COMPENDIUM 2.0

Advancing Workforce Stability Through Healthy Work Environments

A practical framework for leaders to address workload, violence prevention and well-being with measurable outcomes.

AONL | American Organization for Nursing Leadership™

1. A Message from AONL Leaders

Developed through the contributions of nurse managers, academic leaders and health system executives across the country, the American Organization for Nursing Leadership's (AONL) Compendium 2.0 builds on the foundation of our original compendium. It elevates proven, practical strategies that strengthen nursing leadership and improve workforce sustainability.

Compendium 2.0 identifies seven essential domains where strategic action has the greatest impact. This chapter is focused on creating a healthy work environment, where respect, well-being and psychological safety are core tenets. Healthy work environments require teamwork, reduced administrative burden and attention to workplace violence and burnout.

To make Compendium 2.0 as accessible and actionable as possible, we are releasing it in three phases. The first release includes this chapter, as well as sections exploring:

- Academic practice partnerships, in which academic and practice leaders collaborate to create innovative models that prepare, develop and retain nurses while improving care quality.
- Total rewards, where organizations align salary, benefits and incentives with workforce expectations and patient outcomes, recognizing that competitive pay alone is not enough without supportive work environments.

Visit Compendium 2.0 to read each chapter. Additional sections will follow in September and October, addressing the following domains:

- Talent attraction and recruitment, exploring how role design, early engagement and internal partnerships help organizations appeal to candidates and meet the expectations of today's nursing workforce.
- Retention, addressing how organizations create environments where nurses choose to stay and grow.
- A culture of inquiry, where curiosity is supported, communication is open and leaders model the behaviors needed to question assumptions and improve care.
- Leadership, exploring how organizations grow the "leader within," invest in transition-to-practice programs, offer advancement pathways and create systems for support, mentorship and succession planning.

Whether you're reading the first chapters or returning for later releases, Compendium 2.0, we hope this work not only informs your strategies but also inspires new ideas, bold questions and shared accountability for shaping the future of care.

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2. Overview

What is a healthy work environment? According to the World Health Organization, it is a place of physical, mental and social well-being that supports the health and safety of both caregivers and those receiving care (ANA, n.d.). Complementing this definition, the American Nurses Association has established a Nurses Bill of Rights (ANA, n.d.) that outlines specific workplace standards, and three of these principles address healthy work environments: safe settings that prioritize nurses' well-being; just care environments that facilitate ethical practice; and the freedom to advocate without fear of retribution, embodying psychological safety.

A healthy work environment forms the foundation of a strong workforce. Today's nurses must manage increasing workloads and administrative burdens, which can undermine this foundation. But, by promoting nurses' well-being, encouraging respect and teamwork, leveraging technology to reduce administrative burden and addressing workplace violence, leaders can create and sustain the healthy environments nurses need to thrive professionally.

3. Assessment of Compendium 1.0 Best Practices

The theme of reducing nurses' intellectual, emotional and physical burdens continues to be a best practice. This chapter examines four key strategies to continue to reduce burdens and promote wellness. These include the promotion of nurse well-being, fostering a culture of respect and teamwork, leveraging technology and addressing workplace violence.

Best Practice Example: Sustainable Well-being Through Coaching Development

A large Southeastern health system has significantly improved both nurse leader and front-line worker well-being through an eight-week coaching program focused on self-leadership and personal development. Since 2022, program leaders have evolved their approach with a train-the-trainer model where internal coaches are trained through the Well-Being Coaching Initiative to guide workforce leaders across three hospitals. The program team sees 90% of participants complete 15 hours of coaching sessions over eight weeks.

Nurses attend in-person sessions for initial trust-building and graduation, completing virtual coaching between these milestones. The health system provides paid time for participation, recognizing the investment needed for meaningful change.

Program evaluators documented significant improvements in workforce wellness using pre- and post-intervention surveys. Results showed a 42% reduction in burnout, 36% reduction in stress and 18% increase in engagement sustained over one year. The health system has seen nurse turnover decrease by 30%,

falling below the national average and translating to $3 million in annual savings. The coaching team now reaches approximately 3,000 nurses across leadership and clinical roles, with program directors planning three new cohorts in 2025.

Replicating this program begins by securing leadership support for protected staff time and identifying experienced nurses with a passion for nurse well-being.

Best Practice Example: Data-Driven Wellness

Leaders in a large academic medical center launched a data-driven program to track workforce wellness in 2022. By first establishing a baseline, with 94.55% of nurses initially reporting mild to high stress levels — while recognizing that physical amenities needed broader support systems to drive change — the program team created a dedicated wellness space with massage chairs and treadmills.

The program achieved significant measurable improvements in staff well-being, reducing average stress scores from 3.49 (moderate to high) to 1.93 (mild to no stress) and maintaining turnover rates of 5.3% and 7.1% in acute care and surgical units, respectively, during fiscal year 2024.

Program leaders built trust through staff-listening sessions and identified wellness champions across departments to help design the program. These champions encouraged peer participation and gathered ongoing feedback. The wellness team started with yoga and meditation classes, then expanded program offerings to include activities such as karaoke and acupuncture, reflecting the staff's varied cultural backgrounds and interests.

Employee surveys also revealed a need for crisis support, prompting leaders to develop Code Lavender, a rapid-response wellness intervention that reduced average stress levels from 3.64 to 1.93 on a five-point scale. The wellness team measured success through consistent data collection, including the Maslach Burnout Inventory, which showed improvements in professional efficacy and personal accomplishment, with staff reporting higher energy levels and an improved ability to handle workplace challenges.

Organizations seeking to replicate this model can begin by establishing baseline wellness data, engaging staff champions early and creating clear and accessible feedback channels and surveys. The program team secured $60,000 in philanthropic grants by documenting both quantitative improvements and qualitative feedback. Program leaders say that three elements are key to this model's success: ongoing measurement, staff participation in program design and swift adaptation to feedback.

4. Promoting Nurse Well-being and Reducing Burnout

The financial stakes of nurse turnover are high. Replacing a registered nurse typically costs a health system between $30,000 and $60,000 and contributes to hospital-wide annual losses ranging from $3.9 million to $5.8 million, according to the 2024 NSI National Healthcare Retention Report (NSI, 2025). Turnover may also contribute to staffing gaps that effect outcomes.

Studies show that improving nurse well-being is directly linked to better retention (National Academy of Medicine, 2021), which in turn reduces these substantial turnover costs. Research also demonstrates that hospitals with burnout reduction programs spend 36% less per nurse, per year on turnover costs, and nurses remain employed in their current hospital 20% longer than hospitals without such programs (Muir et al., 2022).

Health system leaders can strengthen nurse well-being by providing nurses with practical, structured behavioral health support and training that build personal resilience. Nurses deliver better care when they maintain their own health, especially when their leaders model these well-being practices at all levels

Additionally, organizations that prioritize evidence-based practices alongside wellness initiatives can enhance nurse satisfaction, improve patient care and strengthen organizational performance. For example, research by Melnyk & Hsieh (2025) shows that organizations with strong cultures of evidence-based practice and mentorship programs saw higher job satisfaction and intent to stay among nurses.

The Value of Reducing Burnout

Both academic and industry evidence link workforce stability to burnout mitigation and purpose-driven cultures. For example, a Press Ganey analysis (Press Ganey, 2023) of 1.72 million health care workers found that reducing administrative burdens and enabling clinicians to focus on meaningful patient care were among the top drivers of retention and engagement. Similarly, a systematic review published in Healthcare highlighted that interventions such as mentorship, peer support and technology that offloads nonclinical tasks reduce burnout and improve nurse retention (Shin, N., et al., 2023).

Actionable steps for nurse leaders:

To directly impact well-being and reduce burnout-related turnover, nurse leaders can implement practices that promote psychological safety, emotional recovery and day-to-day resilience, such as:

- Offering confidential behavioral health resources, such as on-site counseling, teletherapy partnerships and peer support networks, to destigmatize help-seeking and provide support early.
- Structuring well-being initiatives around daily practice, including huddle check-ins, debrief spaces after high-stress events and resilience coaching.
- Designing staffing and scheduling systems that build in recovery time, such as protected meal breaks, shift rotations that allow for rest and float pools to reduce overtime strain.

System-level implementation strategies:

Senior executives help embed well-being as a core part of the care environment by:

- Making psychological safety and behavioral health access part of human resources and clinical protocols.
- Setting annual budgets for wellness initiatives tied to retention metrics.
- Leadership modeling — requiring managers and CNOs to complete well-being training and lead by example in communication and workload expectations.

Resources That Enable Sustainability

The following can help to sustain workforce well-being:

- Dedicated full-time equivalents (FTEs) for behavioral health roles, including partnerships with behavioral health providers.
- Line-item budgets for wellness programs to support ongoing activities.
- Standardized employee assistance program (EAP) contracts, with clear communication to staff about confidentiality and access.
- Visible C-suite sponsorship, such as naming a well-being executive sponsor or featuring wellness goals in strategic plans.

Phased Implementation Guidance

Recognizing that organizations vary in size, resources and readiness, the following steps are organized by milestones rather than fixed timelines. While implementation will vary, the following offers one example of how it can be phased:

Phase 1: Focus on building support, securing resources and setting expectations.

- Engage stakeholders (e.g., human resources, behavioral health professionals, front-line nurses) to co-develop a behavioral health and wellness strategy.
- Identify funding sources and secure leadership sponsorship.
- Select or contract EAP providers or behavioral health partners.
- Communicate the purpose, scope and access points for wellness resources.

Phase 2: Build awareness and infrastructure

- Embed resilience and behavioral health support into onboarding and continuing education.
- Roll out awareness campaigns that normalize use of behavioral health resources.
- Train managers and charge nurses in trauma-informed leadership and recognizing signs of burnout.

Phase 3: Deepen engagement and feedback

- Offer accessible, ongoing wellness activities (e.g., mindfulness breaks, debrief circles, peer support).
- Launch feedback loops (e.g., anonymous surveys, staff forums) to identify gaps and opportunities.
- Adjust program components based on what works for different units or teams.

Phase 4: Make well-being part of everyday culture and operations

- Integrate wellness check-ins and mental health discussions into routine meetings.
- Align well-being outcomes with retention, safety and engagement metrics.
- Create leadership accountability. For example, by reporting progress to boards or including wellness key performance indicators in performance reviews.

Measuring Success

The following resources can help leaders evaluate the effectiveness of their well-being strategies:

- Staff satisfaction surveys: Measure nurse satisfaction with well-being programs, counseling services and overall mental health support.
- Employee retention rates: Track turnover rates and compare them to baseline figures before wellness programs were implemented.
- Utilization rates of EAP services: Track how many nurses are using EAPs and mental behavioral health services.
- Absenteeism rates: Measure reductions in sick leave or stress-related absenteeism post-implementation of wellness initiatives.
- Employee engagement scores: Use regular engagement surveys to assess if nurses feel supported in their mental health needs.

5. Building Psychological Safety and Collaborative Teams

A respectful, collaborative culture matters deeply for nurses. When leaders actively listen and colleagues support each other, nurses engage more with their work, communicate problems openly and find greater satisfaction.

When nurses feel they can speak candidly and are psychologically safe, they are better team players. This has significant implications for return on investment and outcomes. The cost of medical errors in the U.S. is substantial, with estimates ranging from $20 billion to $40 billion annually (Rodziewicz et al., 2024). A respectful, well-functioning team can significantly reduce these errors. Team-based health care has been linked to improved patient outcomes and may also be a means to improve clinician well-being, with research showing that multidisciplinary teams are correlated with fewer emergency department visits, readmissions and bed days (e.g., $200,000 in annual savings in geriatric care models) (Welp and Manser, 2016).

To enable progress, consider:

- Dedicated leadership training in conflict resolution, inclusive leadership and professional communication.
- Facilitators or trainers for team dynamics and communication workshops.
- Budget allocation for team-building activities and retreats.
- HR support for implementing and monitoring zero-tolerance policies.
- Shared governance leadership workshops.

6. Leveraging Nurse-centered Technology Solutions

New technology has the potential to streamline nurses' workflows and minimize their administrative burden. Decision support tools, documentation automation and other AI-augmented solutions offer enormous promise.

The return on investment is compelling: Studies show that nurses spend up to 25% of their shifts on documentation (Pinevich et al., 2021). Reducing this time creates more opportunity for patient care, which may increase productivity and outcomes. Meanwhile, telehealth solutions allow nurses to conduct remote monitoring and virtual visits, potentially managing more patients without traveling between rooms or facilities. These efficiency gains can translate to improved resource utilization, reduced errors and higher patient satisfaction.

However, a change in tools and processes can create adaptation stress and digital fatigue. To prevent this, involving front-line nurses in choosing and implementing these tools can ensure they actually address their workflow challenges rather than create new burdens. Additionally, senior leaders should offer training and ongoing technical support to end-users.

Implementation tips:

- Ensure front-line nurses have a voice in the design and evaluation of the tools they will be using.
- Include nursing informatics staff — or nurses who can "translate" between clinical and technical teams — when selecting and implementing new systems.
- Invest in training programs to ensure nurses are comfortable using the tools they've been given.
- Make it easy for nurses to supply feedback on the technologies they use.
- Ensure ongoing support and troubleshooting resources are available for staff.

Technology Implementation Framework

These phases provide nursing leaders with a structured approach to implementing digital solutions that reduce nurse burden and can be customized based on organization size, infrastructure and resources.

- Begin with assessment, nurse-driven selection and targeted training.
- Integrate core systems while establishing feedback loops.
- Use real-world experience to optimize and measure impact.
- Involve nurses throughout all phases.

While implementation will vary based on organizational structure and available resources, the following offers one example of how implementation can be phased:

Phase 1: Foundation

- Assess current technology landscape and workflow pain points.
- Select appropriate systems with direct nurse input at decision points.
- Begin targeted training focusing on high-impact features first.
- Establish clear metrics to measure success and return on investment.

Phase 2: Integration

- Launch core electronic health record optimizations and workflow improvements.
- Implement telehealth and virtual nursing capabilities as appropriate.
- Create rapid feedback loops for identifying and resolving issues.
- Monitor early metrics on time savings, error reduction and staff satisfaction.

Phase 3: Optimization

- Analyze usage patterns and adjust systems based on real-world experience.
- Expand training to advanced features and time-saving techniques.
- Measure impact on key metrics: documentation time, error rates, patient contact hours.
- Begin planning next generation improvements based on user feedback.

Technology Success Metrics: What to Track

Are your investments truly improving efficiency, safety and satisfaction? Focus on these key indicators:

- Documentation Efficiency: Track minutes saved per shift on charting, showing real productivity gains for nurses.
- Care Time Recaptured: Measure the increase in direct patient care hours made possible by streamlined documentation.
- Error Reduction: Monitor decreased documentation mistakes, medication errors and missed care elements.
- Telehealth Impact: Compare both utilization rates and patient outcomes between virtual and in-person visits.
- Staff Technology Confidence: Survey nurses' comfort with systems over time to identify training needs.
- Patient Response: Gather feedback on how patients experience technology-enabled care.

Case Study:
Virtual Nursing Model Delivers Clear Return on Investment

A large, North Carolina-based nonprofit health system has improved retention, efficiency and care outcomes after launching a virtual nursing program in 2021. Central to the program is the Co-Care model, where nurses alternate between bedside and virtual roles. While bedside nurses focus on direct patient care, virtual nurses monitor patients, manage care plans and provide real-time guidance and clinical support to new graduates, helping to balance workloads.

This model reduced administrative burden and improved retention, with turnover decreasing at 60% of sites and vacancy rates dropping by 80%. Nurses with physical limitations were able to continue working in virtual roles, extending their careers and preserving institutional expertise. In rural hospitals, the program supported new graduates on units with limited staff, improving onboarding and retention.

Leaders added the Admission and Discharge model in 2023 to streamline care transitions. Virtual nurses manage tasks specifically tied to patient intake and discharge processes, such as documentation and education, enabling bedside nurses to prioritize clinical responsibilities. The program has led to improved patient flow and emergency department throughput. Discharges by 2 p.m. increased by 17%. More than 1,300 hours of care were returned to bedside staff and patient satisfaction scores improved significantly, with up to a 23-point increase in certain areas.

Leaders saw tangible return on investment from weaving predictive analytics and virtual monitoring into patient care workflows. The program demonstrated significant cost savings through patient-fall-prevention efforts. According to data from pilot units, falls decreased by 29.8% in one unit compared to a 7.9% increase in non-pilot units, resulting in 28 fewer falls annually. Using Joint Commission estimates, which place the cost of a fall without injury at $1,500 and a fall with injury at $14,500, this reduction translated to cost avoidance of $42,000 to $406,000 annually (The Joint Commission, 2023).

As of 2023, the organization has extended its virtual nursing care model to 12 hospitals across four states, providing care to 10,000 patients. Flexibility, strong collaboration and clear leadership have been key to this effort. For example, leaders must clearly support new ideas and guide teams step by step. They should also be ready to make changes to workflows when challenges arise to help nurses and tech teams work together and to build strong ties with tech providers.

7. Establishing Violence Prevention Programs

Workplace violence has become an urgent concern in health care. Nurses regularly face verbal aggression, physical threats and sometimes outright assault. Such experiences erode morale, accelerate burnout and drive talented staff from the profession.

The American Organization for Nursing Leadership (AONL) and Emergency Nurses Association (ENA) have developed an evidence-based framework for combating workplace violence in health care settings.

The AONL/ENA "Toolkit for Mitigating Violence in the Workplace" (AONL & ENA, 2022) offers a structured implementation framework with six progressive steps:

- Understand workplace violence.
- Create a culture of nonviolence.
- Assess and mitigate risk factors.
- Develop a workplace violence prevention program.
- Train and deploy staff continuously.
- Evaluate and measure impact.

This framework complements the American Hospital Association's Hospitals Against Violence initiative, which emphasizes:

- Visible leadership commitment to safety by establishing clear protocols, allocating resources and analyzing incident data to demonstrate that protection is a true priority rather than merely a talking point.
- Trauma-informed training, which gives nurses practical skills to recognize escalation signs while providing emotional support that counteracts the psychological toll of repeated exposure to aggression.
- Connections to hospital-based violence intervention programs, which leverage evidence-based approaches that break cycles of violence by addressing root causes.

Key implementation components:

- Policy Development: Establish clear violence prevention protocols and zero-tolerance policies with visible leadership enforcement.
- Training Systems: Provide education on recognizing aggression signs and de-escalation techniques.
- Physical Safeguards: Implement security infrastructure including panic buttons, surveillance systems and appropriate security presence.
- Reporting Mechanisms: Create anonymous reporting systems with protection from retaliation and demonstrated follow-through.
- Response Resources: Develop trauma-informed support services and connect with hospital-based violence intervention programs.

- Evaluation Process: Regularly analyze incident data with transparent communication about findings and improvements.

Both AONL/ENA and AHA frameworks emphasize adapting these elements to each organization's specific environment and integrating them into existing safety initiatives.

Violence-prevention Metrics

Track these key indicators to measure your violence prevention program's impact:

- Incident Data: Count and categorize violent events (both verbal and physical) before and after implementing protocols.
- Reporting Trends: Monitor incident reporting frequency, with early increases potentially indicating better trust rather than more violence.
- Training Compliance: Measure staff completion of required de-escalation courses, especially in high-risk areas.
- Support Service Use: Track how many affected staff access psychological resources following incidents.
- Stakeholder Involvement: Assess participation of key departments (security, HR, clinical) in program development and maintenance.

8. Leading the Future: A Message from AONL's Compendium 2.0 Committee Chairs

Nurse leaders' career paths are changing. The 2025 AONL Insight Study reveals that 46% of nearly 3,000 nurse leaders surveyed are considering significant career moves, with 23% intending to leave their roles.

Recognizing the need for timely, practical support, AONL convened the Workforce Compendium 1.0, a collaborative effort pulled together swiftly to help support nurse leaders' immediate post-pandemic needs. In the original Compendium, AONL published case scenarios of how leaders tackled complex problems that nurse leaders were confronting daily, while committing to collecting the data and analyzing the results in a future rendition.

The Compendium 2.0 accomplishes our goal and expands on 1.0's practical examples. The forward-thinking organizations featured in this iteration demonstrate how investments in leadership development, workflow redesign and partnerships tangibly improved outcomes, engagement and patient experience. A healthy work environment represents one of seven interconnected domains in Compendium 2.0, focusing on the foundation that makes all other workforce strategies possible. As this chapter demonstrates, when organizations prioritize nurse well-being; build psychological safety; leverage technology to reduce administrative burden; and address workplace violence, they create the conditions where nurses can thrive professionally and deliver exceptional patient care.

These insights are designed to meet you where you are — whether you're redesigning team structures, seeking to create a culture of inquiry or re-evaluating your talent attraction and retention strategies. With constant change, nurses at all levels need practical tools and the confidence to question the status quo while building workplaces that sustain and inspire the next generation.

Thank you to all the nurse leaders who courageously pioneered these approaches. Their bold strategies are reshaping our industry and amplifying nurses as leaders in health care.

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