



PROMOTING A HEALTHY COLLEGIAL WORK ENVIRONMENT IN ACADEMIA

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A healthy work environment is described by the American Association of Critical Care Nurses (AACN) (2018) as a place where employees can make optimal contributions. It is comprised of six elements: skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership. AACN (2010) further suggested that, healthy work environments are healing, empowering environments characterized by engagement and organizational commitment. The National League of Nursing (NLN) (2018) proposed that "it is imperative that academic leaders undertake activities to improve the health of the academic work environment and facilitate faculty satisfaction." Finally, the ANA (2010) suggested that nurses have the potential to lead the way in improving health and health care for all, but in order to realize that potential they must operate in an environment that is safe, empowering, and satisfying.

In response to the aforementioned mandates, a nursing department located along the northeast corridor, organized an intercollegiate retreat to address work place issues and to evaluate the success of planned interventions. The question raised regarding this intervention was: "How is a sense of collegiality promoted and developed among faculty and staff in the academic environment?" (NLN, 2018).

METHODOLOGY: A purposive sample of 12 collegiate professionals were selected to participate in a qualitative research project. The Clark Healthy Work Place Inventory 2014 was administered prior to several engaging workshops about incivility, teambuilding, and a healthy work environment. Completion of the survey was considered consent. The survey was re-administered six months following the workshops to measure the effectiveness of the workshop interventions. Correlations for improvement or change was measured using regression analysis and paired t-tests.

FINDINGS: Although there was marginal improvement in the average rating of the work place environment's health and improvement in some categories, a regression analysis and paired t- tests reflected no statistical significance between the ratings before and after the workshop. Both before and after the intervention, the workplace was rated "mildly healthy"(63.60 pre-workshop and 64.75 post-workshop) based on the Clark Healthy Work Place Inventory.

CONCLUSION AND RECOMMENDATIONS: Change in the health of a work environment is gradual and not greatly impacted by a one-time intervention. According to NLN (2018) institutional leadership, mentoring and positive collegial relationships have been linked to improved job satisfaction and a healthier work environment. It is imperative that leaders continue to conduct internal evaluations and perhaps qualitative research to identify themes and categories related to workplace dissatisfaction in order to address specific deficits and areas of concern in the work environment.