

### 3. PROMOTING NURSES' HEALTH AND WELL-BEING

3.7 Employers, including nurse leaders, should prioritize and invest in evidence-based mental, physical, behavioral, social, and moral health interventions, including reward programs meaningful to nurses in diverse roles and specialties, to promote nurses' health, well-being, and resilience within work teams and organizations.

#### 1. Key Strategic Stakeholders

**Nursing**

Accrediting organizations (tie accreditation to support for nurse health/well-being programs)

**Healthcare**

HR departments; Insurance companies to create parity with mental health services; Mental Health/Counseling Organizations

**Other**

Boards of Organizations/representatives throughout the organizational chart (100% buy-in); Exercise and Fitness Organizations; Marketing – messaging; Spiritual Organizations/Chaplaincy Programs (to address stress);

#### 2. Top 3-5 Actions for 2021

- A. Identify best practice P&P to support work/life balance
- B. Leaders create a safe environment to self report needs for mental health (MH) services – role model/action oriented
- C. Permission for MH Days.
- D. Public Service Announcements (PSAs) re: need for nurses' Mental Health (MH)/wellness needs (Messaging for health/well-being)
- E. Mindful/Quiet rooms with release time to use
- F. Normalize need for health promotion/well-being
- G. Investigate reward programs directed toward individual nurses and employers
- H. Identify best practices among organizations across all sectors to create a culture of health/well-being for employees
- I. Promote/Create environment/culture to enhance equity – identify structures of the environment/culture
- J. Redesign nursing work hour expectations (safety/wellness) – are 12 hour shifts safe???
- K. Identify modernized preceptorship models to reduce burden with financial incentives
- L. Org. survey/analysis of what employees want/need: rewards focused on needs/wants of employees

#### 3. Top 3-5 Actions for 2022

- A. Nurse Managed health/wellness organizations
- B. Child/Elder Care
- C. Pre/Post tenure sabbatical (Q2years) – in academe/practice (reward!)
- D. Flexible PTO/banking hours for later use (reward!).
- E. P&P, legislation to address/prevent violence against healthcare professionals (HCPs) – focused throughout organizations (leadership to frontline workers) – including accountability
- F. Create programs to allow nurses to spend more time with family
- G. Create a culture of equity and inclusivity in organizations
- H. Incorporate indicators of well-being into accreditation processes – applied equitably
- I. Develop and implement NAWA (Nurse Adverse Work Events) survey for nurses (Evidence-based Practice (EBP) based on Academic Center for Evidence-Based Practice (ACES)
- J. Develop a Culture of Care/Language of Care (Employers → Employees) (a la Planetree)
- K. Implement modernized preceptor models with financial incentives (Excellent model at Norton Health in KY)

#### 4. Success Indicators

- Lower turnover rates among nurses across settings – est. baselines/target.
- Retention of new nurses across settings - 1, 3, 5 years out
- Pre/Post implementation surveys to measure improvement change (Nurse Adverse Work Events, NAWA)
- Measure the hardwiring of a *culture* of employee wellness/health
- Menu of awards/recognitions based on needs/wants