding nurses, unless otherwise indicated.

Communication and Collaboration

In addition to the questions about the AACN communication and collaboration standards, respondents were asked to rate the communication and collaboration in their work units among RNs and between RNs and physicians, front-line managers, and administrators (Table 3). Once again, the highest levels of communication and collaboration were reported among RNs and the lowest levels were found between RNs and administrators.

Respect

Respondents rated the respect for RNs shown by other RNs, physicians, frontline managers, administrators, and other health care colleagues. RNs' respect for each other remained the highest; administrators' respect for RNs was again rated lowest (Table 4).

Physical and Mental Safety and Abuse

Physical and mental safety were assessed in questions about the respondents' personal experiences in the past year with sexual harassment, discrimination, verbal abuse, and physical abuse. Sexual harassment

Authors

Beth T. Ulrich is senior vice president of business analytics and research at Versant. She is also the editor of the Nephrology Nursing Journal and a member of the board of trustees of the Foundation of the National Student Nurses Association. At the time of this survey, Dr Ulrich was the senior vice president of professional and consulting services at Gannett Healthcare Group.

Ramón Lavandero is director of communications and strategic alliances for the American Association of Critical-Care Nurses. He is adjunct associate professor at Indiana University School of Nursing and serves on the Yale School of Nursing External Advisory Board.

Karen Hart is a senior vice president in the Health Care Division of Bernard Hodes Group, an integrated talent solutions company.

Dana Woods is director of marketing and strategy integration for the American Association of Critical-Care Nurses. She is the staff lead on the association's Healthy Work Environment Initiative.

John Leggett is executive vice president for marketing, interactive, events and research at Gannett Healthcare Group (includes NurseWeek, Nursing Spectrum, and www.nurse.com).

Daria Friedman is the vice president for research for Bernard Hodes Group.

Pat D'Aurizio is vice president, client solutions for the Health Care Division of Bernard Hodes.

Samantha Edwards is the research manager for Bernard Hodes.

Corresponding author: Beth T. Ulrich, EdD, RN, FACHE, FAAN, 3811 Abbeywood Drive, Pearland, TX 77584 (e-mail: BethUlrich@aol.com).

To purchase electronic or print reprints, contact The InnoVision Group, 101 Columbia, Aliso Viejo, CA 92656. Phone, (800) 899-1712 or (949) 362-2050 (ext 532); fax, (949) 362-2049; e-mail, reprints@aacn.org.

Table 2 Nurses' assessments of the status of their work environments, according to the healthy work environment standards of the American Association of Critical-Care Nurses

Standard/statement	Degree of agreement, % of respondents ^a			
	Strongly agree	Agree	Disagree	Strongly disagree
Standard 1, skilled communication: Nurses must be as proficient in communication skills as they are in clinical skills				
Registered nurses (RNs) are as proficient in communication skills as they are in clinical skills.				
In the RN's organization, 2006	5.8	45.4	43.4	5.4
In the RN's organization, 2008	6.7	47.8	41.0	4.5
In the RN's work unit, 2006	16.8	47.8	30.9	4.5
In the RN's work unit, 2008	17.9	51.3	27.5	3.4
Standard 2, true collaboration: Nurses must be relentless in pursuing and fostering true collaboration.				
RNs are relentless in pursuing and fostering true collaboration.				
In the RN's organization, 2006	4.9	42.8	46.0	6.4
In the RN's organization, 2008	5.6	45.3	44.0	5.1
In the RN's work unit, 2006	16.3	46.7	32.2	4.8
In the RN's work unit, 2008	17.6	48.6	29.6	4.2
Standard 3, effective decision making: Nurses must be valued and committed partners in making policy, directing and evaluating clinical care, and leading organizational operations.				
RNs are valued and committed partners in making policy, directing and evaluating clinical care, and leading organizational operations.				
In the RN's organization, 2006	14.7	45.2	30.3	9.9
In the RN's organization, 2008	15.2	48.6	27.1	9.1
In the RN's work unit, 2006	23.8	45.7	22.3	8.3
In the RN's work unit, 2008	24.2	46.9	22.0	6.8
RNs have opportunities to influence decisions that affect the quality of patient care.				
In the RN's organization, 2006	14.6	54.3	24.9	6.2
In the RN's organization, 2008	14.8	54.3	24.8	6.0
In the RN's work unit, 2006	24.1	52.2	18.2	5.4
In the RN's work unit, 2008	23.7	52.7	18.5	5.2
Standard 4, appropriate staffing: Staffing must ensure the effective match between patients' needs and nurses' competencies.				
RN staffing ensures the effective match between patients' needs and nurses' competencies.				
In the RN's organization, 2006	7.5	43.6	36.1	12.8
In the RN's organization, 2008	7.9	45.7	35.3	11.1
In the RN's work unit, 2006	19.6	45.9	24.7	9.8
In the RN's work unit, 2008	20.1	46.9	23.2	9.7
Standard 5, meaningful recognition: Nurses must be recognized and must recognize others for the value each brings to the work of the organization.				
RNs are recognized for the value each brings to the organization.				
In the RN's organization, 2006	10.8	46.2	32.5	10.5
In the RN's organization, 2008	10.9	48.6	32.1	8.3
In the RN's work unit, 2006	17.8	46.9	25.6	9.7
In the RN's work unit, 2008	18.3	48.1	25.9	7.7
RNs recognize others for the value they bring to the work of the organization.				
In the RN's organization, 2006	8.2	58.5	28.7	4.6
In the RN's organization, 2008	9.7	60.0	26.4	3.8
In the RN's work unit, 2006	15.8	57.9	22.0	4.3
In the RN's work unit, 2008	17.6	58.2	20.7	3.4
Standard 6, authentic leadership: Nurse leaders must fully embrace the imperative of a healthy work environment, authentically live it, and engage others in its achievement.				
Nurse leaders (formal and informal) fully embrace the concept of a healthy work environment.				
In the RN's organization, 2006	11.6	45.6	32.4	10.4
In the RN's organization, 2008	12.6	46.0	32.2	9.2
In the RN's work unit, 2006	20.2	46.6	24.7	8.6
In the RN's work unit, 2008	21.4	45.5	24.7	8.3
Nurse leaders (formal and informal) engage others in achieving a healthy work environment.				
In the RN's organization, 2006	9.0	44.4	36.7	9.9
In the RN's organization, 2008	10.3	46.0	34.9	8.9
In the RN's work unit, 2006	16.0	46.8	29.0	8.3
In the RN's work unit, 2008	16.7	47.2	28.1	8.0

^a Because of rounding, percentages may not total 100.

Table 3 Percentage of respondents to the 2006 and 2008 surveys who rated communication and collaboration between registered nurses and other registered nurses, physicians, frontline nurse managers, and administrators as excellent, good, fair, or poor^a

Rating	Registered nurses		Physicians		Frontline nurse managers		Administrators	
	2006	2008	2006	2008	2006	2008	2006	2008
Quality of communication								
Excellent	13.5	14.7	8.9	9.8	12.0	11.8	3.9	4.4
Good	58.2	58.4	48.9	50.7	43.3	44.6	21.4	22.3
Fair	24.9	23.7	34.9	32.8	33.8	32.7	38.4	38.8
Poor	3.4	3.2	7.3	6.6	10.9	10.9	36.3	34.5
Quality of collaboration								
Excellent	16.5	18.8	8.8	10.3	9.3	9.5	3.3	3.8
Good	58.2	57.8	47.7	49.6	43.0	43.4	22.4	23.3
Fair	22.9	20.6	35.9	32.7	35.8	35.4	39.2	38.9
Poor	2.4	2.7	7.7	7.4	11.9	11.7	35.1	34.0

^a Because of rounding, percentages may not total 100.

Table 4 Percentage of respondents who rated respect for registered nurses among other registered nurses, other health care colleagues, frontline nurse managers, physicians, and administrators as excellent, good, fair, or poor^a

Rating	Registered nurses		Other health care colleagues		Frontline nurse managers		Physicians		Administrators	
	2006	2008	2006	2008	2006	2008	2006	2008	2006	2008
Excellent	21.1	22.4	10.4	11.4	13.4	15.0	9.9	10.8	7.1	8.4
Good	57.0	57.6	58.4	59.8	48.6	48.1	47.5	50.8	31.6	33.5
Fair	19.3	17.3	26.9	25.3	29.5	27.7	34.2	30.6	37.0	34.4
Poor	2.6	2.7	4.2	3.4	8.6	9.2	8.4	7.7	24.3	23.7

^a Because of rounding, percentages may not total 100.

Table 5 Percentage of respondents who reported personally experiencing incidents of sexual harassment, discrimination, or verbal or physical abuse in the past year while working as a nurse^a

Source	Sexual harassment		Discrimination		Verbal abuse		Physical abuse	
	2006	2008	2006	2008	2006	2008	2006	2008
Patients	11.2	9.3	8.0	6.5	35.5	32.5	21.0	18.9
Patients' families or significant others	4.2	3.2	8.7	7.7	33.9	29.7	2.0	2.1
A physician	4.3	3.4	7.6	6.2	30.9	26.9	0.3	0.4
Another registered nurse	2.8	2.5	8.4	7.7	17.6	16.6	0.3	0.3
A nurse manager	0.4	0.5	6.2	6.3	6.5	6.9	0.0	0.1
An administrator	0.5	0.4	5.1	5.4	5.0	4.5	0.0	0.1
Other health care personnel	3.2	2.2	3.4	2.7	7.0	6.4	0.2	0.3
Total	18.2	16.1	26.6	24.3	64.6	59.7	22.6	20.2

^a Because of rounding, percentages may not total 100.

was reported by 16.1% of the respondents (lower than the 18.2% reported in 2006) and discrimination was reported by 24.3% (26.6% in 2006). The percentage reporting verbal abuse decreased from 64.6% in 2006 to 59.7% in 2008. Physical abuse also

declined slightly. The detailed results are presented in Table 5.

We also asked about the presence of zero tolerance policies on abuse and disrespectful behavior and, later in the survey, about the actual occurrence of such behavior. The percent-

age of respondents who reported that their organizations had zero tolerance policies for both abuse and disrespectful behavior increased slightly (from 46.5% in 2006 to 48.8% in 2008). The perceived tolerance in organizations for abuse and

Table 6 Percentages of respondents who reported presence of policies and tolerance of abuse and disrespectful behavior^a

Question/response	Survey	
	2006	2008
Does your organization have a zero tolerance policy on abuse and disrespectful behavior?		
Yes, on both	46.5	48.8
Yes, on abuse only, but not on disrespectful behavior	19.1	18.4
Yes, on disrespectful behavior only, but not on abuse	0.5	0.5
No	15.5	15.9
Don't know	18.4	16.4
To what degree are abuse and disrespectful behavior toward registered nurses tolerated in your organization?		
Frequently	19.6	21.3
Occasionally	32.4	32.5
Rarely	23.8	22.5
Not at all	24.1	23.7

^a Because of rounding, percentages may not total 100.

Table 7 Percentage of respondents who rated competencies of frontline nurse managers and chief nurse executives as excellent, good, fair, or poor^a

Competency	Rating			
	Excellent	Good	Fair	Poor
Frontline nurse manager				
Communication	23.4	39.0	24.7	12.9
Collaboration	24.6	37.9	25.5	12.0
Providing staff resources	21.3	40.4	26.5	11.7
Providing nonhuman resources	24.0	45.8	22.6	7.6
Effective decision making	21.7	41.0	26.1	11.2
Recognition of others' contributions	24.1	36.7	25.2	13.9
Leadership	23.5	36.6	26.0	13.8
Chief nurse executive				
Communication	15.4	34.7	30.6	19.3
Collaboration	14.5	33.4	31.6	20.5
Providing staff resources	10.9	34.5	34.1	20.5
Providing nonhuman resources	12.4	39.3	33.9	14.4
Effective decision making	15.8	36.3	31.9	15.9
Recognition of others' contributions	15.6	31.5	31.6	21.3
Leadership	17.5	33.8	31.3	17.4

^a Because of rounding, percentages may not total 100.

disrespectful behavior was about the same as it was in 2006 (Table 6).

Nursing Leadership

Respondents rated the leadership competencies of both their frontline nurse managers and their chief nurse executives. Similar to 2006, managers' competency levels were consistently rated higher than the competency levels of chief nurse executives (Table 7).

Support for Certification and Continuing Education

When asked about their organization's support of nursing certification, 23.9% of the respondents rated it as excellent, 32.0% as good, 24.6% as fair, and 19.6% as poor. Perceived organizational support of nursing certification was related ($P < .05$) to many areas of the work environment, quality of care, career satisfaction,

and intent to leave current positions. For example, a significant positive relationship was found between the rating of organizational support of nursing certification and the rating of respect for RNs among front-line nurse managers; respondents who perceived the organization's support for nursing certification as higher were more likely to rate the respect for RNs among front-line managers as excellent. Examples of these relationships are provided in Table 8.

In a later part of the survey, we asked respondents about specific ways their organizations support continuing education and specialty nursing certification. The provision of in-house continuing education remained the same as 2006, but other support for continuing education declined slightly. Support for specialty certification declined somewhat in all areas, and the percentage of respondents reporting no support for specialty certification increased noticeably from 15.9% to 23.7% (Table 9).

Recognition

The most meaningful recognition for RNs continues to come from patients and families (48.9%) and from other RNs (27.0%). Administrators (8.5%), frontline nurse managers (7.7%), physicians (4.6%), and other health care colleagues (3.3%) were rated considerably lower. We added an open-ended question asking respondents to describe the most meaningful recognition they had ever received, and thousands of responses were received. Examples of patient and family recognition topped the list, followed by internal and external recognition and becoming certified.

Table 8 Examples of significant relationships ($P < .05$) between respondents' ratings of their organization's support of nursing certification and work environment status, quality of care, career and job satisfaction, and intent to leave current position

Respondents who	Rating of their organization's support of nursing certification ^a			
	Excellent	Good	Fair	Poor
Rated respect for registered nurses among frontline nurse managers as excellent	33	14	8	4
Reported personally experiencing verbal abuse in the past year	50	56	65	72
Rated quality of care for patients in organization as excellent	40	20	13	7
Rated quality of care for patients in work unit as excellent	64	46	35	27
Reported being very satisfied with being a registered nurse	81	69	60	48
Reported being very satisfied with current job	57	35	22	11
Reported that definitely would advise a qualified individual to pursue a career in nursing	71	58	50	36
Reported that plans to leave current position in the next 3 years (includes those planning to leave in 12 months)	32	39	48	60

^a Because of rounding, percentages may not total 100.

Table 9 Percentage of respondents who reported organizational support for continuing education and certification

Type of support	Survey	
	2006	2008
Continuing education		
Provides in-house continuing education	75.7	75.8
Provides paid time off for continuing education	55.4	51.6
Pays registration fees for continuing education	47.8	46.2
Provides time off without pay for continuing education	33.2	31.8
Pays for travel for continuing education programs	26.0	26.1
Pays for association membership which provides me free continuing education ^a		10.3
Provides no support	4.9	6.0
Certification		
Pays/reimburses initial examination fee	47.9	46.1
Recognizes nurses who achieve certification	45.0	43.0
Provides salary differential for certification	24.2	22.0
Pays/reimburses for recertification fee	22.2	19.8
Pays registration fees for courses to prepare for examination	20.8	19.6
Gives bonus for initial certification	13.8	12.3
Gives bonus for recertification	12.0	11.5
Offers unpaid time off for courses to prepare for the examination	11.0	9.3
Offers paid time off for courses to prepare for the examination	9.8	8.5
Offers no support	15.9	23.7

^a This option was added for the 2008 survey.

I was taking care of a teenager who started to show signs of a head bleed. We were able to get her to CT and to the OR

in time to evacuate the bleed and she was able to fully recover. Her mother sought me out a couple of weeks later

to thank me for taking such quick action and saving her daughter's life. That was in 1992 and just thinking about it still makes me cry.

A beautiful letter was written to me by the daughter of a patient who died after a lengthy illness. She said that she wanted to be a nurse and that she wanted to be as professional and caring as I was.

I received an hourly wage increase with a great evaluation from my manager and the CEO. This evaluation appeared to be genuine and personal and included several things I had accomplished that year, which I had thought went unnoticed.

Achieving my CCRN is my most meaningful and satisfying achievement of my career and being able to sign that behind my name each and every time fills my heart with pride of being a nurse.

Although the huge majority of the responses were positive, some RNs with various lengths of practice said that they had never received meaningful recognition from their organizations. One new graduate wrote:

I have never received any recognition for my work. New graduates fall through the cracks here. Although I requested numerous times meetings to discuss my first 6 to 9 months of performance, these have all been ignored. The orientation was only 8 weeks long and after that management seemed unconcerned and unaware of me

despite my constant requests. I have to say that although I love nursing, I do not enjoy the environment and culture of nursing especially for new graduates. I feel unappreciated, unsupported, and unimportant.

Quality of Care for Patients

In the 2008 survey, the quality of care for patients in individual work units was rated as excellent by 43.7% of the respondents and good by 42.4%. As shown in Table 10, ratings for the organizations as a whole were lower than ratings for the individual units (20.7% excellent and 56.3% good). These ratings were consistent with those in 2006. The ratings for the change in quality during the past year were also similar to those found in 2006.

RN Staffing

As for appropriate staffing—having the right number of RN staff with the right knowledge and

Table 10 Percentage of respondents who rated quality of care for patients as excellent, good, fair, or poor and changes in that quality of care in the past year^a

Rating	Organization		Work unit	
	2006	2008	2006	2008
Quality of care for patients				
Excellent	20.4	20.7	40.5	43.7
Good	58.1	56.3	45.7	42.4
Fair	19.2	20.3	10.1	9.9
Poor	1.7	2.3	1.3	1.6
Not applicable	0.6	0.4	2.4	2.4
Change in quality of care for patients in past year				
Much better	14.7	15.7	20.3	21.8
Somewhat better	36.1	34.9	28.3	28.6
No change	19.3	25.0	22.1	27.7
Somewhat worse	23.7	21.5	21.7	19.3
Much worse	3.8	2.8	3.4	2.6
Not applicable	2.5	0.0	4.2	0.0

^a Because of rounding, percentages may not total 100.

skills—48.7% said that occurred 75% or more of the time, 28.7% said 50% to 75% of the time, and 22.1% said less than 50% of the time.

What Gets Done

We were also interested in following up on the work of RNs that gets completed on a typical shift compared with the work that does not get done. In 2006, it appeared

that the critical thinking and planning activities requiring an RN's knowledge and expertise were completed less often than the more task-oriented activities. That pattern continues in 2008 (see Figure).

Satisfaction With Nursing and With Current Position

Respondents reported slightly higher satisfaction with nursing as a

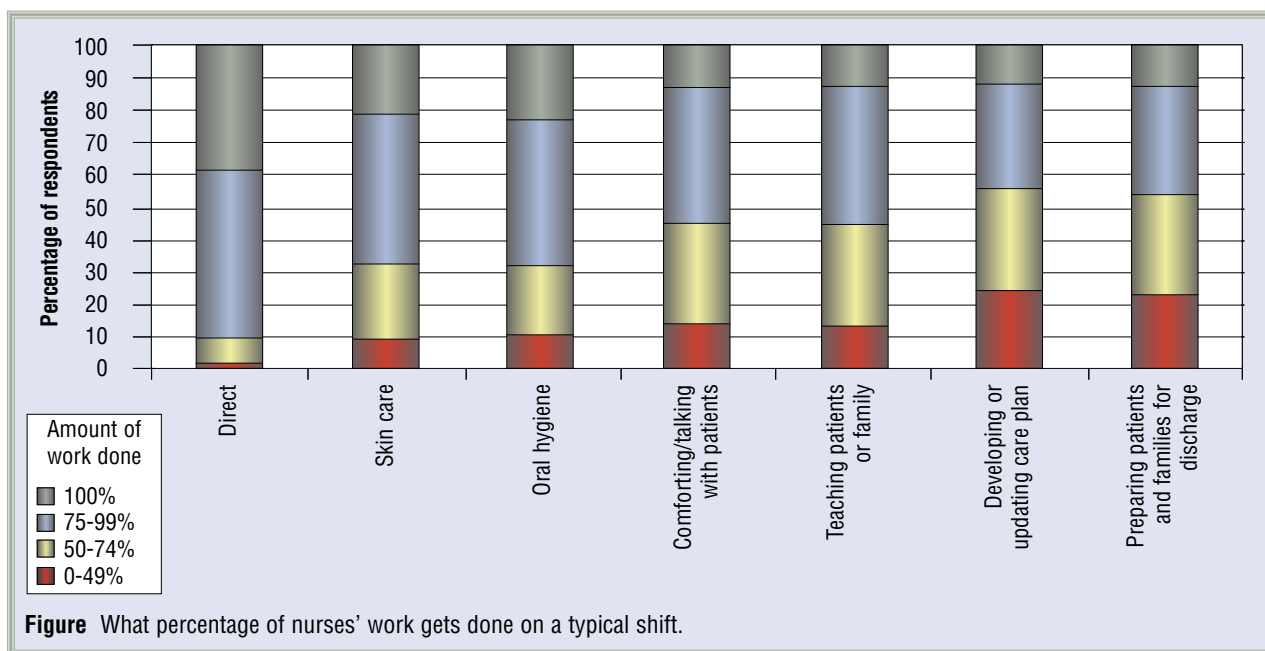


Figure What percentage of nurses' work gets done on a typical shift.

career and with current positions compared with 2006 (Table 11). Of the respondents, 65.5% reported being very satisfied with nursing as a career and another 27.9% reported being somewhat satisfied. Satisfaction with current jobs was lower than satisfaction with nursing as a career.

Respondents selected 2 main factors that keep them working in their current organizations from a list provided. "Other" was also an option. "The people I work with" topped the list of responses, as it did in 2006. "Salaries and benefits" were second followed by "patients I care for." Table 12 shows the ranking of the choices.

Those respondents who indicated dissatisfaction with their current position were asked what action they planned to take. "Stay in the work unit and seek to influence change" was selected by 44.5%, "leave the organization" by 26.3%, "leave the work unit but not the organization" by 16.6%, "stay in the work unit and let others worry about change" by 3.6%, and "none of the above" by 9.0%.

The degree to which one will advise others to enter their career is also an indicator of satisfaction. As in 2006, more than half (54.7%) would definitely advise a qualified individual to pursue a career in nursing and another 35% probably would (Table 13).

Retention

A higher percentage of 2008 respondents (56.2% vs 51.9% in 2006) reported that they have no intent to leave their current positions in the next 3 years; 16.5% intend to leave in the next 12 months, and 27.3% in the next 3 years. More than

Table 11 Percentage of respondents reporting satisfaction with nursing as a career and with current position

Satisfaction	With being a registered nurse		With current position	
	2006	2008	2006	2008
Very satisfied	62.9	65.5	30.9	32.0
Somewhat satisfied	29.5	27.9	45.1	43.1
Somewhat dissatisfied	5.8	5.1	18.5	19.1
Very dissatisfied	1.8	1.5	5.5	5.8

^a Because of rounding, percentages may not total 100.

one-third of those planning to leave their current positions (37.1%) said they would leave to take another clinical nursing position, 16.8% to return to school, and 17.1% to take a different position in nonclinical nursing.

Only 3.9% of those planning to leave (which is 1.4% of the total survey respondents) said that they were planning to pursue a job in another profession.

Respondents indicating an intent to leave their current positions, regardless of when, were asked the extent to which changes in their work environment would cause them to reconsider. Better leadership continued to be cited most frequently, as it was in 2006, with 42.6% of those who plan to leave saying such a change would be very likely to cause them to reconsider. Other changes that would cause them to reconsider include (in order) salary and benefits, more respect from front-line management and administration, better staffing,

Table 12 Percentage of respondents selecting various reasons for staying at their current job^a

Reason	% selecting
People I work with	48.8
Salary and benefits	29.7
Patients I care for	26.1
Work schedule	22.9
Location	20.2
Opportunities for professional development	10.9
Reputation of the organization	9.0
Work environment	8.4
Manager of my work unit	5.9
Level of staffing	2.2
Support for nurses	1.7
Opportunities for advancement	2.9
Meaningful recognition	1.4
Other	8.1

^a Respondents were asked to select their 2 main reasons from the list.

Table 13 Percentage of respondents reporting their likeliness to recommend nursing as a career

Likeliness to recommend	Survey	
	2006	2008
Definitely would	54.1	54.7
Probably would	34.0	35.2
Probably would not	10.4	8.6
Definitely would not	1.5	1.5

and more opportunities for professional development.

Retirement

In 2008, we added 2 questions about retirement: when respondents plan to retire and what might influence them to reconsider or postpone retirement. Only 11.1% plan to retire in the next 5 years. Another 17.3% plan to retire in 6 to

10 years, 21.5% in 11 to 15 years, 17.0% in 16 to 20 years, 25.6% in over 20 years, and 7.5% indicated that they did not know when they planned to retire.

Almost half (48.7%) indicated that “fewer hours while still eligible for employer’s health insurance plan” would be very likely to cause them to reconsider or postpone retirement and another 31.3% said would be somewhat likely to cause them to do so. Other strategies (in order of influence) were “a different role,” “decreased patient load,” “phased retirement option,” and “shorter shifts.”

Discussion

Two years after the baseline Critical Care Nurses’ Work Environment Survey, key findings have not changed substantially.

- The majority of critical care nurses in this survey are very satisfied with nursing as a career.
- Issues remain in the work environment that can impede quality of care, safety of patients, and RNs’ job satisfaction.
- Individual unit work environments (microsystems) are rated higher than organizational environments as a whole (macrosystems).
- Abuse and disruptive behavior, sexual harassment, and discrimination continue to be present in critical care nurses’ work environments.

- Improved leadership could result in decreased turnover.

A significant new finding in 2008 is the relationship between perceived organizational support of specialty certification and healthy work environment indicators, quality of care, career and job satisfaction, and intent to leave current position. These results validate other recent studies and reports about the effect of nursing certification on individual and organizational performance.¹⁰⁻¹² The results are also consistent with the tenets of nursing excellence programs such as the AACN Beacon Award for Critical Care Excellence and the Magnet Recognition Program, which require evidence of organizational support for certification.

During the past 2 years, 2 national initiatives have noticeably elevated recognition of the connection between healthy work environments and patients’ safety and quality of care. In 2006, the Agency for Healthcare Quality and Research released the Team STEPPS¹³ teamwork training program to improve patients’ outcomes. In 2008, The Joint Commission issued a Sentinel Event Alert¹⁴ warning that abusive and disruptive behavior endangers patients’ safety. Effective January 1, 2009, every Joint Commission accreditation program includes a new leadership standard that addresses disruptive and inappropriate behaviors in 2 of the standard’s elements of performance. The Joint Commission models the requirement by addressing disruptive conduct in the code of conduct for Joint Commission and Joint Commission Resources employees.¹⁵

Also of note: The 2008 survey was conducted before the October

2008 implementation of major changes in federal reimbursement for health care that include non-payment for so-called “never” events and before the precipitous decline of the American economy in the fall of 2008. At this writing, both events had started having a major impact on the country’s health care industry.

Summary

The American Association of Critical-Care Nurses continues its leading role in advocating for the fundamental need for healthy work environments, not only in high acuity and critical care areas, but across all of health care. The 2008 follow-up survey enabled us to evaluate the status of work environments 2 years after the original baseline survey and nearly 4 years after release of the AACN Standards for Establishing and Sustaining Healthy Work Environments. Although the 2008 survey did not reveal dramatic improvements, neither did it show backsliding, even as the American health care system continues to be severely strained.

The AACN healthy work environment standards affirm that “adequately addressing the reputedly ‘soft’ issues that involve relationships is the key to halting the epidemic of treatment-related harm to patients and the continued erosion of the bottom line in health-care organizations.”^{12(p12)} It is critical to maintain a relentless focus on ensuring healthy work environments to retain nurses in high acuity and critical care areas and ultimately improve the quality of care afforded to patients and their families. Without implementing the fundamental



To learn more about healthy work environments, read “Healthy Work Environments: Enroute to Excellence” by Karlene M. Kerfoot and Ramón Lavandero in *Critical Care Nurse*, 2005;25(3):72-71 Available at www.ccnonline.org.

changes in culture that are needed for a healthy work environment, patients' safety will not be effectively achieved and sustained. **CCN**

eLetters

Now that you've read the article, create or contribute to an online discussion about this topic using eLetters. Just visit www.ccnonline.org and click "Respond to This Article" in either the full-text or PDF view of the article.

Financial Disclosures

This study was a joint effort of the American Association of Critical-Care Nurses, Gannett Healthcare Group, and Bernard Hodes Group, all of which provided support for the project.

References

1. American Association of Critical-Care Nurses. *AACN's Healthy Work Environment Initiative Backgrounder*. Aliso Viejo, CA: AACN; 2005.
2. American Association of Critical-Care Nurses. *Act Boldly Campaign*. Aliso Viejo, CA: AACN; 2003.
3. American Association of Critical-Care Nurses. *Strategic Market Research Study*. Aliso Viejo, CA: AACN; 2003.
4. American Association of Critical-Care Nurses. *Workplace Violence Prevention*. Aliso Viejo, CA: AACN; 2004. <http://www.aacn.org/AACN/pubpolcy.nsf/vwdoc/workenv>. Published April 12, 2004. Accessed January 26, 2009.
5. American Association of Critical-Care Nurses. *Zero Tolerance for Abuse*. Aliso Viejo, CA: AACN; 2004. <http://www.aacn.org/AACN/pubpolcy.nsf/vwdoc/workenv>. Published April 12, 2004. Accessed January 26, 2009.
6. American Association of Critical-Care Nurses. *2004 National Critical Care Survey: Findings Report*. Aliso Viejo, CA: AACN; 2005.
7. American Association of Critical-Care Nurses. *AACN Standards for Establishing and Sustaining Healthy Work Environments: A Journey to Excellence*. Aliso Viejo, CA: AACN; 2005.
8. Ulrich BT, Lavandero R, Hart K, Woods D, Leggett J, Taylor D. Critical care nurses' work environments: a baseline status report. *Crit Care Nurse*. 2006;26(5):46-57.
9. Ulrich BT, Lavandero R, Hart K, Woods D, Leggett J, Taylor D. Excellence makes a difference: results of a national survey of critical care nurses. *Crit Care Nurse*. 2007; 27(3):68-77.
10. Cary A. Certified registered nurses: results of the study of the certified workforce. *Am J Nurs*. 2001;101(1):44-52.
11. Kendall-Gallagher D, Blegen MA. Competence and certification of registered nurses and safety of patients in intensive care units. *Am J Crit Care*. 2009;18(2):106-114.
12. American Association of Critical-Care Nurses. Safeguarding the patient and the profession: the value of critical care nurse certification. *Am J Crit Care*. 2003;12(2):154-164.
13. Agency for Healthcare Research and Quality. TeamSTEPS®: National Implementation. Rockville, MD: AHRQ; 2008. <http://teamstepps.ahrq.gov>. Accessed January 26, 2009.
14. The Joint Commission. *Sentinel Event Alert: Behaviors That Undermine a Culture of Safety*. Chicago, IL: The Joint Commission; 2008. http://www.jointcommission.org/SentinelEvents/SentinelEventAlert/sea_40.htm. Published July 9, 2008. Accessed January 26, 2009.
15. The Joint Commission. Code of Conduct. Chicago, IL: The Joint Commission; 2008. http://www.jointcommission.org/NR/rdonlyres/5B9CE6DD-FA09-465E-BDA8-C1FBCE03A555/0/Code_of_Conduct_08.pdf. Accessed January 26, 2009.