Creating Healthy Work Environments

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At the conclusion of this lecture the participant will be able to:

• List the six Healthy Work Environment Standards and current problems with the work environments

• Describe how a Healthy Work Environment can impact patient outcomes and nursing retention

• Describe the steps to go about addressing the work environments
Historical Trends

- **2005** – U.S. spent 16% of the Gross National Product on Healthcare
- Healthcare spending is 4.3 times what is spent on national defense
- **2006** – Insurance premiums rose 7.7% which was two times the rate of inflation
- IOM reports in 2000, 2004, 2010 all refer to problems with the nurses’ work environment
Healthy Work Environments are being demanded by:

• The public
• Policy makers
• Regulators
• Healthcare professionals
If nurses are to make their optimal contribution in caring for patients and families, establishing and sustaining healthy work environments must be a priority in all hospitals and healthcare systems.
To err is human  IOM, 2000

- Poor communication
- Poor collaboration
- Isolationist decision-making behavior
- Poor systems to deal with errors
- Patients were dying in hospitals at a high rate from errors
- Things need to change
Crossing The Quality Chasm
IOM, 2001

• Six Improvement Aims
  – Safe
  – Effective
  – Patient-Centered
  – Timely
  – Efficient
  – Equitable
IOM 2004: Keeping Patients Safe: Transforming the Work Environment of Nurses

- Governing boards focus on safety
- Leadership and evidenced-based management structures and processes
- Effective nursing leadership
- Adequate staffing
- Organizational support for ongoing learning and decision support
IOM 2004: Keeping Patients Safe: Transforming the Work Environment of Nurses (cont.)

- Mechanisms that support interdisciplinary collaboration
- Work design that promotes safety
- Organizational culture that continues to support patient safety
IOM 2010: *The Future of Nursing, Leading Change, Advancing Health*

- Nurses should practice to their full extent of their education and training.
- Nurses should achieve higher levels of education through improved education practices.
- Nurses should be full partners.
- Effective workforce planning and policy require better data collection.
Things need to change in healthcare in order for us to say we have healthy work environments.
Why are standards needed?

• Unhealthy work environments contribute to medical errors, ineffective care delivery and conflict among healthcare professionals

• Negative demoralizing and unsafe conditions in workplaces cannot continue

• A healthy work environment is imperative to ensure patient safety, enhance staff recruitment and retention, and maintain hospitals’ financial viability
Early studies

• Magnet work done in the early 80s

• Magnet studies revisited in the late 80s
Thousands of nurses identified the most pressing challenge in their environment (2003-04)

- Effective communication 37%
- Appropriate staffing 23%
- Effective collaboration 13%
- Nurse participation in decision-making 11%
- Meaningful recognition of nurses’ contributions 6%
What constitutes a healthy work environment?

• Report of 6 focus groups compared to the literature over the past decade

• Sample questions: “Think about a situation/time in your career in which you were in a ‘healthy’/‘unhealthy’ work environment.” “What solutions would you offer?”

• Results: themes that echoed the literature

What constitutes a healthy work environment?

- Caring practices
- Collaborative relationships
- Respect from colleagues
- Teamwork and “can do” attitudes
- Strong nursing leadership (open communication, trust, and contribution valued)

If the work environment isn’t healthy, the staff will not feel comfortable to speak up and address issues.
JCAHO Sentinel Event Alert

• Released in July 2008
• “Organizations that fail to address unprofessional behavior through formal systems are indirectly promoting it”
• “All intimidating and disruptive behaviors are unprofessional and should not be tolerated”
• Actions need to be taken by January 1, 2009
Intimidating and disruptive behaviors:

• Can foster medical errors
• Contribute to poor patient satisfaction and preventable adverse outcomes
• Increase the cost of care
• Cause qualified clinicians, administrators and managers to seek new positions in more professional environments
Other behaviors seen in positions of power:

- Reluctance or refusal to answer questions, return phone calls
- Condescending language or voice intonation
- Impatience with questions
Intimidating and disruptive behaviors include:

- Verbal outbursts
- Physical threats
- Refusing to perform assigned tasks
- Quietly exhibiting uncooperative attitudes during routine activities
Effective January 1, 2009:
JCAHO Leadership Standard

• E.P. 4.0: The hospital/organization has a code of conduct that defines acceptable, disruptive and inappropriate behaviors

• E.P. 5.0: Leaders create and implement a process for managing disruptive and inappropriate behaviors
Healthy Work Environments

- There is a direct link between work environment and patient safety
- If you are not addressing your work environment, you are not addressing patient safety
- Communication is a major component of the work environment
Silence Kills

• **Purpose:** the study explored specific concerns that people have a hard time communicating … that may contribute to avoidable errors and other chronic problems in healthcare

• **Methods:** focus groups, interviews, workplace observations, and surveys of 1143 nurses, 106 physicians, and 175 administrators in 2004; 13 urban, rural and suburban hospitals across the US

Silence Kills
Results

- 77% of nurses were concerned about widespread disrespect they experience such as rude or insulting behaviors, with nearly half saying it had gone on for more than a year but only 7% had spoken up.

- Strong relationship between this experience of disrespect and intent to quit their job

Silence Kills
Results

• 53% of nurses were concerned about a peer’s incompetence but only 12% had spoken with that nurse and less than 1% had spoken to a physician about concerns of their incompetence

• 62% of nurses and 84% of physicians saw some of their coworkers taking dangerous shortcuts in patient care

Silence Kills

Results

• Silence contributes to patient harm

• Nurses report several reasons for not speaking up:
  – I don’t have the skills
  – It is not my job
  – It won’t make a difference anyway

Silence Kills
Results

• Good news: 10% of nurses and physicians in the survey did speak up
• These confident colleagues reported a higher satisfaction with their work setting and less intention to leave
• What can each of us do to create the circumstances where the other 90% can speak up?

Silence Kills

Conclusions:

– The problem described in this study is severe
– Health care providers see others make mistakes, violate rules, or demonstrate dangerous levels of incompetence
– Happens repeatedly, over long periods of time, in ways that hurt patient safety and employee morale and they don’t speak up
– Confidence in their ability to speak up is the critical variable that breaks this chain
Things to do to make the work environment healthy

- Include the patient and family in interdisciplinary rounds
- Include the patient and family in all decision-making
- All team members should be seeking ways to increase their communication and collaboration skills
- Use structured techniques, such as SBAR for communication
Things to do to make the work environment healthy (cont.)

• Structured forums such as ethics committees are used effectively to support clinicians in resolving disputes, provide clinicians with a broader perspective of the issues, and ensure the patients’ values and wishes and, if appropriate, those of the patient’s family members are identified and incorporated.
Things to do to make the work environment healthy (cont.)

- Concerns about competence or collaborative behaviors of team members are dealt with directly and respectfully so that patients are not harmed and team members receive support to correct communication and practice deficits.
Steps to go about addressing Healthy Work Environment Standards
How to begin the process of assessing the work environment
Surveying the staff
Survey Monkey

- Inexpensive
- Anonymous
Sample questions:

What aspects of working in this unit do you enjoy most?
What aspects of working in this unit do you enjoy least?
How often do the following players include you as a valuable component of the multidisciplinary team?
- Physicians
- Nurse Practitioners
- Ancillary Services
- Unit Management
How do you rate the communication among staff of all levels in the unit?
In your opinion, what could be done to make the ICU a better place to work?
**Next Steps**

- After receiving the results of the confidential survey, the problems group the problems into the six standards of the HWE.
- Each group should be given a charge to make recommendations based on the problems.
- The recommendations should be made first to the unit leadership and then the staff.
Actions to be taken
Communication

- Identify communication that is not acceptable (gossip, negative)
- Identified that all staff need to commit to stopping this behavior
- Don’t be afraid to address bullying behavior
- Place a positive communication board on the unit
- Contract with the MDs
- Inservices with exercises on trust and effective communication
Communication

• Teach staff how to give and receive feedback
• During shift report two questions – Is there anything else you need from me? Please give me feedback on something I did well?
• Eliminate the negative comments during report on what wasn’t done right
Meaningful Recognition

• Thank you’s periodically for public appreciation of the nursing staff
• Identifying when a specific patient situation/code/emergency went well and staff was able to avoid a patient event because of their excellent care
Improving Collaboration

• Nurses to present the patient in rounds and to be there ready to present and make suggestions
• Senior staff mentoring new staff on projects vs. being negative to them
• All disciplines appreciating what the others bring to the team
Effective Decision Making

- Task forces should be staff led and leadership supported
- Town hall meetings in addition to staff meetings that are staff’s opportunity to make suggestions for changes in the unit (to management and physicians)
- Nurse led rounds, with suggestions for change in the plan of care at the end
Appropriate Staffing

• Manage surgery/admissions schedule around staffing
• Patient acuity tool and assignments based around the needs of the patients
• Last minute changes to the surgery schedule or new admissions that are planned will only occur if the staffing permits
Authentic Leadership

- 360 feedback for all formal leaders (Manager, Director, Educator, Medical Director)
- Evaluation of nursing and medical leadership should be based on measure of physician and nursing turnover
- All unit leadership, including physicians, to go through leadership training
Retention Statistics
Prior to HWE

• Average 20 – 30% turnover
• Cost of recruiting an RN was a minimum of $65,000
• Overtime, doubletime and traveling nurses being used
• Low staffing hinders the ability of surgeons to do all of their elective surgeries
Goals

- **Turnover rate should be measured quarterly, should be less than 15% for the calendar year** – Goals should be set from your own statistics
- **Vacancy rate should be less than 10%**.
- **Recruit some of the traveling nurses to staff** – it is a dissatisfier for staff to see the same traveling nurses stay around for years
Cost Reduction Goals

One units statistics

• Costs of recruiting and training 10 nurses annually = $650,000 minimum (consistently losing 10 staff annually)

• Cost of overtime annually in 2005 = $1,987,104

• Overall annually cost reduction = $2.6M

• Not SOFT costs
Actual Results

• Management Turnover
• No open FTEs by December 2006
• Commitment of the physicians for collaboration and communication
• Few cancelled surgeries
• Staff trust increased
• Increased staff retention – minimal recruitment costs
Patient Outcomes and Healthy Work Environment Standards
Studies that link HWE and Outcomes
Kramer & Schmalenberg

- Most of their work is centered around the Structure, Process, Outcome of nursing care and the work environment or job satisfaction
- First official Magnet publication 1987
- Research began in 1984
- Many of their studies focus on autonomy of nursing practice
- Did research in 2006 and 2007 to compare AACN’s HWE standards and the Essentials of Magnetism
- “Nurses are happy and satisfied when the environments are healthy and they can focus on giving the best possible care to patients”
- Have just begun to study nursing leadership impact
Aiken, Sochalski, Havens, Clarke

- Effects of Hospital Care Environment on Patient Mortality and Nurse Outcomes (2008)
- Most of their work is done on how mortality and nursing care are impacted by nurses’ view of their work environment
- Also participated in the Magnet Hospitals Revisited publication
- Research done on organizational climate and nurse satisfaction
- Also used Structure, Process, Outcomes
- Researched front line management, staffing and nurse-doctor relationships as a predictor of patient mortality
Upenieks 2002, 2003

- Looked at Nurse Job Satisfaction comparing Magnet and non-Magnet hospitals
- Primarily focuses on the impact of leadership and Magnet
- Also looked at the relationship between organizational characteristics, nursing leadership and job satisfaction
- Looked at Kanter’s Theory of Organizational Behavior and job satisfaction and empowerment
- “It is irrefutable that nurses with well-established, effective relationships with physicians and managers will be trusted to function independently and have greater opportunities to demonstrate their expertise”
Ulrich and Buerhaus 2005, 2007

• Nurse satisfaction questionnaires and results
• Reviewed Magnet status and the RNs view of their work environment
• Published work on the AACN Healthy Work Environment Standards
• Results of their work – “Believes that there is compelling evidence to support that pursuit and achievement of excellence does make a difference in how nurses perceive the health of their work environment and nurses’ satisfaction with their profession”
Other studies

- Adverse Patient Outcomes (Friese et al 2005, 2007)
- Lower risk of death and morbidity (Aiken 2002, 2008)
- Risk adjusted mortality in ICUs and structures (Knaus, 1986)
- Lower ICU mortality and structures (Shortell, 1994)
- Poor staffing, high acuity, fatigue, heavy workloads and mistakes (Reason, 2000)
Staffing and Outcomes

- Creating Healthy Work Environments: Appropriate Staffing (CHEST Physician, April 2007)
- Impact of the Nurse Shortage on Hospital Patient Care: Comparative Perspectives (Health Affairs, March 2007)
- Nurse Staffing in Hospitals: Is There a Business Case for Quality? (Health Affairs, January 2006)
- The Working Hours of Hospital Staff Nurses and Patient Safety (Health Affairs, July 2004)
- Nursing Burnout and Patient Safety (Journal of the American Medical Association, February 2003)
- Nurse-Staffing Levels and the Quality of Care in Hospitals (New England Journal of Medicine, May 2002)
Role of the Nursing Leadership and HWE

• Role modeling the behaviors that you expect from the staff
• Facilitating good communication in the unit
• Role modeling a partnership with the Medical Director
• Working with the Nurse Manager, CNS and Medical Director to lead this effort
By implementing HWE, Patient Outcomes will improve by:

• Improving Communication regarding patients
• Encouraging staff to speak up when they believe a patient is being put at risk
• Empowering staff to make decisions that impact patient care
• Providing authentic leadership to allow staff to take care of patients without any system’s issues getting in the way
Common threads

• Organizational responsibility
• Individual responsibilities
• Support for and access to educational programs
• Leaders/administrative support
AACN’s Suggestions
Skilled Communication

- Focus on finding solutions
- Protect and advance relationships
- Invite and hear all perspectives
- Goodwill and mutual respect
- Congruence between action and words
- Zero-tolerance policies
- Formal structures for communication
- Access to technology
- Evaluation component
- Part of performance appraisal
True Collaboration

- Accountability defined
- Decision-making authority
- Access to resources for dispute resolution
- All embrace “culture” of collaboration
- Respect each voice
- Personal integrity
- Skilled communication
- Competence of all team members
- Nurse managers and MDs equal partners
Effective Decision Making

- Organizational values clear and part of decision making
- Structures ensure patients and families are heard
- Shared accountability for decision making
- Respect for rights of all
- All key perspectives incorporated
- Processes in place to evaluate results of decisions
Appropriate Staffing

- Staffing policies solidly grounded
- Nurses at all levels participate in entire staffing process
- Staffing decisions are evaluated
- System in place to facilitate access to staffing data
- Support services available to ensure nurses focus on nursing work
- Technologies adopted that enhance effectiveness of nursing care delivery
Meaningful Recognition

- Comprehensive recognition program in place for all
- Systematic process for knowing how to participate
- Bedside to boardroom
- Includes process to determine that recognition is meaningful
- Recognition system is regularly evaluated
- Everyone is responsible
**Authentic Leadership**

- Understand requirements/dynamics at point of care
- Generate visible enthusiasm
- Role model communication, collaboration, etc.
- Evaluate leaders’ impact and progress toward HWE
- Ensure leaders are well positioned and supported
- Provide time, financial and human resources
- Provide co-mentoring
- Include leader’s role in HWE in performance appraisal
The Call to Action for Nurses

• Embrace the personal obligation to participate in creating a healthy work environment

• Develop relationships that hold you and others accountable to professional behavioral standards

• Follow through until effective solutions have been realized

• Adopt and implement these standards as essential and nonnegotiable for all
Resources

- [www.aacn.org](http://www.aacn.org) (HWE assessment tool, HWE webinar, powerpoints)
- [www.nursingshortage.org](http://www.nursingshortage.org)
- IOM
- [www.flcenterfornursing.org](http://www.flcenterfornursing.org)
2. Aacn.org/hwe
4. JCAHO Sentinel event alert – July 2008 – Behaviors that undermine a culture of safety
6. Other studies cited on slides