



Well-Being Excellence™

Abbreviated Manual

This abbreviated manual provides the criteria for the Well-Being Excellence Document. The full manual will be available approximately April 2025.

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Preface

On behalf of the American Nurses Credentialing Center (ANCC), we are pleased to present the 2025 ANCC Well-Being Excellence™ abbreviated manual. This valuable resource contains information and instructions to guide organizations considering the Well-Being Excellence credential.

The Well-Being Excellence credential provides an evidence-based framework to assess the effectiveness of your organization's well-being efforts. The evidence-based blueprint is one that healthcare organizations can use to validate their well-being programs. The Foundational Elements (FE) and Advanced Elements (AE) are the essential building blocks to support the entire team. Implementing and sustaining these key efforts for your staff well-being can help reduce burnout among the team and recruit and retain team members. Enhance your organization's appeal by showcasing your commitment to well-being and workforce satisfaction.

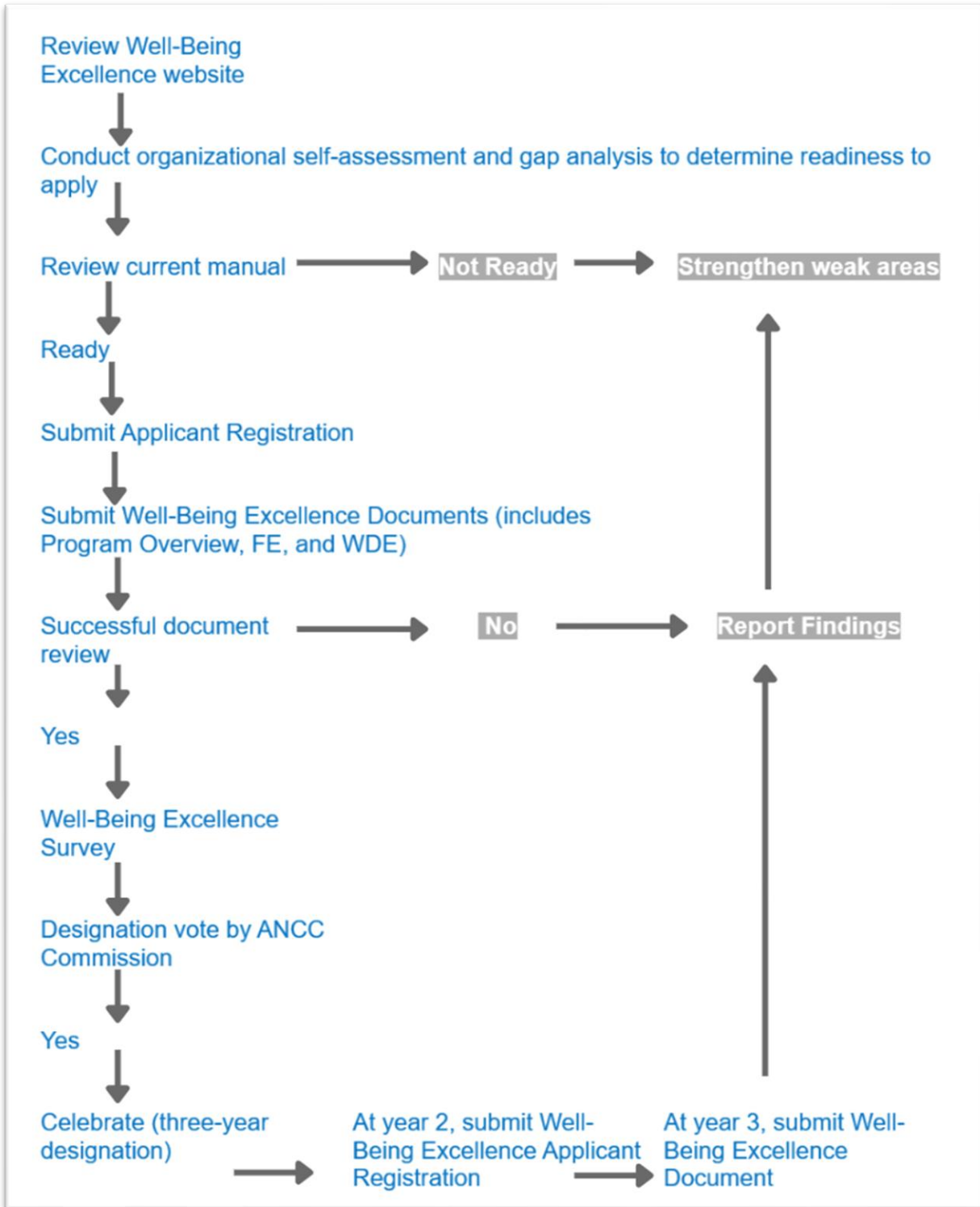
ANCC sets the highest standard in nursing and healthcare credentialing worldwide. Our rigorous programs establish the highest benchmarks in practice, education, and organizational excellence. The new Well-being Excellence credential upholds this tradition, offering an evidence-based framework to enhance well-being programs.

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ANCC WELL-BEING EXCELLENCE DESIGNATION PROCESS OVERVIEW



Eligibility to apply for the Well-Being Excellence credential is required and must be approved by the Well-Being Excellence office before starting the applicant registration. See website for details on how to apply.

Chapter 1. WELL-BEING EXCELLENCE DOCUMENT PREPARATION GUIDELINES

Foundational Elements (FE) and Advanced Elements (AD) Responses

Documentation must be original work. Misrepresentation related to copying information, such as evidence from another organization's documentation, and placing it in the applicant organization's documentation is strictly prohibited. Plagiarism and/or falsification of evidence may lead to denial of the application at any point during the review process or whenever this information is discovered, including after the organization has been designated.

PREPARING YOUR DOCUMENT

The Well-Being Excellence Document required for the appraisal process is composed of the:

- Program Overview,
- FE
- AE (optional),
 - FE and AE must include table of contents,
- Glossary

More detailed information on the formatting of the Well-Being Excellence Document is available in the Well-Being Excellence Document Submission Guide.

PROGRAM OVERVIEW DOCUMENTS

Applicants must provide contextual information about their well-being program that assists the appraisal process.

FE and AE Responses

All criteria (FEs and AEs) must be supported by documented evidence. Organizations may include descriptions to clarify the content of the evidence presented, however, these descriptions cannot substitute for any of the key components required of the criteria. Each component of the criteria must be clearly demonstrated within the documented evidence.

Documented Evidence

▲ Documented Evidence are documents that reside in the organization (e.g., policies, minutes, agendas, survey report, etc.). A table or other information prepared for purposes of responding to the criteria are not considered Documented Evidence.

WELL-BEING EXCELLENCE SUCCESS TIP

Best practices for *Documented Evidence* include:

- ▲ Highlight the pertinent information within the evidence.
- ▲ A call out text box to explain what is in the evidence as well as arrows pointing to particular content, is acceptable.
- ▲ An introductory description may be included to provide additional context for the provided *Documented Evidence*.



CONFIDENTIAL INFORMATION

In accordance with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable laws and regulations, applications should not contain Protected Health Information (PHI) and/or other confidential personally identifying information. Any application containing it will be rejected by the Well-Being Excellence Office.

DOCUMENT APPRAISAL PROCESS

Documentation review

The appraisal review process is initiated by the document submission. The appraisers begin their review of the document upon the scheduled start date of the review cycle. Appraisers typically require 2–6 weeks to review and evaluate an applicant’s document. At the conclusion of the initial documentation review period, appraisers may request additional documentation.

Additional documentation

The Program Office may request additional written documentation after the initial document review. If additional documentation is requested, the applicant has up to 15 business days to submit the requested information and/or documents. Failure to submit responses to additional documentation requests will result in withdrawal from the review process.

DOCUMENT SUBMISSION CYCLES

Well-Being Excellence Document Submission Cycle	Complete the Applicant Registration <i>between 8–12 months</i> prior to the intended submission cycle
<i>March 1</i>	Between July and March (8-12 months prior to cycle)
<i>July 1</i>	Between November and July (8-12 months prior to cycle)
<i>December 1</i>	Between April and December (8-12 months prior to cycle)
<ul style="list-style-type: none"> • Note: Depending on application volume, a program may be placed into the next available cycle when/if the Well-Being Excellence review cycle has reached capacity. Notification will be provided on the Well-Being Excellence website when a cycle is full. • Questions? Email wellbeingexcellence@ana.org 	

CHAPTER 2A. PROGRAM ORGANIZATIONAL OVERVIEW

INTRODUCTION

The Well-Being Excellence applicant is required to submit an overview of their program. This overview will provide context during the appraisal process. This program overview is to be submitted along with the FE document.

- PO 1** Provide a description of the applicant well-being program that includes the following:
 - Mission
 - Goals
 - Objectives

- PO 2** Provide a description of the applicant well-being program support including:
 - Roles
 - Committees, councils, and/or workgroups

- PO 3** Provide a description of plans for expansion or enhancement of the applicant well-being program.

CHAPTER 2B. WELL-BEING EXCELLENCE FOUNDATIONAL ELEMENTS

Foundational elements consist of the essential criteria that an organization must meet to demonstrate the effectiveness of its well-being program. To earn the designation, the organization must satisfy all 20 foundational elements.

- FE 1** Provide documented evidence:
1) Employee **well-being** is part of the **organizational strategic plan**,
and
2) Employee well-being is assessed at **regular intervals** with **assessment** results used to develop an action plan to improve workforce well-being.
- FE 2** Provide documented evidence:
Leader **well-being** is assessed at **regular intervals**.
- FE 3** Provide documented evidence of:
Strategies to improve workforce **well-being** is part of employee **orientation** and throughout the year.
- FE 4** Provide documented evidence:
1) The organization supports the recruitment and retention of a diverse and inclusive workforce, and
2) strategies are in place to promote a sense of **belonging**.
- FE 5** Provide documented evidence:
Formal structures are in place to ensure **diverse interprofessional** team members participate in **shared decision-making** and (or have a voice to) influence policies and quality improvement. A process is in place to facilitate ongoing feedback from the interprofessional team.
- FE 6** Provide documented evidence:
Accommodations for team members to ensure their participation in **shared decision-making** activities are in place.
- FE 7** Provide documented evidence:
1) The **organization** has zero tolerance for racism and **discriminatory behaviors**,
and
2) staff can safely report such discrimination without retaliation.
- FE 8** Provide documented evidence:
The organization has safety measures in place that protect staff from verbal and physical abuse directed at staff from both non-staff (**patient**, customer, client, service user) and staff.
- FE 9** Provide documented evidence:
The **organization** has 1) proactive measures to keep employees physically safe and
2) a mechanism in place for employees to report unsafe working conditions.

- FE 10** Provide documented evidence:
Employees are encouraged *and* supported to self-report mistakes in the workplace without fear of retribution.
- FE 11** Provide documented evidence:
This **organization** actively engages employees, at **regular intervals**, to identify obstacles that hinder employees from fulfilling their primary responsibilities.
- FE 12** Provide documented evidence:
Employees who are the end-users of relevant technologies are involved in the selection, planning, and evaluation of technologies to improve work efficiency and quality.
- FE 13** Provide documented evidence:
Colleagues and leaders provide **meaningful recognition** to employees who go above and beyond. Show evidence of 1) day-to-day recognition and 2) formal recognition opportunities.
- FE 14** Provide documented evidence:
The **organization** assesses the self-identified professional goals/needs of employees annually and provides the necessary support to facilitate professional goal achievement.
- FE 15** Provide documented evidence:
Leadership competencies are assessed at onboarding to identify baseline knowledge, skills, and abilities that are essential to excel in their role.
- FE 16** Provide documented evidence:
Organization has a strategy or strategies that support employees to create work schedules that accommodate their personal needs.
- FE 17** Provide documented evidence:
Organization has strategies that ensure uninterrupted rest and meal breaks and policies that restrict mandatory overtime.
- FE 18** Provide documented evidence:
Evidence-based mental health resources are made readily available to address employee mental health needs.
- FE 19** Provide documented evidence:
Organization has strategies in place that promotes **physical health** and physical activity.
- FE 20** Provide documented evidence:
Organization raises employee awareness for making healthier food and beverage choices.

CHAPTER 2C. WELL-BEING EXCELLENCE ADVANCED ELEMENTS

Advanced elements require evidence that showcases exemplary practices and demonstrates the integration and impact of the foundational elements. This natural progression is expected as a program matures and evolves. Of the additional 16 Advanced criteria, 12 must be met.

- AE 1** Provide documented evidence:
The **organization** involves employees in the identification and selection of **well-being** initiatives to offer.
- AE 2** Provide documented evidence:
Organizational strategies are in place to address **the well-being** needs of senior leaders and managers.
- AE 3** Provide documented evidence:
Workforce **well-being** initiatives are developed, implemented, and evaluated by employees to ensure the initiatives are meaningful.
- AE 4** Provide documented evidence:
Strategies used to promote a sense of **belonging** are evaluated for effectiveness and action plans are made based on the **assessment** of effectiveness at least every year.
- AE 5** Provide documented evidence:
Interprofessional team members collaborate using data for goal setting, action planning, monitoring, and continuous improvement.
Assessment of key performance metrics occurs at **regular intervals** and evidence of actions to address findings.
- AE 6** Provide documented evidence:
Regular evaluations are conducted to assess the effectiveness of the formal **shared decision-making structures**. Action plans are enacted to address gaps identified.
- AE 7** Provide documented evidence:
Structure and evidence of follow up being provided to staff that report racism and **discrimination** acts in the workplace are in place.
- AE 8** Provide documented evidence:
A process is in place to measure, track, and monitor bullying, harassment, or **workplace violence** and that follow up *and* support is provided to the 1) one who reported any of the above behaviors and 2) one who experienced any of the above behaviors.
- AE 9** Provide documented evidence:
The **organization** engages employees at **regular intervals** to identify improvements to workplace **safety**.

- AE 10** Provide documented evidence:
At least quarterly dialogue with employees to discuss workplace mistakes as a learning opportunity and strategies to prevent recurrence.
- AE 11** No Advanced element associated with FE-11.
- AE 12** Provide documented evidence:
The **organization** continues to support employees in utilizing new or enhanced **technology** beyond its initial launch.
- AE 13** Provide documented evidence:
Leaders engage employees in identifying recognition initiatives that are meaningful to them.
- AE 14** No Advanced element associated with FE-14.
- AE 15** Provide documented evidence:
Learning needs are assessed beyond onboarding. Individualized learning opportunities are identified, and subsequent plans are developed for leaders, including access to **mentors**.
- AE 16** No Advanced element associated with FE-16.
- AE 17** Provide documented evidence:
Organization has a process to monitor compliance of employee mandatory overtime restrictions, utilization of rest and uninterrupted meal breaks.
- AE 18** Provide documented evidence:
Strategy or strategies are in place to assess and improve employee emotional wellness. Employees that experience work-related **adverse situations** are offered support for their emotional wellness.
- AE 19** Provide documented evidence:
Organization involves employees in the selection and evaluation of offerings that promote physical activity.
- AE 20** No Advanced element associated with FE-20.

GLOSSARY

adverse situation An event that has a harmful emotional or physical effect on someone.

assessment The systematic collection, review, and use of information to determine the value, significance, or extent of something for the purposes of developing or improving processes.

belonging(ness) Belonging is generally understood as the feeling of being part of a system or community where one feels valued and connected to others (Yeoman et al., 2019 & Davis et al., 2022).

discrimination/ discriminatory behavior “The practice of unfairly treating a person or group of people differently from other people or groups of people” (ANA Ethics Advisory Board, 2019).

diversity/diverse “The multiplicity of human differences among groups of people or individuals. Increasing diversity means enhancing one’s ability to recognize, understand, and respect the differences that may exist between groups and individuals. Increasing diversity in the health care workforce requires recognition of many other dimensions, including, but not limited to, gender, sexual orientation, race, ethnicity, nationality, religion, age, cultural background, socio-economic status, disabilities, and language” (National Advisory Council on Nurse Education and Practice, 2013). Fostering diversity involves building an atmosphere of inclusiveness.

evidence-based practice (EBP)/evidence based “A problem-solving approach to clinical decision-making within a health care organization that integrates the best available scientific evidence with the best available experiential (patient [or resident] and practitioner) evidence. EBP considers internal and external influences on practice and encourages critical thinking in the judicious application of evidence to care for the individual patient [or resident], patient population, or system” (Newhouse et al., 2005, pp. 3–4).

interprofessional Multiple team members from different professional backgrounds collaborating to deliver the highest quality of care (Interprofessional education Collaborative Expert Panel, 2011, p. 8).

meaningful recognition (meaningful) Showing or conveying purpose, significance, or value in a way that is intended to express feeling or thought with or without saying it directly.

mentor A mentor is “an experienced nurse (person) who has developed expertise and can be a strong force in shaping a nurse’s (person’s) identity as a professional” (Anthony, 2006, p. 73). “Mentoring relationships emphasize helping the individual grow and accomplish goals. A mentoring experience may provide professional and career development support, role modeling, and psychosocial support; mentoring experiences should include planned activities with a mentor” (NIH, <https://www.ncbi.nlm.nih.gov/books/NBK552775/>). Typically, mentors and mentees have long-lasting relationships.

organization(al) For Well-Being Excellence purposes, a stand-alone structure, department or an entity; the terms can be used interchangeably where appropriate or necessary. This refers to the Well-Being Excellence applicant.

orientation The educational process of introducing individuals to the philosophy, goals, policies, procedures, role expectations, program, and other factors needed to function in a specific work setting (adapted from Association for Nursing Professional Development, 2016).

patient A healthcare consumer across a variety of settings; they might variously be called a patient, client, or resident.

physical health For Well-Being Excellence purposes, physical health is defined as the condition of your body, taking into consideration everything from the absence of disease to fitness level. The World Health Organization identifies energy and fatigue, pain and discomfort; and sleep and rest as domains of physical health.

regular intervals (regular) For Well-Being Excellence purposes regular intervals are periods of time that are equally separated with the same amount of time between occurrences. Intervals may occur daily, weekly, monthly, quarterly, annually, etc. Must occur at least annually and some criteria may specify a more frequent interval.

safety Safety is more than the absence of physical harm; it is also the pursuit of dignity and equity. Ensuring safety is about ensuring the right all patients and staff have to a free-from-harm care experience, which includes being treated equitably and with dignity (Frankel et al., 2017, p. 4).

shared decision-making A dynamic partnership between leadership, nurses, and other healthcare professionals that invites active engagement, promotes collaboration, and facilitates deliberation and decision-making resulting in ownership of their practice and accountability for improving care quality and patient outcomes (Pathway to Excellence, 2023).

shared decision-making structure A model in which healthcare staff are organized to collaborate through a decentralized decision-making structure, sharing ownership and accountability and partnering to make decisions about clinical practice standards, quality improvement, patient/resident care experience, staff development, and research. Shared decision-making structure may be referred to by other terms including, but not limited to: shared governance, professional governance, collaborative governance, or any other formal shared decision-making structure (Pathway to Excellence, 2023).

strategic planning/strategic plan For Well-Being Excellence purposes, strategic planning is a formal, organized, proactive, and structured process used by an organization to define its vision, goals, and objectives. The process of strategic planning also includes planning for, and the allocation of the resources needed to reach the stated goals and objectives of the organization. It is the roadmap for achieving your organization's long-term vision of what the organization will look like in the future.

technology "The practical application of knowledge especially in a given area; a manner of accomplishing a task especially using technical processes, methods, or knowledge" Merriam-Webster, 2019).

well-being Striving toward positive physical, mental, social, environmental, and professional well-being. The presence of positive emotions and moods (e.g., contentment, happiness), the

absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfillment, and positive functioning. Different aspects of well-being include the following: physical health; mental wellness; economic well-being; social well-being; development and activity; emotional well-being; life satisfaction; domain-specific satisfaction; and engaging activities and work.

Well-Being Champion This person oversees the well-being program at the applicant organization and is responsible for the project management of activities related to this Well-Being Excellence application. Upon achievement of Well-Being Excellence designated status, this person is responsible for ongoing maintenance of status. This person is an official point of contact for the Well-Being Excellence application.

Well-Being Executive Sponsor The well-being executive sponsor role is strategic, focuses on creating conditions for successful implementation, significantly impacting the programs outcomes. This role drives, advocates and supports alignment with well-being efforts, in alignment with the strategic goals. This person is an official point of contact for the Well-Being Excellence application.

workplace violence The act or threat of violence, ranging from verbal abuse to physical assaults directed toward persons at work or on duty. The impact of workplace violence can range from psychological issues to physical injury or even death (National Institute for Occupational Safety and Health, 2020).