
WESTBROOK

Healthier hospitals?

AACN's healthy work environment standards help managers build solid patient safety cultures through nurse retention, productive communication, and true collaboration.

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Abstract: Review AACN's healthy work environments initiative and learn how the standards can be used to build cultures of safety. [Nurs Manage 2005:36(10):34-44]

"There is no power for change greater than a community discovering what it cares about." — Margaret Wheatley [1]

Work environments in hospital settings remain unhealthy despite professional and public outcries. A cause of growing concern to nurse managers, unhealthy work environments with poor communication and collaboration can harm patients and nurses, leading to needless errors and even deaths for the one, and dissatisfaction and burnout for the other. Martin Luther King, Jr., once said, "Our lives begin to end the day we become silent about things that matter." Nurse managers, among other nurse leaders, are critical in breaking this cycle of silence, creating and sustaining a healthy work environment, saving lives, and reengaging nurses in meaningful conversations.

Nurse managers ready to seriously address the work setting have a new resource from the American Association of Critical-Care Nurses (AACN): "AACN Standards for Establishing and Sustaining Healthy Work Environments: A Journey to Excellence."[2]

Patient safety, communication, and teamwork are inextricably linked.[3] Too often, unhealthy work environments create "zones of silence" wherein healthcare providers don't speak up, afraid of confrontation, intimidation, or worse, the belief that doing so won't do any good. Paradoxically, nurses experience deep distress as errors increase and patients are harmed. Up to 23% of nurses consider leaving their position because of moral distress, further worsening the nursing shortage.[4]

A new national study, *Silence Kills*, demonstrates just how insidious this uneasy quiet can be.[5] The study identified conversations that don't occur in hospitals, to the detriment of patient safety and provider well-being. The findings solidified AACN's belief that communication and collaboration breakdowns in the current work environment can no longer be ignored.

Journey to the standards

In 2001, AACN declared that a focus on healthy work environments was the best hope to address the nursing shortage. While respectful work settings have been a key priority for the association since its founding in 1969, past efforts focused on education designed to strengthen capacity and build a competent critical care nursing workforce. As the realities of the often hostile and dysfunctional practice environment gained focus, new strategic goals became clear.

In 2003, AACN and 63 nursing organizations, comprising the Nursing Organizations Alliance, came to terms with the impact of the current practice environment on recruitment and retention of nurses.[6] This sobering situation has been the focus of multiple Institute of Medicine reports, Joint Commission on Accreditation of Healthcare Organizations (JCAHO) documents, and other key healthcare publications for the past several years.[7]

Acting boldly, relentlessly, and deliberately made the AACN standards a reality. A nine-person expert panel, headed by AACN past-president Connie Barden, RN, CCNS, CCRN, MSN, reviewed the literature with the intent to craft a white paper. The focus shifted from a white paper to standards, in order to better articulate that the safety of patients is in significant jeopardy when the work environment is unhealthy. Boldly declared stan-

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dards for a healthy work environment are arguably a more powerful force for change. AACN validated the literature on healthy work environments in several focus groups across the country.[8] Five standards emerged: skilled communication, true collaboration, effective decision-making, appropriate staffing, and meaningful recognition. (See "AACN Standards for Establishing and Sustaining Healthy Work Environments.")

Authentic leadership, the sixth standard, became obvious after extensive dialogue. Leaders represent the essential missing ingredient for success of the other five. When leaders don't fully embrace the notion of a healthy work environment, authentically live it, and engage others in its achievement, there's no foundation for change. A 50-person national expert review panel validated the standards and critical elements, which were released in January 2005. With more than 45,000 Internet downloads within the first 4 months following the launch, organizations and individuals confirmed their readiness to address the issues faced by nurses in today's ineffective work environments. The decision to develop the standards was validated.

Silence kills

The landmark *Silence Kills* study, conducted by communications consultants VitalSmarts in partnership with AACN, is based on interviews, input from focus groups, and observations of more than 1,700 nurses, physicians, clinical staff, and administrators from 13 American hospitals.

Questions focused on the kinds of conversations that clinicians find difficult to hold in the hospital environment. The study showed that:

- 77% of nurses [were] concerned about disrespect they experienced, such as rude or insulting behaviors. Nearly half said it had gone on for more than a year, yet only 7% had spoken up. This experience of disrespect and intent to quit the job were related.
- 53% of nurses and other clinical healthcare providers [were] concerned about a peer's incompetence. Yet only 12% had discussed concerns about the incompetence when the peer was a nurse, and less than 1% had done so if the peer was a physician.
- 62% of nurses and 84% of physi-

cians [saw] some of their co-workers taking dangerous shortcuts in patient care.[9]

Nurses in the study reported several reasons for not speaking up, including: "I don't have the skills," "It's not my job," and "It won't make a difference anyway."[10]

Interestingly, 1 in 10 confident nurses and physicians *did* speak up and reported higher satisfaction with their work setting and less intention to leave. How can nurse managers create the circumstances necessary so the remaining 90% of nurses and physicians will vocalize concerns?

AACN responds

Energized by the compelling data from *Silence Kills,* in January 2005 AACN invited JCAHO President Dr. Dennis O'Leary to join AACN's president, its executive editor of standards, and other high-ranking members to present the standards at a national briefing and press conference in Washington, D.C.

During the first 6 months since their release, the standards are having a broad impact, reaching clinical practice, academic institutions, and healthcare administration. So far, the standards have been:

- included on the new national patient safety Web site sponsored by the Agency for Healthcare Research and Quality.[11]
- required reading in the Integrated Nurse Leadership Program to develop effective nurse leaders at the University of California, San Francisco, Center for the Health Professions.[12]
- applauded by the American College of Chest Physicians, the American Thoracic Society, and the Society of Critical Care Medicine.
- shared by this article's authors during group dialogues with present and aspiring nurse leaders at two large California health systems. The dialogues were designed to reengage nurse leaders and propose strategies for developing the next generation of nurse managers.
- presented in numerous national forums, including the 2005 AACN National Teaching Institute and Critical Care Exposition, and the 2005 Executive Nurse Leadership Conference of the Institute for Nursing Healthcare Leadership, a consortium of Harvard-affiliated hospital nursing services; also presented at a 2005 Robert Wood Johnson Foundation meeting on organizational culture, the Hospital Insurance Forum, and in numerous regional nursing meetings.

♦ a focus topic of a JCAHO audioconference on patient safety.[13]

Creating the culture

The *Silence Kills* study and a growing body of literature indicate a great need to change the environments where healthcare is delivered. Improving daily interactions and intentional adoption of collaborative practices are essential for improving patient safety. By framing standards and critical elements essential for creating healthy work environments, AACN has taken the first step toward improving working conditions and developing cultures of safety. The next task, one where nurse managers are critical participants, is to begin a dialogue within healthcare organizations. By identifying together what we most care about, nurses can powerfully effect change.[14] Meaningful dialogue is where assessment of the true needs of patients and providers begins, uncovering underlying assumptions that act as barriers to change and defining circumstances that support collaboration and effective communication. In point of fact, creating healthy work environments means changing the culture of healthcare.

Organizational cultures based on secrecy, professional protectionism, defensive behaviors, and inappropriate deference to authority are unhealthy and can lead to patient harm.[15] Intimidating behaviors, inappropriate hierarchies, and breakdowns in teamwork, loss of trust, and disruptive behaviors lead to decreased morale, staff turnover, frequent provider switching by patients, and patient death or injury.[16-23] The inability to have conversations with colleagues that address concerns about competence and ineffective behaviors indicates a lack of trust and safety in work environments. These, in turn, contribute to unsafe care for patients and disengagement of health professionals. This prevalent current culture is undesirable. Changing the culture, however, is a long and difficult process that requires deep conversations involving everyone who enters the health system—those who work there and those who come for help.

We're just now beginning to answer frequent calls for the creation of "cultures of safety" in healthcare organizations.[24] Creating these cultures of safety requires assessment of the current culture, a complex endeavor because organizational cultures are layered with intricate professional subcultures. Surface assessment through surveys only begins to capture the elements that contribute to maintaining the status quo. Deeper assessment within organizations and within professional groups is the real way to focus future efforts. Through dialogue, we can surface deeply held beliefs such as:

♦ *I must always look like I'm in control. I must always be right.*

AACN Standards for Establishing and Sustaining Healthy Work Environments

Standard 1—Skilled Communication
Nurses must be as proficient in communication skills as they are in clinical skills.

Standard 2—True Collaboration
Nurses must be relentless in pursuing and fostering true collaboration.

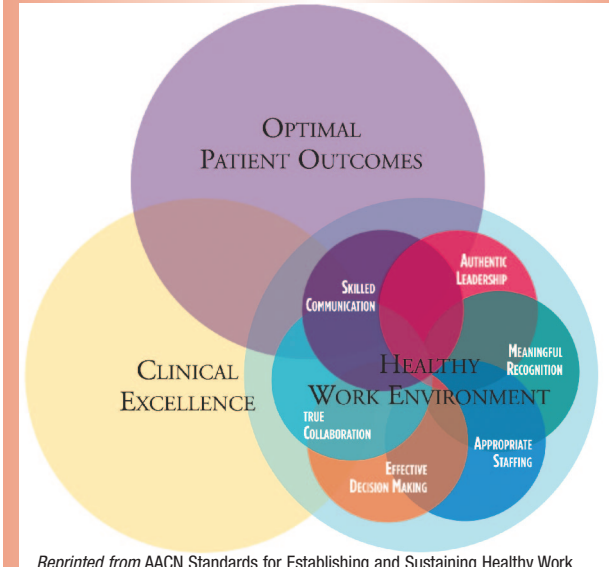
Standard 3—Effective Decision-Making
Nurses must be valued and committed partners in making policy, directing and evaluating clinical care, and leading organizational operations.

Standard 4—Appropriate Staffing
Staffing must ensure the effective match between patient needs and nurse competencies.

Standard 5—Meaningful Recognition
Nurses must be recognized and must recognize each other for the value each brings to the work of the organization.

Standard 6—Authentic Leadership
Nurse leaders must fully embrace the imperative of a healthy work environment, authentically live it, and engage others in its achievement.

For full text of the AACN standards, accompanying critical elements, and suggested readings, visit http://www.aacn.org/hwe.



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♦ *I'm completely responsible for everything that happens to my patient.*
♦ *I can't question the practice of a colleague for fear of retaliation or exclusion. If I disclose an error, it means I wasn't in control or that I caused harm to a patient.*
♦ *Patients aren't educated enough to be a part of clinical decision-making.*

Uncovering unconscious beliefs

The mismatch between espoused values such as "do no harm" and patient-centered care, and observed behaviors such as intimidation and tolerance of unsafe practice, indicates that deeply held assumptions are driving professional behaviors.[25] Ingrained behaviors can't be changed until these unconscious beliefs are surfaced through dialogue. Through dialogue, we provide the opportunity for healthcare professionals to experience

Resources for creating healthy work environments

AACN's critical elements for communication

The healthcare organization provides team members with support for and access to education programs that develop critical communication skills, including self-awareness, inquiry/dialogue, conflict management, negotiation, advocacy, and listening.

Skilled communicators focus on finding solutions and achieving desirable outcomes.

Skilled communicators seek to protect and advance collaborative relationships among colleagues.

Skilled communicators invite and hear all relevant perspectives.

Skilled communicators call upon goodwill and mutual respect to build consensus and arrive at a common understanding.

Skilled communicators demonstrate congruence between words and actions, holding others accountable for doing the same.

The healthcare organization establishes zero-tolerance policies and enforces them to address and eliminate abuse and disrespectful behavior in the workplace.

The healthcare organization establishes formal structures and processes that ensure effective information sharing among patients, families, and the healthcare team.

Skilled communicators have access to appropriate communication technologies and are proficient in their use.

The healthcare organization establishes systems that require individuals and teams to formally evaluate the impact of communication on clinical, financial, and work environment outcomes.

The healthcare organization includes communication as a criterion in its formal performance appraisal system, and team members demonstrate skilled communication to qualify for professional advancement.

Strategies organizations are taking

Offer professional development courses so that nurses, physicians, and managers can develop together skills in conflict resolution, communication, and negotiation. Some hospitals are hosting dialogues to address concerns of nurse leaders, retention of experienced staff, and mentoring for transition into leadership and faculty positions.

Engage professional facilitators and mediators to assist units and departments in improving working relations and developing strategies for managing conflict and communicating across disciplines.

Use simulation training for clinical teams to improve teaming skills and communication during difficult clinical situations, including perioperative, labor and delivery, emergency, and other high-risk areas.

Create training programs for physicians and other healthcare personnel in techniques for talking with patients and families about harm during treatment.

Include patients and families in quality and safety committees and invite their input into systems improvements.

Implement electronic healthcare records and prescriber order entry to standardize and centralize patient information.

Incorporate communication and team skills training into patient safety and orientation programs.

Resources for improving communication

Brown, J.: *The World Café: Shaping Our Futures through Conversations that Matter*. San Francisco: Berrett-Koehler, 2005.

Cloke, K., and Goldsmith, J.: *The Art of Waking People Up*. San Francisco: Jossey-Bass, 2003.

Fisher, R., and Brown, S.: *Getting Together: Building Relationships as We Negotiate*. New York: Penguin Books, 1988.

Fisher, R., and Ury, W.: *Getting to Yes: Negotiating Agreement Without Giving In*. New York: Penguin Books, 1991.

Isaacs, W.: *Dialogue and the Art of Thinking Together*. New York: Doubleday, 1999.

Kegan, R., and Lahey, L.: *How the Way We Talk Can Change the Way We Work*. San Francisco: Jossey-Bass, Inc., 2001.

Kritek, P.: *Negotiating at an Uneven Table: Developing Moral Courage in Resolving Our Conflicts*, 2nd ed. San Francisco: John Wiley and Sons, Inc., 2002.

Patterson, K., Grenny, J., McMillan, R., and Switzler, A.: *Crucial Conversations: Tools for Talking When Stakes Are High*. New York: McGraw Hill, 2002.

Shafir, R.: *The Zen of Listening: Mindful Communication in an Age of Distraction*. Wheaton, Ill.: Quest Books, 2003.

Watkins, J., and Mohr, B.: *Appreciative Inquiry: Change at the Speed of Imagination*. San Francisco: Jossey-Bass, 2001.

Wheatley, M.: *Turning to One Another: Simple Conversations to Restore Hope to the Future*. San Francisco: Berrett-Koehler, 2002.

Institute of Medicine Report: *Keeping Patients Safe: Transforming the Work Environment of Nurses*. The National Academy of Sciences, 2004. Available online: http://www.iom.edu/report.asp?id=16173.

Web sites for more information:

http://www.acrnet.org
Association for Conflict Resolution

http://www.bayerinstitute.org
Bayer Institute for Healthcare Communication

http://www.mediate.com
Articles/trainings/service providers listings

http://www.physicianpatient.org
American Academy on Physician and Patient

http://www.pon.harvard.edu
Program on Negotiation at Harvard Law School

personally the pain, fear, and frustration associated with the current culture. Transforming this discomfort into a commitment for change and guiding discussions that create a collaborative vision of a better work environment are the primary tasks of nurse managers and other healthcare leaders.

Dialogue is a well-defined process uncommon in the clinical environment. Intentionally creating opportunities for dialogue at the unit, department, organization, and community levels can surface insights and create understanding necessary for collaborative initiatives. Dialogue is driven by questions. Carefully selected questions determine the direction and depth of conversation. Questions should be designed to reveal deeper beliefs and values, not focus on solutions. Effective questions to initiate culture change might include:

♦ *What circumstances would enable me to share my concerns despite my fears?*

♦ *What conversation, if started today, would have the greatest impact on creating meaningful change in our work environment?*
♦ *What's my greatest concern when I see unsafe care? What support do I need to address unsafe care with my colleagues?*
♦ *When there's true collaboration, what are the circumstances that enable us to work well together? How can we replicate those circumstances?*
♦ *What could happen to enable us to be fully engaged and energized about improving our current work environment?*
♦ *How can we support each other in taking steps toward authentic feedback? What contribution can we each make?*

By integrating dialogue into staff meetings, leadership retreats, continuing education, dinner programs, community gatherings, and professional meetings, nurse managers can model the process and reengage their colleagues' desire to contribute to meaningful change. However, once engaged, it's the individual nurse who must make a personal commitment to improve communication and build collaboration.

While AACN has identified six essential Standards for Establishing and Sustaining Healthy Work Environments, skilled communication is the foundation for safe clinical practice and, as such, must be held in as high regard as clinical skills. Surprisingly, little time has been devoted in professional education programs or in actual practice developing effective communication skills. This is changing, especially in physician education, where increased importance is being placed on communication skills as part of the formal academic curriculum and licensure process.[26] For nurses, improving the ability to communicate clinical information, communicate across disciplines, and engage in difficult conversations with patients and families has become essential to ensuring patient safety. The AACN standard on skilled communication outlines critical elements for improving communication. (See "Resources for creating healthy work environments.")

Differing professional cultures

Clinical communication across disciplines means more than fluency in medical jargon. Effective communication of clinical information requires understanding the language differences between professional groups. Nurses and physicians are trained very differently from each other and develop a language that's specific to their professional subculture. Physicians are trained in a reductionistic approach, narrowing information to determine the most likely diagnosis or definition of the problem.[27] This approach emphasizes data.

Nurses are trained in a holistic approach that considers body, mind, and spirit in determining care priorities.[28] This approach involves a narrative style in which

multiple factors are woven into problem-solving. Where physicians tend to focus on the content of a message, nurses place more emphasis on the relationship.[29] Communicating across these differences in professional cultures requires an understanding of the frame of reference and context in which messages are received.

Standardized information sharing

Standardized methods for sharing clinical information can be useful in overcoming these cultural communication gaps. For example, use of the SBAR approach for the sharing of clinical data can remove some of the ambiguity and create clear expectations for both physicians and nurses.[30] (The acronym stands for situation, background, assessment and recommendation.) Presenting patient information using a guideline agreed upon by everyone on the unit provides a consistent means for sharing information and an effective technique for ensuring concise and comprehensive communication. Other standardized communication methods include written guides for patient hand-offs, including shift change and transfers, electronic medical records to consolidate team notes and patient data, and checklists for clerks and others who may be recording patient data from telephone calls.

Addressing the reasons for silence

Providing nurses with the tools necessary to be successful is a primary obligation of nurse managers. Managing conflict and participating in difficult conversations are integral to a nurse's role.[31] Facilitating development of skills to deal with differences among team members and between patients and families is essential for effective working relationships. Borrowing from the field of dispute resolution, managers can integrate techniques used by mediators to establish an effective foundation for negotiating multiple perspectives.[32] Training, mentoring, and ongoing coaching in effective negotiation techniques should be an integral part of clinical practice, and assessment of communication competencies a component of performance evaluations.

In addition to skill development, leaders must intentionally create collaborative processes for addressing team differences and disputes early and directly. Use of the chain of command shouldn't be the only method available for resolving disputes. Staff development of group agreements for managing conflict and team differences decreases the need to defer conflicts to managers, creates accountability for direct communication, and improves the likelihood that staff will see changes as a direct result of their efforts. Agreements to speak directly to each other when there's a problem or to use a facilitator in difficult conversations provide the foun-

dation for accountable communication. Managers must consistently enforce these unit agreements to create clear expectations and reinforce a healthy work environment.

With the release of "AACN Standards for Establishing and Sustaining Healthy Work Environments," AACN has taken bold steps to improve patient safety. Nurse managers now have a useful guideline for improving communication and collaboration. Through the use of dialogue, they can reengage nurses in meaningful conversations, and together, nurses can become a force for changing the culture of healthcare. NM

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