Higher Stakes, Higher Standards:
Attracting and Keeping ICU Nurses

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ADVANCING NURSING THROUGH KNOWLEDGE & INNOVATION

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Disclosures

- Subject matter expert for CAUTI, CALBSI, CDI, Sepsis, HAPI and culture of Safety for HIIN/CMS

- Consultant and speaker bureau:
  - △ Stryker Sage
  - △ Aseptiscope
  - △ Kurin
  - △ Atlas Lyft tech

Objectives

- Identify several factors that have contributed to work cultures that promote attracting & keeping ICU nurses

- Compare and contrast the different strategies to alter the unit culture, create nursing engagement and retention

Nurse Engagement & Staying
Part of the Quadruple Aim in Healthcare

Work engagement is defined as a positive and satisfying work related state of mind

Bamford M, et al. J of Nursing Management, 2013;21:529-540

Global Nursing Shortage

- 29.3 million nurses worldwide

- Estimate 11 million more needed by 2030 → 69% in African and the Eastern Mediterranean regions.

- Distribution inequitable (current shortage 5.8 million)

- Factors impacting

  - △ Aging population

  - △ Nursing education challenges-access to training sites/faculty

  - △ Migration

  - △ Low retention rates

1/3 of ICU nurses intend to leave critical care nursing
(Xu, G et al. *Nursing in Critical Care*, 2021 1–8.)

Factors That May Chip Away at Nurses:
Making Engagement and Empowerment Challenging

- Lateral violence/verbal abuse/Lack of Respect
  - △ If nurses don't feel respected, they don't share information
  - △ One of the major reasons why nurses leave the profession, complaint of burnout or job dissatisfaction, lose capacity for caring
- How nurses feel about ourselves
  - △ If nurses feel belittled, patronized it shatters are confidence
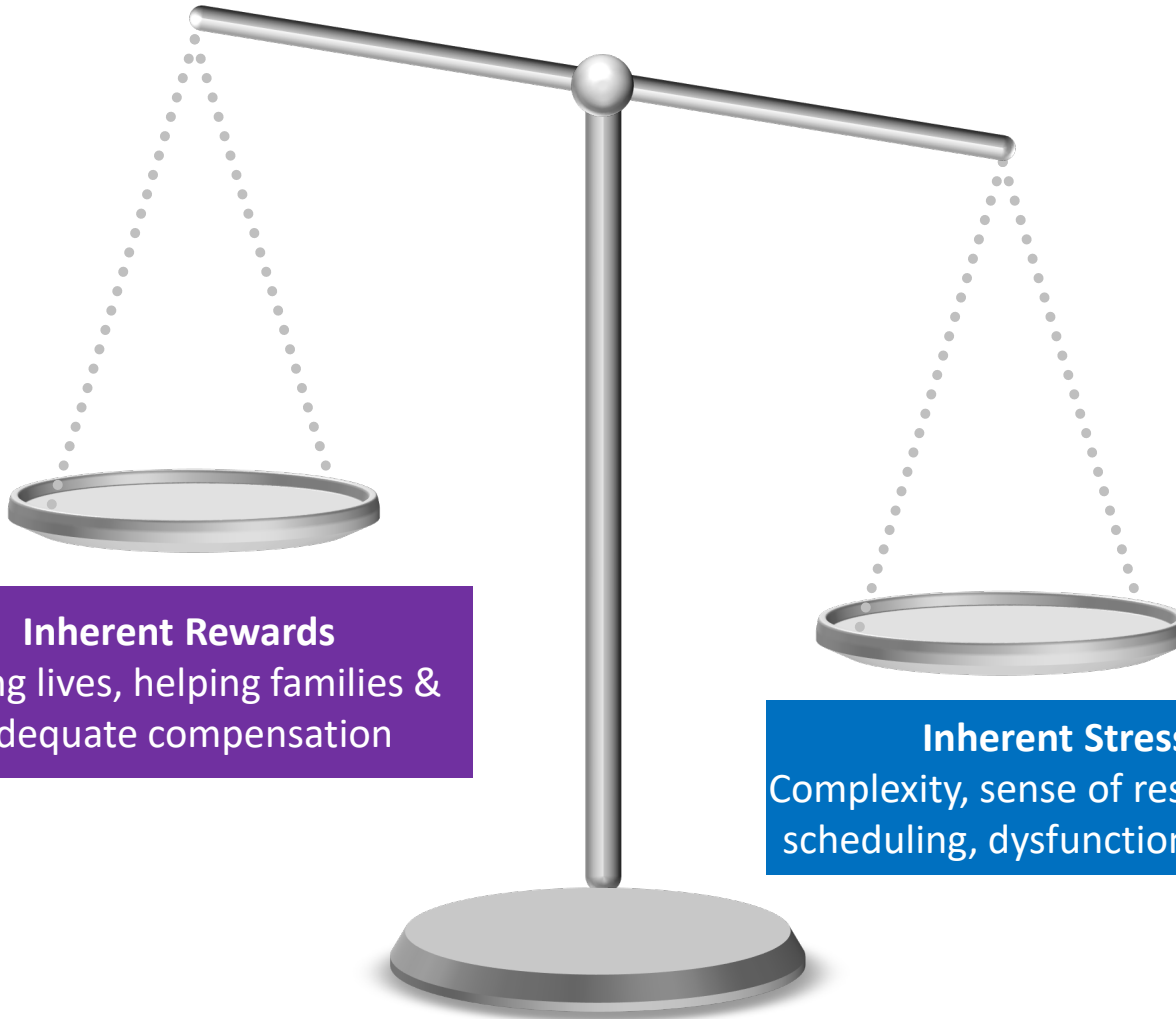- Moral distress
  - △ Challenging local & organizational environment, communication issue around end of life, compromised nursing care as a consequence
- Poor quality of work environment
  - △ Low autonomy, missing equipment, insufficient staff, poor design in technology
  - △ Performing non patient care activities

Gurses AP. Applied Ergonomics, 2008:1-10
Silence Kills, AACN
McAndrew NS, et al.. *Nurs Ethics*. 2018;25(5):552-570.

Engagement vs. Burnout

Inherent Rewards
Saving lives, helping families &
adequate compensation

Inherent Stresses
Complexity, sense of responsibility,
scheduling, dysfunctional systems

Dempsey C, et al. Nurs Admin Q. 2018;42(3):278-283

Impact of Nurse Engagement

- Influences patient experience
- Improvement in clinical quality (NSO's)
- Patient outcomes
- Nurse retention
- Reduces compassion fatigue & burnout
- Improves teamwork

Dempsey C, et al. Nurs Admin Q. 2018;42(3):278-283

Impact of Disengaged Nurses

- 15 out of every 100 nurses disengaged
- $22,000 per nurse in loss productivity
- Impact on HCAPS
  - △ Teamwork, nurse communication & cleanliness as primary drivers
- Turnover

Risk factors of Burnout Syndrome and Impact on Provider, Care, and the Healthcare system
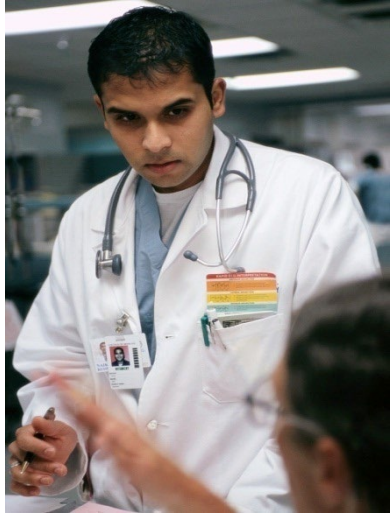

Kerlin MP, et al Crit Care. 2020 Mar 24;24(1):
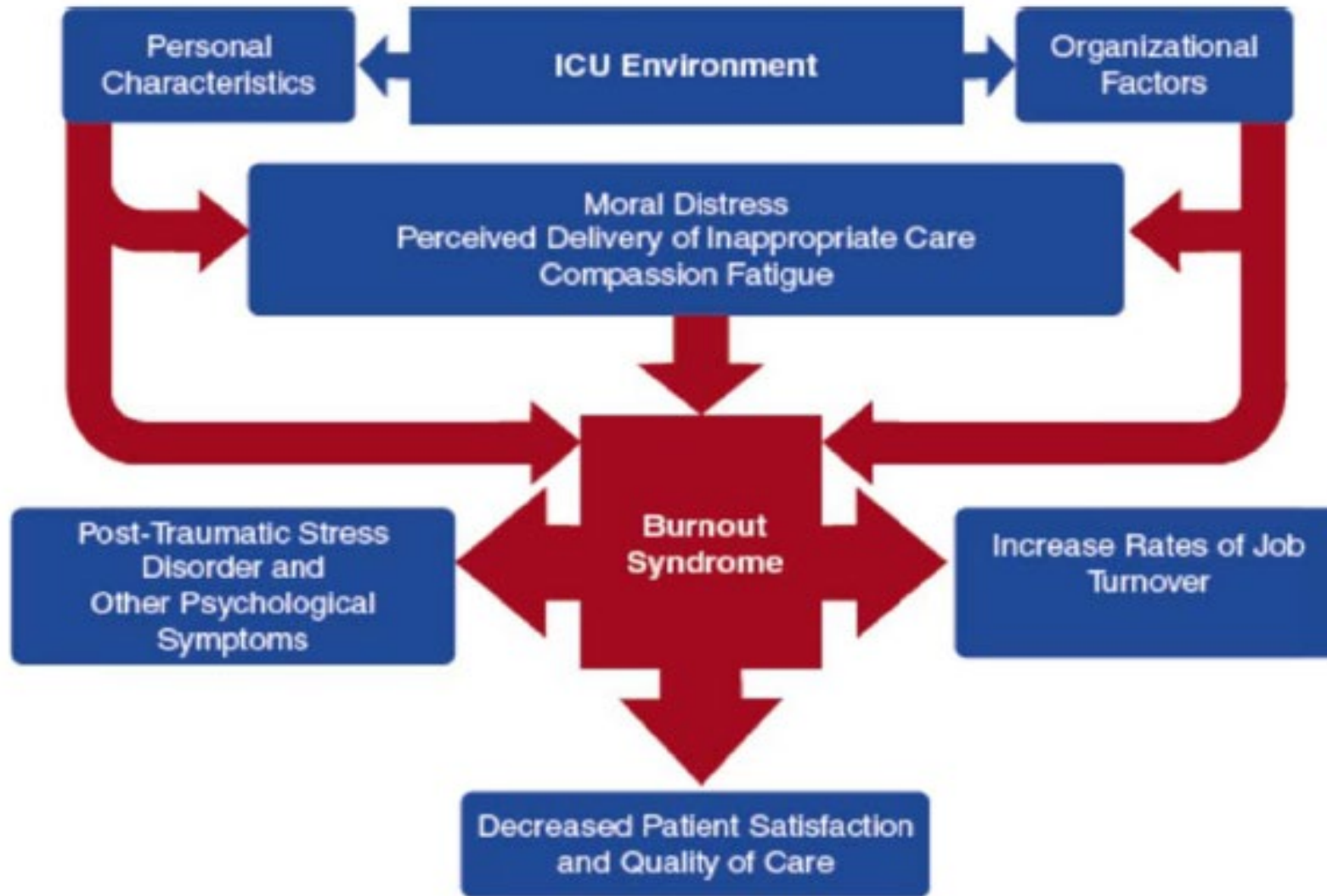
Factors that Attract Nurses To An ICU

- Welcoming nurses with well designed mentoring
  - △ ICU nurse residency (well structured orientation and professional development program that extends 6-12 months)
- Promoting teamwork/collaboration and life balance
- Recognition, respect & value
- Actively implementing strategies to prevent burnout
- Motivation for intellectual and professional development
- Good leadership & management
- Focus on generational diversities

Fernández-Castillo R-J, et al. *Intensive and Critical Care Nursing.* 2025;87:103937.
Vincent JL, et al. *Crit Care.* 2022;26(1):310.

What is a Culture?

That's not the way we do it here!!!

Represents a set of shared attitudes, values, goals, practice & behaviors that makes one unit distinct from the next

Assessing the Culture

Assessment of Safety & Work Culture

- SAQ (Safety Attitudes Questionnaire)
  - △ Teamwork
  - △ Safety
  - △ Working conditions
  - △ Job satisfaction
  - △ Stress recognition
  - △ Perception of upper management
  - △ Perception of unit management

Strive for 80%, if < 60% SAQ scores correlates to decreases in clinical outcomes

AACN Healthy Work Environment Assessment

- Skilled communication
- True collaboration
- Effective shared decision making
- Appropriate staffing
- Meaningful Recognition
- Authentic Leadership

Scores of 1-2.99 need improvement, 3-3.99 good environment, 4.00-5.00 excellent

https://mini.aacn.org/dm/HWE/TabbedAdminHome.aspx

Number	Question
1	Administrators, nurse managers, physicians, nurses and other staff maintain frequent communication to prevent each other from being surprised or caught off guard by decisions.
2	Administrators, nurse managers, and physicians involve nurses and other staff to an appropriate degree when making important decisions.
3	Administrators and nurse managers work with nurses and other staff to make sure there are enough staff to maintain patient safety.
4	The formal reward and recognition systems work to make nurses and other staff feel valued.
5	Most nurses and other staff here have a positive relationship with their nurse leaders (managers, directors, advanced practice nurses, etc.).
6	Administrators, nurse managers, physicians, nurses, and other staff make sure their actions match their words□they "walk their talk."
7	Administrators, nurse managers, physicians, nurses, and other staff are consistent in their use of data-driven, logical decision-making processes to make sure their decisions are the highest quality.
8	Administrators and nurse managers make sure there is the right mix of nurses and other staff to ensure optimal outcomes.
9	Administrators, nurse managers, physicians, nurses, and other staff members speak up and let people know when they've done a good job.
10	Nurses and other staff feel able to influence the policies, procedures, and bureaucracy around them.
11	The right departments, professions, and groups are involved in important decisions.
12	Support services are provided at a level that allows nurses and other staff to spend their time on the priorities and requirements of patient and family care.
13	Nurse leaders (managers, directors, advanced practice nurses, etc.) demonstrate an understanding of the requirements and dynamics at the point of care, and use this knowledge to work for a healthy work environment.
14	Administrators, nurse managers, physicians, nurses, and other staff have zero-tolerance for disrespect and abuse. If they see or hear someone being disrespectful, they hold them accountable regardless of the person's role or position.
15	When administrators, nurse managers, and physicians speak with nurses and other staff, it□s not one-way communication or order giving. Instead, they seek input and use it to shape decisions.
16	Administrators, nurse managers, physicians, nurses, and other staff are careful to consider the patient's and family's perspectives whenever they are making important decisions.
17	There are motivating opportunities for personal growth, development, and advancement.
18	Nurse leaders (managers, directors, advanced practice nurses, etc.) are given the access and authority required to play a role in making key decisions.

AACN Healthy Work Environment Standards

Skilled Communication – Proficiency in communication equals clinical skill; ensures clarity, respect, and safety.

True Collaboration – Mutual respect, accountability, and shared decision-making for best outcomes.

Effective Decision-Making – Nurses included in clinical and policy decisions; expertise shapes care.

Appropriate Staffing – Matching patient needs with nurse competencies for safe, effective care.

Meaningful Recognition – Timely, relevant, and sustainable recognition of nurses' value and contributions.

Authentic Leadership – Leaders role-model HWE standards and sustain environments of excellence.
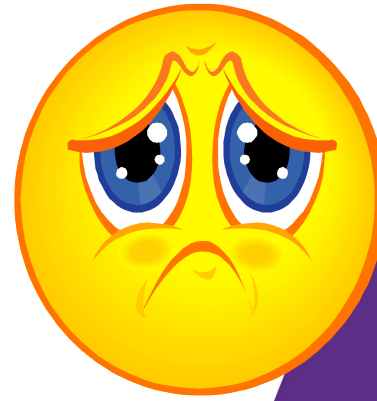
Driving Components in a Work Culture

Number 1 Respected Profession

Nursing

Gallup Poll: 82% Honesty & Ethical Rating

So Why Don't We Feel Respected?

Reclaiming Professional Respect

Work Environment

Respect

Quality of Care You Provide to Patient & Families

Culture of Respect

- Develop effective methods for responding to episodes of disrespectful behavior

- Initiating cultural changes needed to prevent the episodes

- Organization set up a code of conduct and it must be enforced

- Culture of respect requires building a shared vision

	Lucian Leape advocates for fostering a culture of respect within healthcare settings to improve patient outcomes and minimize preventable harm.

The Road to Respect

I spoke.

You listened.

I felt valued and honored.

You shared your opinion.

I trusted your wisdom.

The circle of respect was complete.

We saw in each other's eyes are common humanity.

Now, moving to a zone of mutual affirmation, we felt safe to trust and learn and nurture in the give-and-take of life.

Yasmin Morais 2006

How do We Get There?

Grass Roots Unit-Based Culture Change

HWE Standards

Re-valuing & recognition of nursing unique contribution

Engagement
Safety Climate

Reconnect With Our Professional Purpose

"It may seem a strange principle to enunciate as the very first requirement in a Hospital that it should do the sick no harm."

Florence Nightingale

Advocacy = Safety

Organizational & Unit Structures that Supported the Empowerment & Engagement
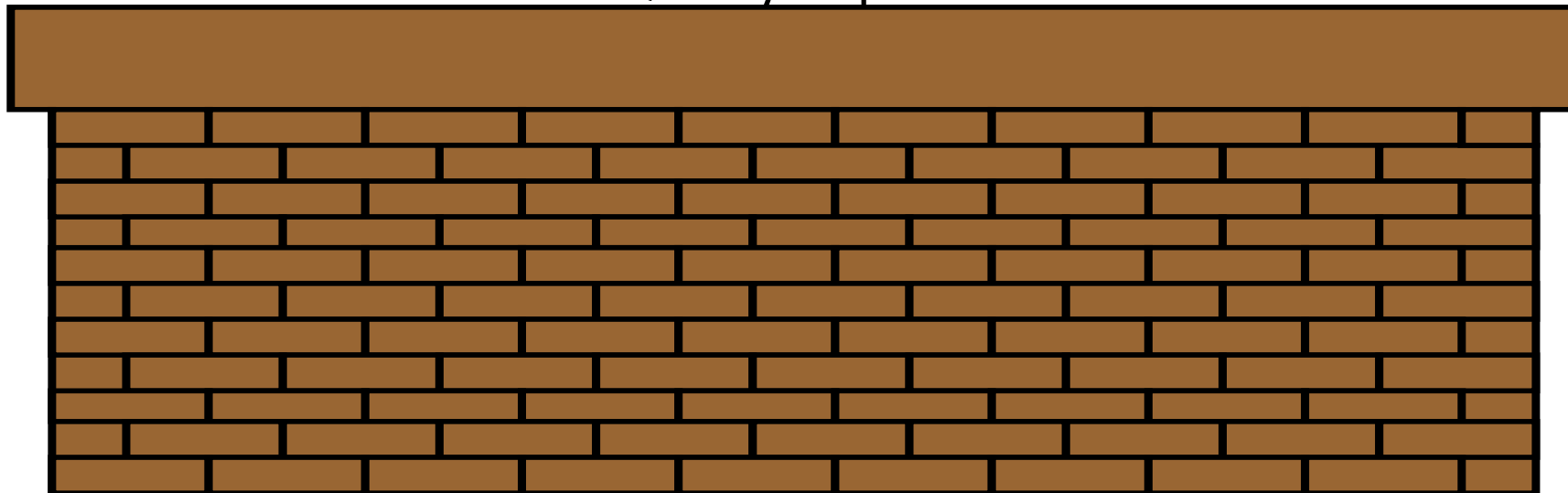
Shared Governance Model

Professional Practice Model/Clinical Ladder

Unit Based Leadership Model

Educational Support

Continuous Quality Improvement Model

Creating an Environment that Fosters Autonomy-Effective Decision Making

- Nurses sense of control over their own practice

  - Ability to make decisions about daily nursing practices

  - Ability to perform their job independently by creating clinical decision-making guidelines

  - Through participative leadership support shared governance, involvement in interview process, involvement in evidence-based practice, policy and procedures and find creative ways to engage staff and get opinions.

Tang JHC, et al. Journal of Gerontological Nursing, 2019;45:11-19

Foundational Principles to Maximize Staff Shared Decision Making & Engagement

- Share Governance = Shared Leadership of Practice/Collaborative
- Shared governance is a structural model that frames the professional practice within health care settings (Porter-O'Grady, 2012).
- Shared governance empowers nurses to participate in decision making with leaders on EBP project, QI, new equipment and staffing and development of nursing policies
- The Unit is the center of a shared governance model..the locus of control is at the point of service

Improves Nurse Satisfaction & Patient Outcomes

McKnight H, Moore SM. Nursing Shared Governance "in StatPearls," "Sept 19th 2022 https://www.ncbi.nlm.nih.gov/books/NBK549862/
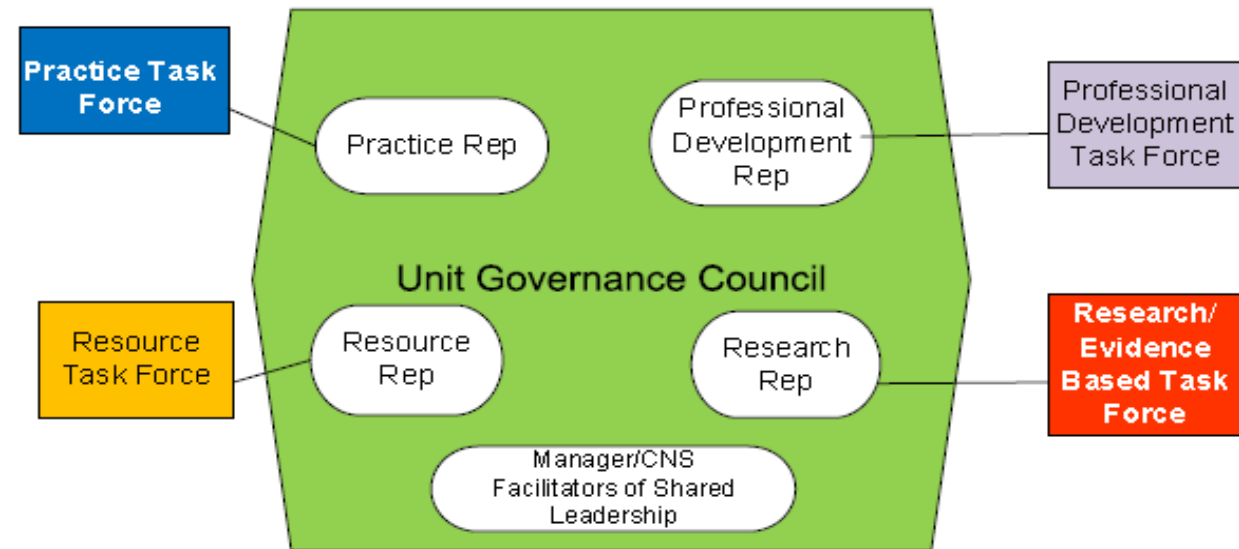
# Foundational Principles to Maximize Staff Empowerment

- Staff need mentoring and leadership coaching
- Shared leadership means the clinical and administrative lead of the unit are part of the unit practice/governance council
- Defined accountability of all members
- Sufficient time in meetings to formulate ideas and plan work (unit meeting 4hrs)

Ideas for Unit Model to Enhance Staff Engagement

Practice Task Force

Practice Rep

Professional Development Rep

Professional Development Task Force

Unit Governance Council

Resource Task Force

Resource Rep

Research Rep

Research/ Evidence Based Task Force

Manager/CNS Facilitators of Shared Leadership

- The number of staff/size of the unit determines the number of members of the UGC
- Representatives to the UCG will be elected for a 2 year term with election rotations that permit only half of the members to off the council at anyone time
- Each member of the UGC (other than leadership) has 5-6 staff that are thier constituents for feedback coming to & from the UGC

Empowered Work Environment
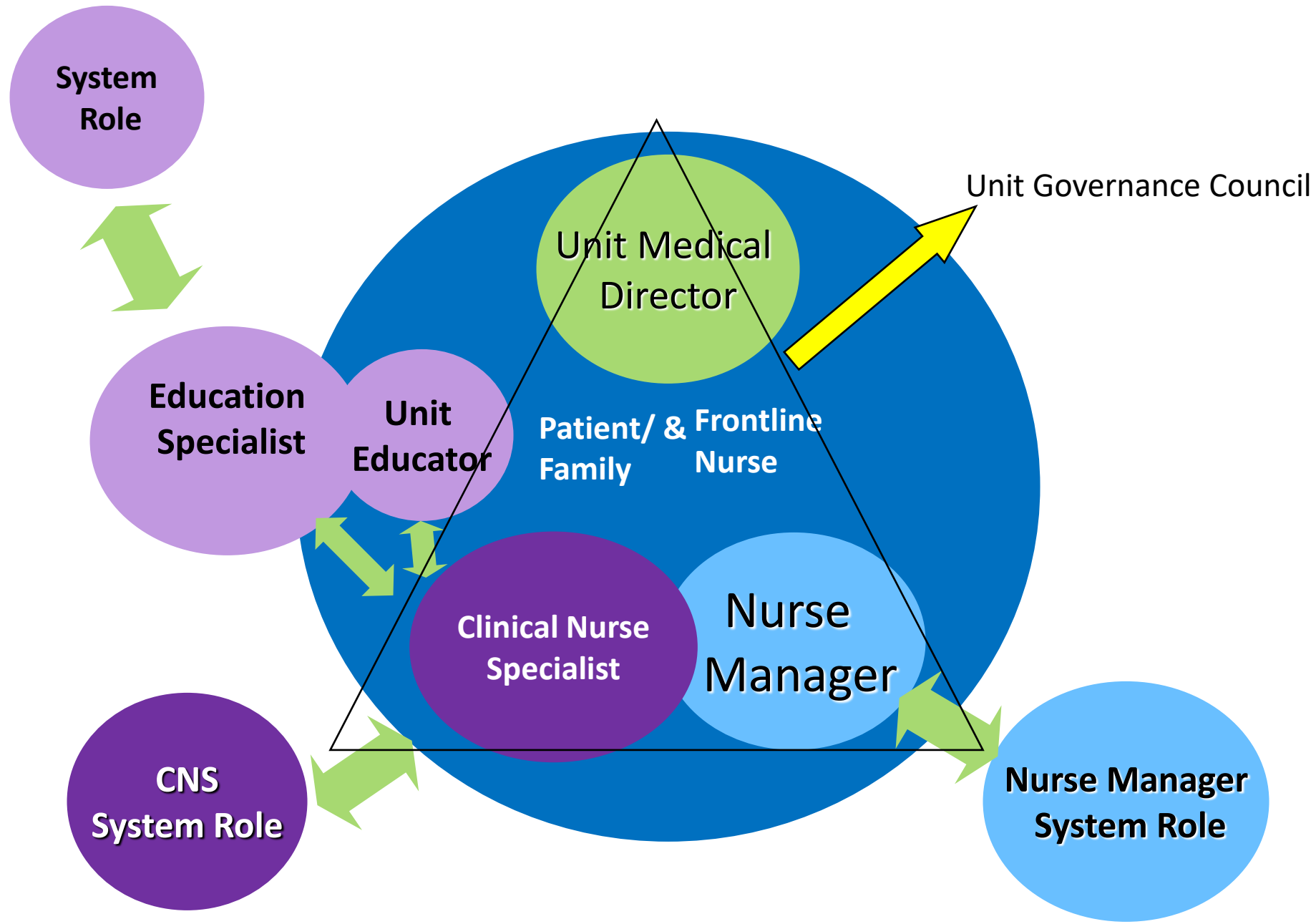
Clinical Ladder: Professional & Financial Recognition

Nursing Clinical Ladder Levels of Advancement

RN 5 — 5% INCENTIVE
Complete one accomplishment from level 5 list, which includes national level nursing award, external presentation of EBP or QI, primary investigator role and more

RN 4 — 4% INCENTIVE
Complete two accomplishments from Level 4 list, which includes presentation to nursing grand rounds, master's degree, leadership roles and more

RN 3 — 3% INCENTIVE
Complete three accomplishments from Level 3 list, which includes QI projects, council leadership and participation, community service and more

RN 2 — 2% INCENTIVE
Complete four accomplishments from Level 2 list, which includes continuing education, organizational awards, literature reviews and more

RN 1
On orientation
On the unit <12 months, residents, less than two years of external experience

Example

Recognition Strategies

- Provide verbal acknowledgement and feedback to frontline nurses (immediate & private)
  - △ Sincere
  - △ Directed at an action/behavior
- Written acknowledgement
  - △ Handwritten thank you's/place in file
  - △ Any patient/family letters

- Acknowledge Performance & achievements publicly
  - △ Nominate a nurse for outstanding performance
  - △ Congratulate in front of peers
  - △ Post hand written family/patient letters
- Provide opportunities for staff growth
  - △ Provide support/resource to shared governance roles
  - △ Help staff develop a specialty
  - △ Help pursue higher education

Communication Is Critical

Communication among peers & multiprofessional & team

+

Communication from local Leadership

=

Healthy Culture

Why Effective Communication May Be Challenging for Nursing

What to Do?

- Prevent from occurring through training on effective communication

- Deal in real time to prevent staff or patient harm

- Initiate post event reviews, action and follow-up

- Make it as transparent as possible

- Zero-tolerance policy and procedure

- Intervention strategy: code white

Leadership Communication Critical to Engagement

- Establish strategic clinical plan and goals with unit governance council
- Listening, sharing and follow up
- Be visible and available for staff to ask questions, express concerns
- Solicit opinions
- Multimodal communication
  - Huddles
  - Bulletin boards
  - Emails
  - Suggestion boxes
  - Newsletters
  - Generational communications

This Photo by Unknown Author is licensed under CC BY-NC-ND

Tang JHC, et al. Journal of Gerontological Nursing, 2019;45:11-19

Transformational Leadership to Create Psychologically Safe Cultures

- Local vision for the future
- Pursing change to create unwavering focus on quality and safety of care
- A culture of respect
- Visibility
- Promotion of autonomy, support professional development

- Interprofessional rounds and team building/team training
- Huddles to improve communication and teamwork/speak up training
- Use of data and evidence to support decisions in practice
- Address burnout

Dempsey C, et al. Nurs Admin Q. 2018;42(3):278-283
https://psnet.ahrq.gov/perspective/ensuring-patient-and-workforce-safety-culture-healthcare

Addressing Burnout

- Regular feedback from leaders
- Teamwork initiatives
- Thoughtful consideration of work hours
- Staffing levels
- Fostering a supportive work environment
- Enhancing resiliency
  - △ emotional recharge
  - △ Peer support/open communication
  - △ Active psychological support (mindfulness practices, resilience training

Zenani NE, et al.. Curationis. 2022 Oct 24;45(1):e1-e8.
https://psnet.ahrq.gov/perspective/ensuring-patient-and-workforce-safety-culture-healthcare

How Do I Know I have a Psychologically Safe Environment?

Sherman RO, Cohn TM. American Nurse Journal. 2023;18(2):28-32.

Report less burnout

Greater job satisfaction

Healthy Work Environments Impact on Nurses

Lower intent to leave

Improved patient safety & quality

Ulrich B, et al. . National Nurse Work Environments - October 2021: A Status Report. *Crit Care Nurse*. 2022;42(5):58-70.
Wei H, et al A systematic review. *Int J Nurs Sci*. 2018;5(3):287-300. P

Impact of Healthy Work Environment on Patient Outcomes

- Large Medicare data base-269,764 adult surgical patients in 453 hospitals

- Good work environment outcomes vs. poor work environments

  - 16% lower odds of ICU readmission

  - 12% lower odds of hospital mortality

  - 11% lower odds of dying 30 days out of hospital

Krupp A, Lasater KB, McHugh MD. Intensive Care Unit Utilization Following Major Surgery and the Nurse Work Environment. *AACN Adv Crit Care*. 2021;32(4):381-390.

WHEN WOULD NOW BE A GOOD TIME TO DO THIS?

It is not enough to do your best; you must know what to do, and THEN do your best.
~ W. Edwards Deming

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