

A Post-Pandemic Review of American Association of Critical Care Nurses's Domains of Establishing and Sustaining Healthy Work Environments Strategies for Nurse Leaders

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KEYWORDS

- Nursing • Nurse leader • Healthy work environments • Wellbeing
- AACN's standards for establishing and sustaining healthy work environments

KEY POINTS

- American Association of Critical Care Nurses's Standards for Establishing and Sustaining Healthy Work Environments remain useful for nurse leaders to assess and plan interventions to improve work environments.
- Prioritizing wellbeing for members of the care team, and leaders, is essential for providing quality care.
- Nurse leaders can apply practical strategies to improve each domain within the Healthy Work Environment Standards.

INTRODUCTION

The coronavirus disease 2019 (COVID-19) pandemic has had a profound impact on health care providers, and the care delivery system. A significant nursing shortage, high-demand for nursing care, and financial challenges continue to complicate efforts to empower high-functioning teams that create high-quality patient outcomes. Efforts to re-build and strengthen healthy work environments are a priority in many organizations, but knowing where to start can feel overwhelming. This article explores current evidence and practical strategies for nurse leaders to advance a healthy work environment, using American Association of Critical Care Nurses's enduring Standards for

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Establishing and Sustaining Healthy Work Environments.¹ Authors propose adding the domain of Wellbeing to guide leaders in holistically addressing the health of all care team members and the work environment.

BACKGROUND

There is an unquestionable connection between nurse leaders, quality patient outcomes, staff retention, staff engagement, and healthy work environments.² Nurse leaders bring a variety of styles, strengths, skills, and approaches to their work, and how those come together has a lot to do with how well nursing teams function. First published nearly in 2005 and revised in 2016, the Standards for Establishing and Sustaining Healthy Work Environments¹ provides a framework that should (still) be top of mind for nurse leaders who are working tirelessly to re-build healthy work environments and address the multiple leadership demands including staffing, quality, safety, satisfaction, nurse retention, and engagement, just to name a few.³

Describing the early 2020s as a time of disruption for the United States nursing workforce would be a significant understatement. Multiple factors including an uptick in nurse retirements, resignations, requests to reduce hours, and competitive labor markets are leaving nurse leaders and organizations grappling with strategies to attract and retain staff, keep beds open, and guard against staff burnout.⁴

To understand the impact of the COVID-19 pandemic, The American Nurses Foundation conducted several Pulse Surveys with US nurses.⁵ The most recently published data, reflecting responses from more than 11,000 nurses, paint a distressing picture: only 42% of the nurses feel that their work environments are healthy and positive. Nurses describe increasing instances of bullying and incivility coming from patients and families. Fifty-five percent of the responding nurses describe their units as being staffed with the appropriate number of nurses less than half of the time; 59% of the nurses report that they are asked daily or weekly to work more than their scheduled hours to cover unfilled shifts, and 49% of the direct care nurses either intend to leave their positions or consider leaving. Within the same survey, 31% of the nurses selected “*Genuinely listen to my voice and respond to my needs*” as one of the top approaches for nurse leaders to use to improve satisfaction.⁵ Nursing leadership expert, Dr Rose Sherman, interprets the findings this way: “... our nurses are telling us what is happening today in their work environments is not sustainable moving forward. We must listen to them closely (without judgment) and ask for their ideas.”⁶ Similarly, Roso and colleagues identified a healthy work environment as a key to stabilizing the nursing workforce.⁷

Viewing nursing workforce changes through a different lens, Epic researchers, who analyze electronic health record data, studied 26 million shifts across 189 US health care organizations in 2021 and 2022 and reported a decrease in median nurse tenure by 19.5%, and the number of 12-hour shifts staffed by nurses new to the organization rose by 55.5%.⁸ These data highlight an important new trend—clinical staff have far less experience today. Less tenure and more new nurses mean nurse leaders need to assess and respond to institutional and experiential knowledge that has been lost. The growing gaps in knowledge associated with these data should cause pause for nurse leaders, as a rise in safety and quality issues would not be surprising. How to address the growing gaps in knowledge associated with these data will require a thoughtful approach to recruitment, retention, culture, teamwork, policy, and practice.

NURSING LEADERSHIP AND HEALTHY WORK ENVIRONMENTS

Nursing leadership is the key to establishing and maintaining a healthy work environment. Seminal work on defining a healthy work environment is credited to the American

Association of Critical Care Nurses (AACN) and includes 6 evidence-based standards: effective decision-making, true collaboration, appropriate staffing, authentic leadership, skilled communication, and meaningful recognition.¹ Since the first publication of AACN's Standards for Establishing and Sustaining Healthy Work Environments in 2005, the six standards have been extensively studied and remain unchanged. Within this evidence-based framework, each standard is considered essential, see [Box 1](#).¹

This framework focuses on interpersonal relationships and professional performance. Collectively, the six standards—plus wellbeing, should inform how nurse leaders approach quality, safety, health, and satisfaction in their units and with their teams. We will discuss current evidence and practical strategies that can help nurse leaders build and sustain healthy work environments.

EFFECTIVE DECISION-MAKING

This domain of AACN's Establishing and Sustaining Healthy Work Environments framework describes the critical role nurses must play in policy, directing and evaluating care delivery, and leading clinical and organizational operations (p.5).¹ Nurse leaders are critical in all aspects of this standard, but even the most skilled leaders have been challenged by conditions during and in the aftermath of the pandemic. Established practices and norms that existed before the pandemic, such as participation in nursing councils and shared decision-making, need to be revitalized in many organizations.⁹ Conditions such as inadequate staffing, high turnover, and persistent on-boarding have made it difficult for nurses to contribute beyond direct care provision. Similarly, leaders are balancing competing demands of staffing, ensuring conditions for safe and effective practice, budget challenges, and limited time they can spend on supporting domains of professional practice.

Nurse leaders must work diligently to make it possible for clinical nurses to be empowered in their practice. Clinical nurses must feel supported in delivering care to patients and communities and must have a voice in policy and practice decisions.

Box 1

The standards for establishing and sustaining healthy work environments—plus wellbeing

Effective Decision-Making: Nurses must be valued and committed partners in making policy, directing and evaluating clinical care, and leading organizational operations.

True Collaboration: Nurses must be relentless in pursuing and fostering true collaboration.

Appropriate Staffing: Staffing must ensure the effective match between patient needs and nurse competencies.

Authentic Leadership: Nurse leaders must fully embrace the imperative of a healthy work environment, authentically live it, and engage others in its achievement.

Skilled Communication: Nurses must be as proficient in communication skills as they are in clinical skills.

Meaningful Recognition: Nurses must be recognized and must recognize others for the value each brings to the work of the organization.

^a *Wellbeing:* Wellbeing must be a priority. Focus is required to support individual wellbeing as well as creating an environment that promotes wellness, team function, and quality patient outcomes.

^aNot part of the AACN framework.

American Association of Critical-Care Nurses. ([AACN], 2016).

Participation in decision-making can be accomplished through professional governance models. "Nursing Professional Governance is defined as the profession of nursing's control and ownership over decisions and actions related to nursing practice, quality, competence, and knowledge management."^(p217)⁹ When thinking about how to revitalize professional governance models following the pandemic, leaders may want to consider the 3 fundamental principles of Professional Governance offered by Porter-O'Grady and Pappas: (1) it must be grounded in accountability at the practice level, (2) structures must enable and support clinical decision-making, and (3) the same structures must enable distributive decision-making (2022).⁹ Nurse leaders must develop skills that are grounded in equity, with a commitment to elevating the perspectives of direct care providers.¹⁰ Different structures can effect decision-making on units, within departments, and organizations. Leaders should consider the extent to which members of their team have an opportunity to contribute to decisions. Leaders must also work to cultivate a culture of ethical practice—including giving voice to all stakeholders, reducing hierarchies to improve collaboration, and addressing victimization to move toward principled moral agency.^(pS29)¹¹

TRUE COLLABORATION

The domain of *true collaboration* is best expressed as a deep passion and commitment to fostering relationships, teamwork, and collaboration.^(p. 4)¹ To some extent the pandemic stimulated improved collaboration. Whether sharing clinical best practices or sharing resources, clinicians, teams, and organizations worked together in new and collaborative ways during the COVID-19 pandemic. Professional organizations also served in the important role as convener, creating space for members to share ideas and resources and offer support to one another.¹² "Trust is what helps navigate boundaries and creates a sense that everyone is doing his/her part to serve patients, with each working within his/her professional scope of responsibility."^(p. 220)⁹ Collaboration, trust, and teamwork come together to create an environment where nurses can feel valued for their contributions and supported when they encounter challenges.

In practice, true collaboration can take different forms. Some nurse leaders are explicit in trying to hire team players, asking job applicants to describe experiences of working on a team and ask them for specific examples of how they backed up other team members in prior jobs or while in school.¹³ "Building strong team backup is critical to staff retention. Team inclusion is a vital aspect of building psychological safety."¹³ Some leaders make it clear that teamwork is a job expectation, while others integrate it into daily practice on their units. Implementing a battle-buddies program is an example of a moving a strategy from military training into health care. The idea is simple—nurses can sign-up for, or are assigned, a partner to help each other get through the day.¹⁴ Intentionally designing structures that hard-wire teamwork and collaboration have always been important, but now, in times of workforce instability, they are essential.

APPROPRIATE STAFFING

The domain of *appropriate staffing* addresses the importance of matching patient needs with nurse competencies. "When patients' characteristics and nurses' competencies match and synergize, outcomes for the patient are optimal." (p. 64)¹⁵

Nurse leaders work tirelessly to ensure the right mix of staff is available to provide care. Many dimensions are considered when making decisions about how to optimally assign nurses to patients during a shift. These dimensions are articulated in The Synergy Model and include 3 components: "patients' characteristics of concern to nurses,

nurses' competencies important to patients, and patients' outcomes that result when patients' characteristics and nurses' competencies are mutually enhancing." (p. 64)¹⁵ This model is operationalized through a thoughtful and deliberate process in which nurse leaders assign nurses to patients. Nurse leaders consider the skills and competencies of the nurse, years of experience, as well as additional duties such as teaching or orienting. They consider patient characteristics such as expected interventions and workload anticipated during the future shift, social and family involvement, spiritual needs, and interdisciplinary involvement. Additional considerations include other members of the care team, proximity of patients on a unit, plans for discharge or transfer.

Many issues make achieving appropriate staffing a challenge, especially following the COVID-19 pandemic. The intersection of a highly competitive labor market, nursing shortage, nurse burnout, increased demand for health care services, and financial stress within the health care system all impact the delivery of nursing services. Additionally, nurses are rightly seeking competitive compensation, better work environments, safe nurse staffing, and moral leadership.¹⁶ When advocating for appropriate staffing resources, nurse leaders should focus on clearly articulating patient needs, quality outcomes, and team member wellbeing. The work environment must be viewed in totality and addressed in a holistic manner because inadequate staffing contributes to stress, exhaustion, and burnout for both nurses and nurse leaders, and interventions to improve wellbeing, and—by extension—patient outcomes, must address both staff and leadership.^{17,18} Workload is a big driver of dissatisfaction and nurses should be able to come to work without feelings of dread and leave their shift feeling satisfied.

Advancing Professional Governance, cultivating collaboration, and supporting wellbeing and professional practice will require intentionality. Necessary nurse leader attributes will be explored next.

AUTHENTIC LEADERSHIP

The domain of *authentic leadership* centers around a genuine commitment to work toward, and engage others in, building healthy work environments. "Authentic leaders act upon their values and beliefs while transparently interacting with others."² The presence of authentic nurse leadership was positively associated with health work environments in 2 studies performed during the COVID-19 pandemic.^{7,19} Authentic leadership has been shown to have a negative correlation to turnover intention, suggesting that "when nursing leaders sincerely care for nurses, listen to their opinions, respect members, and provide care, turnover intentions can be reduced." (p. 2182)²⁰

For leaders interested in better understanding authentic leadership, The Authentic Nurse Leadership framework has 3 main constructs—personal integrity, transparency, and altruism, with 5 supporting attributes: moral ethical courage, self-awareness, relationship integrity, shared decision-making, and caring.² This framework can be used to reflect upon personal areas of strength and potential for future growth. Authentic leaders bring "awareness, truth, and presence to interactions."²¹

Listening is a nurse leader superpower. Sherman²¹ suggests working on listening and self-reflection, seeking feedback from peers, and building relationships, including with mentors, to grow as an authentic leader. Some leaders find it helpful to seek feedback from colleagues about their professional presence. Pappas describes nurse leaders as "compassionate professionals, accountable to how we behave and interact, make decisions, and lead." (p. 362)²² She calls on nurse leaders to make the workplace a contributor to clinician wellbeing by focusing on the relational, or humanistic aspects of work, and facilitating structures to create a sense of community.²³

SKILLED COMMUNICATION

The domain of *skilled communication* reflects the critical importance of having good communication skills. Communication skills are linked with quality and safety, team performance, and patient satisfaction. Younger generations in the workplace are more comfortable with text communication, and in-person dialogue can feel uncomfortable. In response, organizations recognize that they need to do more to build communication skills among members of their teams so that important information is accurately shared and acted upon, and so colleagues can address conflict and support one another. Many organizations are now teaching communication skills as part of orientation and yearly competency reviews (Sherman, 2023).²³

In practice, nurses regularly update patients and families and can share information that will help them make decisions.²⁴ Nurse leaders can model clear, concise, and respectful communication, and they should coach members of their team to do the same. Establishing ground rules and expectations for communication during huddles and handoffs can also help to empower staff, reduce perceived hierarchies, and guide communication.²⁵ Effective communication requires both sharing and receiving information. Developing listening skills is equally important when working to improve communication. Nurse leaders can conduct listening tours and hold forums to openly discuss important topics. Stay interviews are another format for dialogue in which nurse leaders can learn what is working well and what can be improved, from the perspective of new and tenured employees.²⁶ Lastly, it is important for nurse leaders to seek continuing leadership development and to support the professional development of members of their team. Engaging with professional nursing organizations is another key consideration for both nurse leaders and clinical nurses. Many professional nursing organizations offer educational programming designed to fit the needs of their members as well as providing opportunities to connect with a network of colleagues.

MEANINGFUL RECOGNITION

The domain of *meaningful recognition* focuses on the importance of recognizing nurses and others for the significant and unique contributions they make to the organization. It serves as a mechanism for sharing positive feedback and driving engagement. The recognition should be personal, strengths-based, and specific, and it should acknowledge how one person's actions impact the work of the team and the outcomes of the patient. The recognition should also be provided in a timely manner. "When done right, recognition boosts engagement and strengthens connections between people and across the company."^(p. 2)²⁷

Gallup conducted a large-scale study across multiple industries, hundreds of organizations, and thousands of teams to explore the relationship between recognition and employee outcomes. The study findings reveal multiple reasons leaders and organizations should recognize contributions of team members. Among the most important for nursing leaders, the study results suggest employee recognition has a substantial impact on safety incidents. Study authors explain the relationship this way: recognition builds social bonds, and "When social bonds are strong, people look out for one another. They do things the right way, not because the rules say so, but because they don't want to see the people they care about get hurt."^(p. 7)²⁷ Recognition communicates "you matter", and it affirms the value of doing quality work. It is important for nurse leaders to be concrete and action-oriented when it comes to meaningful recognition.

Three focus areas of meaningful recognition are identified by Sweeney & Wiseman and include (1) reasonable payment for level of service provided; (2) public recognition

within the organization and the profession; and (3) opportunities for professional development."^(p81)²⁸ Each of these focus areas can guide unit and organizational strategies for meaningful recognition.

Whether sparked by the COVID-19 pandemic or not, nurses are aware of their value and have become more transactional, advocating for higher wages, increased flexibility, and bonus pay.²⁹ Leaders should use conversations about wages to discuss total compensation, inclusive of health and retirement benefits, tuition reimbursement, and other offerings included in the benefit package. Organizations have likely conducted several recent market analyses to determine how their salaries and benefits compare with competitors. As a complement, listening tours may provide useful insight if an organization wants to better understand what meaningful benefits look like through an employee perspective. Additionally, it may be useful to account for the cost of housing and childcare, availability of transportation, safety in the vicinity of the organization, and the burden of debt among employees to better understand social and financial pain-points from the perspective of staff. Armed with information, organizations should work to more clearly articulate the value of the employee benefit packages and consider offering financial planning and loan forgiveness guidance to employees. Some organizations have flexed their benefit options to address what's valued by different generations in the workforce. For example, younger employees who are staying on their parents' health care benefits may not need or value health care benefits but would really benefit from loan forgiveness options or increased tuition reimbursement. At the unit level, charge nurse pay, preceptor pay, overtime pay, and so on, should be considered in the context of appreciating members of the team who step up, and do more.

Public recognition can be accomplished in many ways. One great example is the DAISY Award, designed to celebrate nurses who are nominated by patients, families, and colleagues. The DAISY Award is an evidence-based program that has been associated with improved job satisfaction, retention rate, teamwork, pride, organizational culture, and a positive work environment.³⁰ The DAISY Foundation partners with thousands of organizations to offer recognition to nurses.

Professional nursing organizations also offer many awards to recognize excellence in practice, education, research, innovation, and leadership, just to name a few. The nominations can take time to pull together and write, so many nurse leaders find it helpful to make notes throughout the year if they plan to nominate a colleague for a professional award. Nurses Week celebrations within organizations frequently include awards to recognize excellence among the nursing team. Once you start looking, you will likely find many ways to recognize members of the team for their great work, now make nominating them a priority!

Providing opportunities and budgeting for indirect time to support professional development for members of your team communicates 2 important messages. It reiterates "you matter" and "you are doing good work", and "we as an organization want to support you in advancing your knowledge and skills". When nurse leaders make professional development opportunities available to their team, it demonstrates a commitment to the growth and advancement of individuals, as well as the collective team.

Nurse leaders should discuss professional goals with staff during their annual review, and more often, as indicated. Newer nurses may need a supportive nudge or mentorship to attend a professional meeting, as this might be a new experience. Funds should be allocated at the unit, program, or department level to support professional development. Savvy nurse leaders will have a sense of what types of programs they would like to see members of their team attend, and they should use the need for new skills or competencies in the team as an opportunity to develop their staff.

Planning is important—thinking ahead to what the next year will look like will help leaders plan professional development to help the team succeed. For organizations that offer tuition reimbursement, staff may need help navigating the policies to access the funding, and leaders should support staff in accessing this benefit. Last, but not least, advancing education, certification, and job promotions should all be celebrated.

WELLBEING—A DOMAIN NOT EXPLICITLY IN AMERICAN ASSOCIATION OF CRITICAL CARE NURSES'S STANDARDS FOR ESTABLISHING AND SUSTAINING HEALTHY WORK ENVIRONMENTS

While not explicitly covered in the AACN framework for healthy work environments, employee wellbeing cannot be overlooked. In 2017, the National Academy of Medicine (NAM) launched an Action Collaborative on Clinician Wellbeing and Resilience. "Clinician wellbeing supports improved patient-clinician relationships, a high-functioning care team, and an engaged and effective workforce." (n.p.)³¹ Their website provides links to resources and evidence-based best practices, these and other resources can be found at <https://nam.edu/clinicianwellbeing/>. The Wellbeing at Work Framework³² is a comprehensive and evidence-based framework that is useful for leaders to apply for a holistic approach to team-member wellbeing. This framework includes 5 tenets of wellbeing (Career, Social, Financial, Physical, and Community). Nurse leaders can use these tenets to holistically explore wellbeing with members of their team and make strides to improve wellbeing at work.

Addressing wellness at work is also a contributor in employment decisions. Generation Z and Millennial nurses are identifying organizational commitment to wellbeing as a priority when seeking employment.¹⁴ Organizations should have a process to assess and address physical, emotional, and psychological wellbeing.¹⁰ According to Melnyk,¹⁸ nurses had better mental and physical health outcomes when they perceived that their workplace supported their health. If bullying and incivility is present, it must be addressed. At alarming rates, nurses are reporting bullying and incivility from patients and families,⁵ and it is impacting their mental health and wellbeing. Some organizations are increasing signage and communication with patients and families about appropriate behaviors. In Massachusetts, hospitals adopted a united code of conduct to protect workers from escalating violence and harassment.³³

Nurse leaders must focus on individual wellbeing as well as creating an environment that supports wellness, team function, and quality patient outcomes. Care team members all have a role in reducing mental health stigma so that clinicians feel safe in seeking help if they are suffering from burnout, depression, or suicidal ideation.¹⁸ Nurse leaders should be intentional about what changes they can make in the unit to enhance the multiple tenets of wellbeing, and engaging team members in the effort would be even better. Attention is needed to refine workflows to allow nurses more time with patients and more opportunities to engage in professional actions that cultivate professional joy and satisfaction. Nurse leaders should consider the evidence and look into eliminating 12-hour shifts as they are associated with negative impact on nurses' physical and mental health as well as a contributor to unsafe care.¹⁷ Nursing teams should work together and prioritize getting everyone a shift break. The wellbeing of nurses, team members and leaders must be prioritized when building or enhancing a healthy work environment.

SUMMARY

Nurse leaders can influence culture, communication practices, staffing decisions, and outcomes by addressing the domains of a healthy work environment. AACN's

Standards for Establishing and Sustaining Healthy Work Environments can be used to help focus efforts to reconnect clinical teams with meaningful and satisfying work. Collectively, the 6 standards—plus wellbeing—should inform how nurse leaders approach quality, safety, health, and satisfaction in their units and with their teams. The past several years have demonstrated that there are many aspects of health care delivery that are beyond the control of any individual, and challenges from the pandemic will persist, including the nursing shortage, reimbursement shortfalls, and increasing demand for nursing and health care services. Nurse leaders can control how they "show up," how they lead, and how they advocate for their teams. They are encouraged to use the evidence and pragmatic leadership strategies presented in this article to reflect on the current health of their team, their work environment, and to consider targeted areas for investment and improvement.

CLINICS CARE POINTS

- Healthy work environments are built and maintained with focused strategies. Best practice strategies are shared.
- The AACN Standards for Establishing and Sustaining Health Work Environments should guide leaders and staff in efforts to improve work environments.
- The wellbeing of all team members, including leadres, should be prioritized.

DISCLOSURE

Both authors have no conflicts of interest to disclose.

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