IMPLEMENTING THE TOTAL WORKER HEALTH PROGRAM IN A SHARED GOVERNANCE CONTEXT

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Healthy work environments are critical to the stability and well-being of the nursing workforce, in addition to promoting optimal patient safety and patient outcomes and ensuring the viability of health care organizations.1 The National Academy of Medicine’s Future of Nursing 2020 to 2030 notes the importance of supporting the health and well-being of nurses, stating “…it is essential to address the systems, structures, and policies that create workplace hazards and stresses that lead to burnout, fatigue and poor physical and mental health among the nursing workforce.” 2 For years, unrealistic workloads, risk of infection and workplace violence, insufficient resources, and moral distress/injury have contributed to turnover, burnout, and poor professional quality of life—threatening the viability of nurses in the health care workforce.3 In addition, the ongoing pandemic disaster has intensified nurse exposures to occupational hazards, resulting in increased negative physical/mental health outcomes and a continuing exodus from the profession.4 As emergency clinicians, we are focused on achieving optimal patient outcomes, but who is focused on monitoring and improving our work-related well-being and occupational health outcomes? The World Health Organization recognizes occupational health as an area of public health that seeks “to promote and maintain highest degree of physical, mental and social well-being of workers in all occupations.” 5 In 1970, the National Institute for Occupational Safety and Health (NIOSH) was established as part of the US Centers for Disease Control and Prevention to function as a research agency with a mission of generating new knowledge in the field of occupational safety and health and to translate that knowledge to practice. NIOSH seeks to advance worker well-being and empower workers and employers to create healthy, safe workplaces.6 In the early 2000s, NIOSH launched an initiative to improve the health of the United States workforce that eventually became known as the Total Worker Health (TWH) Program. This model aims to protect the safety and enhance the health and productivity of the US workforce through policy, programs, and practices that advance worker well-being.7 The purpose of this editorial is to consider how the concept and resources of TWH can be used by shared governance/unit-based practice councils and nurse leaders to positively affect the occupational health of nurses and other health care workers.

Shared Governance/Unit-Based Practice Councils

Shared governance is a working model or management style of participatory decision making that promotes principles of nurse involvement, empowerment, ownership, accountability, team building, leadership, innovation, and autonomy to promote quality care.7,8 Essentially, it is a complex organizational component that encompasses the ways professionals regulate, direct, and control goal-oriented efforts.9 Originally introduced to improve the work environment of nurses, patient/staff satisfaction, and retention,7 the principles of shared governance are promoted by the American Association of Critical Care Nurses,10 American Nurses
Credentialing Center, Magnet, and Pathway to Excellence programs. Notable variation exists in theoretical underpinnings, forms, and scopes of shared governance committees, which makes rigorous outcome evaluation challenging. In a recent integrative review, Kanninen et al noted the success of shared governance committees depends on organizational support, work culture, and resources, rather than its mere existence, to produce optimal outcomes. Unit-based councils are shared governance models tailored to individual nursing units.

Given the systems, structures, and policies that create workplace hazards that lead to burnout, fatigue, and poor health outcomes among nurses (contributing to subsequent, negative impacts on the quality of patient care/outcomes), the prioritization of nurse health within a unit-based council is intuitive and easily justifiable. The Emergency Nurses Association’s Healthy Work Environment in the Emergency Care Setting Position Statement recognizes the component of mutual responsibility between the leadership and health care workers in creating a healthy work environment. The National Academy of Medicine advocates for a systems approach to support professional well-being and address clinician burnout. Unit-based councils are composed of frontline staff, making this a setting where meaningful and impactful dialog can be exchanged to address unique strengths, barriers, and facilitators within a unit to optimize work environments and staff well-being. Nurse leaders can promote the engagement and empowerment of staff within a shared governance context to advance the well-being of health care workers on their units by evaluating, revising, and implementing policies, programs, and practices that both reduce work-related hazards and promote injury prevention. Maintaining a high-level focus with simultaneous support of ED leadership is key to success. The Hierarchy of Controls is a model of controlling exposures to occupational hazards and is considered a fundamental concept in worker protection. It emphasizes organizational-level interventions to protect the health, safety, and well-being of workers. As the Hierarchy of Controls applied to the NIOSH TWH model depicts (Figure 1), encouraging personal change by focusing on individual determinants is only a small part of worker health and health in general. In other words, burnout is an organizational issue that affects individuals, rather than an individual issue as it has been historically considered. Even the most generous and consistent amounts of self-care will likely be insufficient to mitigate burnout in chronically depleting or under resourced work environments. Environmental conditions (ie, the work environment), health protective/enhancing policies, programs and practices, and education have the potential for the greatest impact and warrant our attention as frontline health care professionals, leaders, researchers, and equity advocates.

Shared Governance and TWH

The TWH approach has 5 defining elements, listed in Figure 2, that are explained in detail in the Fundamentals of Total Worker Health Approaches workbook (Table). Below, we review various ways these elements could be incorporated in an ED unit-based practice council—with the support of ED management and directors—to address issues relevant to advancing the health of nurses and other health care workers. Issues that NIOSH has identified as relevant to advancing worker well-being through TWH can be visualized in Figure 3.

1. Demonstrate leadership commitment to worker safety and health at all levels of the organization.

Unit-based councils can discuss which initiatives currently exist and evaluate whether existing initiatives necessitate change. Conducting a preliminary needs assessment is a great place to start within this first element. Measurements and surveys not only support needs assessments but aid in program/intervention evaluation and optimization. The NIOSH Worker Well-Being Questionnaire can be used for these purposes. This 5-section, 63-item questionnaire is published in the public domain and is free to use (Table). Other instruments such as safety climate scales, the National Database of Nursing Quality Indicators, and various types of annual surveys used by health care organizations may also be used to measure various aspects of occupational health, safety climate/culture, satisfaction, turnover intent, resources, etc. Other workplace assessment instruments and resources can be found online in the National Academy of Medicine’s Clinician Well-Being and...
Defining elements of total worker health

- Demonstrate leadership commitment to worker safety and health at all levels of the organization
- Design work to eliminate or reduce safety and health hazards and promote worker well-being
- Promote and support worker engagement throughout the program design and implementation
- Ensure confidentiality and privacy of workers
- Integrate relevant systems to advance worker well-being

FIGURE 2
The defining elements of TWH established by NIOSH to advance worker safety, health, and well-being.14 NIOSH, National Institute for Occupational Safety and Health; TWH, Total Worker Health.

Resilience Toolkit.20 Annual assessments can be useful to unit councils in assessing needs and trends within their department. TWH emphasizes the importance of considering organizational readiness to change. Weiner21 refers to this concept as a shared team property, a psychological state where members of an organization share a sense of commitment to implement an organizational change and are confident they can do so. This concept is critical to successful innovation and implementation.

Commitment to worker health must be prioritized among top leaders and should hold the same value as quality patient care and outcomes. This could include incorporating safety/health related standards into performance evaluations, establishing a budget for acting on employee recommendations, or providing adequate resources (ie, staff, time). Caution should be exercised to prevent productivity targets from compromising resources in a way that interferes with the nurse’s ability to deliver quality care. Midlevel managers can review Making the Business Case22 (Table) to quantify and project the value that TWH initiatives can bring to the organization (such as reduced turnover, workforce sustainability, etc.). Just as midlevel management links ED staff and upper management, unit-based councils have the ability to connect ED staff with midlevel management. ED leaders can welcome and encourage employee feedback through and from unit-based practice councils on working conditions and willingly collaborate for change. Nurse leaders can reward staff for achieving reporting goals of safety concerns or incidents and celebrate benchmarks in employee health/safety. Increasing active participation, input, and involvement from frontline staff and/or unit councils is empowering and promotes respect, contributing to an environment where change is welcome and innovative programs can thrive.14

2. Design work to eliminate or reduce safety and health hazards and promote worker well-being.

The clinical work environment is a social determinant of health. NIOSH and TWH recognize that the most effective means of prevention is to eliminate or reduce recognized workplace hazards (Figure 2). The Hierarchy of Controls applied to NIOSH TWH visually emphasizes that organizational-level interventions are the most impactful when it comes to protecting the health, safety, and well-being of employees.17 As frontline workers, unit council members can expertly identify job-related hazards in the work environment. During shared governance meetings, workers can brainstorm to identify hazards and potential ways to redesign or reorganize the work environment to

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PDF, portable document format; TWH, Total Worker Health.
elaborate or minimize risk, providing recommendations to ED leaders. An example provided in the TWH workbook includes policy implementation that gives nurses greater control and flexibility over their work schedules as an intervention to reduce work-related stress. Stress-reducing or skill-building interventions and easy access to Employee Assistance Programs or other noninstitutionalized mental health services are other examples. 

3. Promote and support worker engagement throughout the program design and implementation.

The third element of TWH is embedded in the very design of shared governance—a participatory model that enhances staff engagement and empowerment. ED leadership should prioritize programs of most importance for frontline workers and involve unit-based council members in the program design, planning, implementation, and evaluation phases of projects. All interventions should be created with long-term considerations for sustainability. Unit-based councils may also choose to implement initiatives to promote and support worker engagement. Interventions such as meaningful recognition, shared decision making, and increased leadership support and involvement have been implemented successfully and reported in published literature. Organizational resources must be aligned to support the prioritized programs identified by frontline workers.

4. Ensure confidentiality and privacy of workers.

Implementing and evaluating programs to promote the occupational health and well-being of nurses may involve employees sharing confidential information pertaining to their health. Nurse leaders should ensure confidentiality and data privacy regarding these matters, the fourth element of TWH. Unit-based councils also need to consider this when creating, implementing, monitoring, or evaluating initiatives. Frontline staff should be involved in program planning meetings and can work with leaders to develop surveys. Communication regarding how employee data will be used and protected should be transparent across all levels of the organization. At no time should data be collected in ways that could result in discrimination, stigmatization, or penalization of employees. Program evaluation data, risk assessments,
self-reported survey data, and electronic health records are examples of personal health information that may be used in a TWH initiative. Precautions such as record deidentification, third-party involvement, aggregate data use/reporting, and destroying personally identifiable information are privacy practices that can help ensure confidentiality. 14

5. Integrate relevant systems to advance worker well-being.

When considering the fifth element of TWH, unit-based councils and nurse leaders can collaborate regarding system integration of data sources. Coordination can reduce redundancies and maximize effectiveness and resources. An initial assessment of safety and health policies, programs, and practices can reveal areas of overlap and opportunities for future coordination. Unit-based councils can expertly assess how policies and programs may or may not affect practice and worker well-being. Team meetings that convene staff and leaders with similar responsibilities can be helpful to plan and set priorities. Obtaining a multilevel perspective can assist organizations in mapping the connections between different systems and the experience of workers to design the most effective and innovative approaches to different workplace challenges. 14

TWH provides resources to obtain a baseline unit/organizational assessment or worker health; identify steps to begin improving worker health, safety, and well-being; and measure progress over time. Few studies among the existing literature assess the impact of the work environment on nurse occupational outcomes. In a systematic review, Wei et al 1 examined the state of the science of United States nurse work environments, finding only 2 of the 54 included studies contained nurse occupational health outcome measures. This author team noted that the existing literature pertaining to nurse work environments was mostly descriptive and also observed a dearth of research studies that investigate the contribution of nurses to building/maintaining healthy work environments. 2 Interventions need to be designed and tested to advance our understanding of improving work environments and promoting nurse occupational health. Work environment measures also need to be applied consistently (some scales have been modified over time) and longitudinally to better understand the scope of normal fluctuation from a range of data. 3 Regular and consistent measurements are especially vital in the context of infectious disease surges, which strain health care workers and resources.

The long-term implications of pandemic-related increases of workplace hazards and stresses in a disaster context are evolving and have yet to be fully realized. It is undeniable that great opportunities exist regarding the research of nurse work environments and to promote worker health. The TWH framework outlines an approach to assess, implement, and evaluate programs to positively affect the occupation health of nurses and health care workers. Unit-based councils can be empowered to initiate and regulate such efforts. It has never been more important for health care organizations to prioritize the health of their workforce. 14 The TWH approach can provide ED leaders, unit-based practice councils, and frontline workers with the structure and resources to collaborate and positively affect the occupational health of nurses and other health care workers.

Author Disclosures

Conflicts of interest: none to report.

REFERENCES


