

## **Creating Healthy Work Environments 2019**

### **Promotion of a Healthy Work Environment via the Development of a Nursing Restoration Space**

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Nursing, although very rewarding, can at times strain nurses physically, emotionally and spiritually. In fact, stress was identified by nurses nationwide as a top concern for their practice related to their work environment in a 2011 survey by the American Nurses Association (ANA), as well as one completed a decade prior (ANA, 2011).

As the primary care givers to patients, it is important that the nursing staff have opportunities to care for and restore themselves so that they can continue to provide excellent patient care. The culture of nursing traditionally has been to put the patient before self; however, this does not mean that nursing self-care is not important. In fact, nurses actually have a professional obligation to care for themselves. According to the ANA *Code of Ethics* (2015), Provision 5: "The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth" (p.19).

The idea of nursing self-care is also congruent with Jean Watson's Theory of Human Caring. Several of the Caritas Processes and Caritas Consciousness Behaviors identified by the theory are supportive of nursing self-care and restorative practices (Watson Caring Science Institute, 2010; Watson Caring Science Institute, 2017).

Because of the large number of nurses that health care facilities employ, nurse retention and nurse satisfaction are important for facilities' fiscal integrity. This is because each nurse that leaves a facility costs between \$10,000 and \$88,000 to replace (Li & Jones, 2013). Also, patient satisfaction scores are positively correlated to nursing satisfaction scores (McNicholas et al., 2017) and these scores are now incorporated into facilities' reimbursements for services (Moore & Dienemann, 2014). Therefore, any dissatisfied nurses, if they remain or if they leave, have the potential to harm a facility's fiscal integrity.

In an attempt to address nursing stress and satisfaction, in addition to creating a healthier work environment, a medical center in the Midwest formed a multidisciplinary Nursing Restoration Committee. The primary outcome of this committee was the development of a nursing restoration space. This poster will review the process of developing such a space and its outcome measures, which are still being evaluated.

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**Title:**

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**Keywords:**

nurse restoration, nurse self-care and nurse stress

**References:**

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**Abstract Summary:**

Nursing, although rewarding, can at times strain nurses physically, emotionally, and spiritually. As the primary care givers to patients, it is important that the nursing staff have opportunities to care for themselves. In an attempt to foster nursing self-care, a medical center developed a nursing restoration space.

**Content Outline:**

I. Introduction

A. Dissatisfied nurses and fiscal impact on a facility

1. Nurse replacement costs
2. Patient satisfaction correlated to nursing satisfaction
3. Patient satisfaction incorporated into reimbursements

B. Nursing stress as a workplace concern

1. Importance of nursing self-care

a. American Nurses Association (ANA) Code of Ethics (2015), Provision 5

b. Jean Watson's Theory of Human Caring

## II. Process

A. Formation of interdisciplinary committee

B. Review of literature on nurse restorative practices are and potential facility impact

C. Investigate staff needs/perceptions/barriers to restorative practices

1. online survey
2. open forums

D. Visit exemplar spaces and speak with space users and designers

E. Determine outcome measurements from currently collected facility data

F. Present findings and proposal to facility leadership

G. Design space, based on collected information and budget, and open

H. Data collection and analysis

1. Post-opening user survey
2. Usage reports
3. Potential outcome measures
  1. Absenteeism
  2. Nursing turnover rate
  3. Patient satisfaction score
  4. NDNQI reports
  5. Employee engagement survey

First Primary Presenting Author

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**Professional Experience:** 2005 to Present Assistant Professor, College of Nursing and Health Professions, Lewis University, in Romeoville, IL. Teaching experience in the traditional BSN and Baccalaureate to BSN program.

**Author Summary:** Dr. Gedzyk-Nieman is currently an Assistant Professor at Lewis University, where she received both her MSN and DNP degrees. She has taught clinical and theory in both the BSN and BSN Accelerated programs. She has been bringing nursing students to Rush Copley since 2007 and was grateful to be a part of the Nursing Restoration Committee as part of her residency work in pursuit of her DNP degree.

Second Secondary Presenting Author

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**Professional Experience:** Registered Nurse for over 32 years specializing in pediatrics, medical-surgical, and orthopedic nursing. She also is the chair of the nursing restoration committee that developed the nursing restoration space.

**Author Summary:** Ms. Applequist has been involved in the care of the nurse her entire career and is passionate about ensuring every nurse has the ability to care for the caregiver. She has been at Rush-Copley Medical Center since her nursing career began in 1986. She was promoted to clinical coordinator in 2004 and then manager of the Medical/Surgical/Cancer Care Unit in 2011, where she still works today.

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**Professional Experience:** Mary is the Vice President of Patient Care Services and Chief Nursing Officer at Rush-Copley Medical Center and has served as an executive member of the administrative team since 2001. As a strategic thinker, team builder and champion for excellence in patient care and patient safety, Mary provides leadership for clinical and nursing operations across the organization. With over 30 years of experience in healthcare, Mary spearheads the strategic vision for nursing excellence overseeing nursing practice, development and education for inpatient, outpatient and the rehabilitation settings.

**Author Summary:** Since 2001, Mary has been the Vice President of Patient Care Services and Chief Nursing Officer at Rush Copley Medical Center. In 2007, she attended the Institute for Healthcare Improvement Patient Safety Officer Executive Development Program. Mary engages in organizational, local and national performance improvement activities and is involved in several community task forces and boards including Aurora University, Illinois Hospital Association, and River West Radiation Center.

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**Author Summary:** Judi has been a nurse for 41 years, working in a leadership role for 20 years. In her area of specialty, Oncology Nursing, she has read about nurse compassion fatigue, and resulting turnover. In researching the needs of nurses for the future of nursing, a restoration space seems to support the ability of nurses to remain committed to their practice.