

## Creating Healthy Work Environments 2019

### Relational Nurse Champions: Creators of a Healthy Workplace

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Background: The quality of work relationships is a pivotal part of job satisfaction, burnout prevention, and stress management. While scholarly work on determinants of *dissatisfaction* has been conducted, little attention has been given to what creates a healthy workplace. For nurses, most of whom work long hours in a confined space and under high pressure, an understanding of factors that promote positive relationships with coworkers is an important part of creating a positive work environment.

Research Question: Can a program developed specifically to address the relational aspects of the nursing work environment improve quality of work life and nursing perceptions of fewer relational conflicts?

Intervention: The Relational Nurse Champion (RNC) program was designed to improve the relational aspects of the nursing work environment. It was based on a decade of workshops created to address relational aggression between nurses.

Methods: Prior to implementing the RNC program in 2016, all nurses on the four participating units, whether RNCs or not, were asked to complete a survey which included the ProQual, a relationship assessment scale, and demographic information. Results revealed an adequate Quality of Worklife but a definite negative impact of relational issues on worklife in the last month. For example, on average, nurses thought about looking for another job 3.87 times in the previous month specifically because of relationship issues on the unit.

After collecting baseline data, the RNC program was launched on four nursing units in a large academic medical center. The units were self selected and represented two acute care units and two "nonacute" units. On each unit, four registered nurses nominated by the nurse manager received an eight hour training on the RNC program. Criteria for selection included maturity, good communication skills, willingness, and leadership qualities.

The training consisted of a standardized curriculum based on the Educate-Relate-Integrate model of learning. Participants were first given an overview of relationships and relational aggression (covert bullying/horizontal violence) and then asked to apply this information to their own professional experiences. Next, they were asked to use their new awareness and understanding of relationships to identify areas of potential intervention on their units.

The RNCs on each unit met separately over the course of the year following implementation. When invited, the investigator attended part or all of the meetings to provide support and input on relational issues. Key foci of the RNC interventions included decreasing gossip "hot spots" and improving communication, developing resources for preceptors to use in establishing relationships with preceptees, improving morale, recognizing accomplishments, and stress management.

The program developers performed both formative and summative evaluations on the implementation and continuing function of the four units where the program was piloted. During bimonthly meetings they discussed: 1) RNC activities on the participating units, 2) response of the nurse managers to the RNC programs, and 3) perceptions of the effectiveness of the RNC program in improving relationships and/or the work climate. At the one year point, the results of the formative evaluations were merged and an

invitation to repeat the baseline survey was extended to all nurses to determine if there had been a change in the worklife climate.

Results: On two units, the RNC program thrived and continued to expand. RNC nurses were engaged, attending the monthly meetings and identifying new target areas for attention. The nurse managers of these units both agreed that the worklife climate had improved and were enthusiastic about continuing the program. These nurse managers allowed the RNCs latitude and freedom to function within the parameters of the RNC program.

One of the other units where the RNC program did not thrive experienced significant turnover in nursing management and change in the way the unit functioned during the first six months of the program. Although the RNCs there attempted to implement activities that would improve the work environment, the climate of continual change made it difficult. On the other unit, the RNCs initially were very involved but gradually decreased their activities due to a perceived overlap with the worklife council that existed at that time on all units of the hospital.

Conclusions: While statistical data that will tally the perceptions of staff nurses is still pending, the feedback from nurse managers and RNCs and the continued time and energy devoted to the program suggest that the program has had a positive impact on those involved in implementing it.

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**Title:**

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**Keywords:**

Healthy work environment, Relational Nurse Champions and Relational aggression

**References:**

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**Abstract Summary:**

Nurses can make the workplace better for themselves and their coworkers. The Relational Nurse Champion program has helped improve relationships at an academic medical center where a focus on

gossip/communication skills, recognition/acknowledgement, precepting, and stress management helped create a healthy work environment.

#### **Content Outline:**

1. *Review of the literature on nursing relationships*
  1. *Essays and op-ed*
  2. *Books*
  3. *Studies*
2. *Summary of conclusions*
  1. *Impact of relational aspect of nursing on emotional climate*
3. *Relevance to development of a program to promote healthy relationships*
  1. *No interventions available to specifically address relationships between nurses at work*
4. *History of the RNC program*
  1. *Workshops with nurses after publication of commercial book*
  2. *Refinement of program over several years*
  3. *Benefits to nurses (program evaluations)*
5. *Implementation of the program, subsequent function, and key issues*
  1. *Process evaluation*
6. *Evaluation of the RNC program and "next steps"*
  1. *Summative evaluations bimonthly*
  2. *Formative evaluation at one year*

First Primary Presenting Author

#### **Primary Presenting Author**

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**Professional Experience:** Full professor at Penn State College of Medicine and award winning nurse author of bestselling books on women and relational aggression. Researcher and founder of Club and Camp Ophelia.

**Author Summary:** Cheryl Dellasega is a PhD-prepared nurse practitioner and Professor in the Department of Humanities at the Penn State College of Medicine in Hershey PA. She is the author of seven commercial and two professional books on topics associated with relational aggression.

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**Professional Experience:** Current Department of Nursing Quality of Work Life Council Chair. Assumed role June 2016 with membership on the council extending since June 2015. Worked in Intensive Care Unit environment since July 2014. Obtained CCRN certification in 2016.

**Author Summary:** Mr. Dougherty has collaborated with Dr. Dellasega on planning and implementation the Relational Nurse Champion program. He is currently enrolled in an MSN/MBA program for nursing administration at the University of Texas at Tyler.

