The Role of Leadership in Creating a Healthy Work Environment

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Objectives

- Define the healthy work environment of the clinical RN
- Discuss RN perceptions of their work environment
- Review leadership strategies for implementing specific programs designed to create a sustainable healthy work environment
The IHI Triple Aim is a framework developed by the Institute for Healthcare Improvement that describes an approach to optimizing health system performance:

- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of health care.

Initial set of components are:

- Focus on individuals and families
- Population health management
- System integration and execution
- Redesign of primary care services and structures
- Cost control platform

http://www.ihi.org/engage/initiatives/TripleAim/Pages/default.aspx
Literature

- Strong level of evidence that manager behaviors affect the work environment and job satisfaction
- Nurse satisfaction affects patient safety
- Shrinking labor pool
- Cost of RN turnover
- Importance of leadership to establishing the work environment
  - Strengthening interpersonal relationships
  - Organizing nursing work
  - Leadership style related to lack of empowerment, communication and willingness to change

Utriainen and Kyngas, 2009; Coomber & Barriball, 2006; Saver, 2009; McGillis and Doran, 2007).
(Kovner, 2007; Kovner et. al., 2007; Kramer and Schmalenberg, 2008; Tomey, 2009; Manojlovich, 2005; Milisen et. al., 2006).
Framework for the Role of Leadership

- Benner, 1984 from Novice to Expert Model
- The American Association of Critical Care Nurses standards for establishing and sustaining healthy work environments
- Situational Leadership Model as a means of developing management strategies for the clinical managers to use


Defining the Healthy Work Environment

- American Association of Critical Care Nurses (six standards)
  - Skilled Communication
  - Effective Decision Making
  - Authentic Leadership
  - True Collaboration
  - Meaningful Recognition
  - Appropriate Staff

- Registered Nurses of Ontario: Healthy Work Environment Best Practice Guidelines

- International Council of Nurses: A Call to Action for Positive Practice Environments
Meaningful Recognition

Nurses must be recognized and must recognize others for the value each brings to the work of the organization.

Critical Element

- The healthcare organization establishes a systematic process for all team members to learn about the institution’s recognition system and how to participate by recognizing the contributions of colleagues and the value they bring to the organization.

- The healthcare organization’s recognition system includes processes which validate that recognition is meaningful to those being acknowledged.

- Team members understand that everyone is responsible for playing an active role in the organization program and meaningfully recognizing contributions.

- The healthcare organization regularly and comprehensively evaluates its recognition system, ensuring effective programs that help to move the organization toward a sustainable culture of excellence that values meaningful recognition.
True Collaboration

Nurses must be relentless in pursuing and fostering true collaboration.

Critical Elements

- Every team member embraces true collaboration as an ongoing process and invests in its development to ensure a sustained culture of collaboration.
- Every team member contributes to the achievement of common goals by giving power and respect to each person’s voice, integrating individual differences, resolving competing interests and safeguarding the essential contribution each must make in order to achieve optimal outcomes.
- Every team member acts with a high level of personal integrity.
- Team members master skilled communication, an essential element of true collaboration.
- Each team member demonstrates competence appropriate to his or her role and responsibilities.
- Nurse managers and medical directors, are equal partners in modeling and fostering true collaboration. (Barden, 2005).
Skilled Communication

Nurses must be as proficient in communication skills as they are in clinical skills.

Critical Elements

- 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 common understanding.
- Skilled communicators demonstrate congruence between words and actions, holding others accountable for doing the same.
Effective Decision Making

Nurses must be valued and committed partners in making policy, directing and evaluating clinical care and leading organizational operations.

Critical Elements

- The healthcare organization provides team members with support for and access to ongoing education and development programs focusing on strategies that assure collaborative decision making. Program content includes mutual goal setting, negotiation, facilitation, conflict management, systems thinking, and performance improvement.

- The healthcare organization clearly articulates organizational values and team members incorporate these values when making decisions.

- The healthcare organization has operational structures in place that ensure the perspectives of patients and their families are incorporated into every decision affecting patient care.

- Individual team members share accountability for effective decision making by acquiring necessary skills, mastering relevant content, accessing situations accurately, sharing fact-based information, communicating professional opinions clearly and inquiring actively.
Appropriate Staff

Staffing must ensure the effective match between patient needs and nurse competencies.

**Critical Elements:**

- The healthcare organization has staffing policies in place that are solidly grounded in ethical principles and support the professional obligation of nurses to provide high quality care.
- Nurses participate in all organizational phases of the staffing process from education and planning—including matching nurses’ competencies with patients’ assessed needs—through evaluation.
- The healthcare organization provides support services at every level of activity to ensure nurses can optimally focus on the priorities and requirements of patient and family care.
- The healthcare organization adopts technologies that increase the effectiveness of nursing care delivery.
- Nurses are engaged in the selection, adaptation and evaluation of these technologies.
Authentic Leadership

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

*Critical Element*

- Nurse leaders demonstrate an understanding of the requirements and dynamics at the point of care and within this context successfully translate the vision of a healthy work environment.

- Nurse leaders lead the design of systems necessary to effectively implement and sustain standards for healthy work environments.

- Nurse leaders’ role model skilled communication, true collaboration, effective decision making, meaningful recognition and authentic leadership.

- The healthcare organization includes the leadership contribution to creating and sustaining a healthy work environment as a criterion in each nurse leader’s performance appraisal. Nurse leaders must demonstrate sustained leadership in creating and sustaining a healthy work environment to achieve professional advancement.

- Nurse leaders and team members mutually and objectively evaluate the impact of leadership processes and decisions on the organization’s progress toward creating and sustaining a healthy work environment.
Think/Pair/Share  2 minutes

Turn to your neighbor and discuss what you think is the most important standard of the healthy work environment in your own work setting, and why!

- True collaboration
- Appropriate staff
- Effective decision making
- Skilled communication
- Authentic leadership
- Meaningful recognition
Results of the study

Demographics: 137 Direct care RNs work on the two study units.

44% of direct care RNs on Unit 1 participated  50% of direct care RNs on Unit 2 participated.

66% of all the participants are between the ages of 20-29.

The overall study participant is a female RNI in her 20’s with a BSN degree.

A full 40% of the participants are in their first professional role and 73% have worked less than five years.

21% work straight days  2% straight evenings  5% straight nights and a little more than 20% rotate shifts. 58% of all who participated in the study work 12 hour shifts. The majority of direct care RNs are RNIs (34%), the units have 13% RNIIIs but only 1.5% RNIIIs.
What do you perceive as the most important standard to your own work satisfaction?

Overall themes:
- Skilled communication
- True collaboration
- Effective decision making
- Authentic leadership

All four of these healthy work environment standards can be found in the literature as being necessary for staff satisfaction. In addition, the literature notes these same work environment standards are important to the younger RNs.
What do you perceive as the most important standard to patient outcomes?

Overall theme: Skilled Communication:

- Identified as:
  - Patients/parents
  - Appropriate staffing
  - Collaboration among disciplines
  - Effective decision making

- Evidence for many of the perceptions of the direct care RNs are actually related to the patient satisfaction questions.
Implications for the Use of the Situational Leadership Model

The patient satisfaction data is evidence of the families desire for skilled communication

The RNs repeatedly note the need for skilled communication as being the most important

Thus, both the RNs and the patients/parents agree on the importance of skilled communication

Shared Goal = Opportunity
Situational Leadership Model

http://www.educational-business-articles.com/image-files/situational-leadership.jpg
## Situational Leadership in the Healthy Environment Framework

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73% of the clinical managers rated their directs reports the same as the RN in terms of their level of competence.
Bone Marrow Transplant

- Unit dynamics
  - 36 bed unit in a pediatric hospital (infants to young adults), average daily census (ADC) 30
  - Average 100-110 transplants annually
  - Majority of transplants are:
    - Unrelated which is a higher level of complexity
    - At least half or more of patients transplanted are non-oncologic diagnoses such as immune deficiency (SCID, HLH), marrow failure (AA, FA)
  - Critical care environment due to the high complexity and acuity of the patient population
  - Continued growth over the past 5 years which has increased the number of new graduates and RNs with 2 years or less of experience to account for ~60% of the RN staff
  - High rate of burnout due to long term relationships, intensiveness of the environment, high level of stress for patients and families
Leadership plans/implements/evaluates in answer to the study

- Therapeutic Relationship
  - Goal: Nursing team to establish a therapeutic relationship between patient/family and fellow team members
    - How to establish a therapeutic relationship
    - Focus on effective communication
    - Zone of helpfulness
    - Balance with family-centered care
  - Required annual training for nursing team which includes
    - Review of what is a therapeutic relationship
    - Effective communication strategies
    - Scenarios with review of effective strategies to mitigate the situation
Therapeutic Relationship

Definition: “… a helping relationship that's based on mutual trust and respect, the nurturing of faith and hope, being sensitive to self and others, and assisting with the gratification of your patient's physical, emotional, and spiritual needs through your knowledge and skill” (Pullen, 2010).

Main components:
- Trust
- Respect
- Intimacy
- Appropriate use of power

Focus is on communication
Tips on establishing a Therapeutic Relationship

- Introduce self & address the patient/parent by preferred name. A hand shake establishes trust and respect.
- Insure patient privacy when providing care.
- Actively listen to your patient/parent. Do not rush to provide advice or diminish the patient/parent’s feelings.
- Maintain eye contact.
- Maintain professional boundaries.

(Pullen, 2010)
Maintaining a Therapeutic Relationship

- The health care provider engages in self reflection & awareness.
- The health care provider establishes and follows a comprehensive POC.
- The health care provider meets own personal needs outside the relationship.
- The health care provider understands and explains the expectations for confidentiality.
- The health care provider is sensitive to the context in which care is provided.
- Termination of the relationship.

(Nurses Association of New Brunswick, 2000)
Does the ‘Therapeutic Relationship’ look different with different patients/families?

- Some may need more therapeutic touching such as hand-holding, hugging.
- Some may prefer no touching.
- Some may require more support (limited support available – single parent, underlying mental health disease…).

(Pullen, 2010)
Zone of Helpfulness

“According to the National Council of State Board of Nursing the ‘zone of helpfulness’ constitutes the center of the continuum of recommended professional behaviors”

(Remshardt, 2012).
Zone of Helpfulness

Continuum of Professional Behavior

Under Involvement  Zone of Helpfulness  Over Involvement
Family-Centered Care

According to the Institute for Patient- and Family-Centered Care, “Patient and Family-Centered Care is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families”.

(Pullen, 2010)
Family-Centered Care

- What is being asked and is it SAFE for the patient?
- Safety is the driving force between the request and what can be supported by the health care team.
- Balancing medical needs with an understanding of the family resources, skills/abilities, emotional factors…
Overall Expectations for the Therapeutic Relationship Education

- A strong understanding of ‘Therapeutic Relationships.’
- Understanding the behaviors that affect the ‘Therapeutic Relationship’ – behaviors associated with under and over involvement as well as the ‘Zone of Helpfulness.’ How do you live within the ‘Zone’?
- Creating an environment of ‘self-awareness.’ The more aware, then the less chaotic.
- Family-Centered Care requests focused on what is most SAFE for the patient.
- Ultimately to help decrease the stress and sense of burnout associated with living outside the ‘Zone of Helpfulness.’
- As a team we establish a ‘Culture of Helpfulness’ where we help each other to stay within the ‘Zone.’
- To establish healthy behaviors that promote resiliency: work-life balance.
Communication Uncoded

Seek to understand before being understood

Encoded-Intention -> Message sent -> Message Received -> Decoded-Perception

Feedback

http://blog.brainpathways.net/2011/07/
Therapeutic Relationships: Communication & its Relationship to Personality

- DOPE Bird Personality Test
  - “Communication Style” points to how each bird type likes to communicate:
    - Direct or indirect
    - Blunt or subtle
    - Offensive or defensive
    - Doing or asking
    - Telling or requesting
  - “Judging Style” points to how each bird type likes to make decisions:
    - Intuition or logic
    - Thinking or feelings
    - Emotional or detached.
Dope Personality Test

Four types of birds:

- **DOVE**: The “Harmony Seeker”
  - Low Assertive
  - High Emotionality

- **OWL**: The “Detail Seeker”
  - Low Assertive
  - Low Emotionality

- **PEACOCK**: The “Excitement Seeker”
  - High Assertive
  - High Emotionality

- **EAGLE**: The “Results Seeker”
  - High Assertive
  - Low Emotionality
**Dove**

**Characteristics:**
- People oriented
- Loyal
- Friendly
- Hardworking
- Great team player
- Tends to avoid change, confrontation, risk-taking, and assertiveness

**Personality Verbal Clues:**
- Seek support
- Soft and deliberate delivery
- Give off a calming and reassuring effect
- Make statements cautiously
- Often say "I feel..." when sharing your opinions

**Personality Physical Clues:**
- Sincere and frequent smile
- Warm and friendly in appearance
- Make infrequent eye contact
- Nod in agreement
- Infrequent but open gestures
Owl

**Characteristics:**
- Logical
- Mathematically minded
- Methodical
- Sometimes viewed as a perfectionist
- Love details
- Not big risk takers
- Can be slow to make decisions and inflexible if rules and logic says otherwise

**Personality Verbal Clues:**
- Ask many questions
- Very precise in your wording
- Use a careful and studied speech
- Stick to the agenda
- Patient listener
- Use indecisive statements

**Personality Physical Clues:**
- Use few gestures if any at all
- Have a controlled and stiff posture
- Make infrequent eye contact
- Fold your arms
- Use serious facial expressions
Peacock

Characteristics:
- Loves talking
- Loves being the center of attention
- Wealth of passion
- Highly enthusiastic
- Generally optimistic
- Tend to lag in the ability to deal with details or time management

Personality Verbal Clues:
- Tell rather than ask
- Use aggressive statements
- Share personal feelings
- Make generalized statements, give few details
- Competitive
- Often speak quickly

Personality Physical Clues:
- Highly animated
- Eager to perform
- Friendly and warm mannerisms
- Frequent eye contact
- Generally restless
- Comfortable touching and being close
Eagle

- **Characteristics:**
  - Dominant
  - Stimulated by challenge
  - Decisive
  - Direct
  - Natural achievers
  - Can be insensitive to other people’s needs

- **Personality Verbal Clues:**
  - Tell instead of ask
  - Generally have rapid speech
  - Ask for data and not feelings
  - Deliver messages in an organized fashion
  - Make decisive statements, readily state opinions
  - Quickly get to the ‘bottom line’

- **Personality Physical Clues:**
  - Intense eye contact
  - Use aggressive gestures
  - Generally have a serious expression
  - Can be impatient
  - Often use a monotone voice
Therapeutic Communication Skills

- **Blocking**
  - Refers to ways in which healthcare workers (often unknowingly) prohibit others from disclosing emotions in pursuit of their own agenda instead.
  - Nurses often worry about unleashing strong emotions from patients/caregivers that they would not be able to handle, so they stop them from talking about their problems.
  - They may change the topic or choose not to initiate the conversation.
  - Nurses tend to use information-giving and practical care to avoid discussing patient/caregiver emotions.
  - **Examples:**
    - Ignoring signs that patient/caregivers are upset or want to talk.
    - Focusing solely on physical issues (e.g. steer the subject to things that can be changed, like physical pain).
    - Offering support elsewhere (e.g. suggesting that the doctor will answer the difficult questions).
    - Giving premature or false reassurance (e.g. suggesting that everything will be alright even when we cannot confidently predict the outcome).
    - Trivializing patient/caregiver concerns (e.g. “don’t worry, lots of people have had this chemo and do fine”).
    - Asking closed-ended questions, preventing patients/caregivers from opening up and maintaining control of the conversation.
Therapeutic Communication skills

Managing angry patients/caregivers

- Tip #1: Don’t take someone’s anger personally
- Tip #2: Validate emotions
- Tip #3: Speak slowly, using a soft, low tone of voice
- Tip #4: Maintain physical distance
- Tip #5: Prepare for the worst
- Tip #6: Ask simple questions
Therapeutic Communication Skills

- Supportive communication
  - Preparing/planning time for offering psychosocial support
  - Creating and adjusting physical space
  - Consideration of privacy
  - Using open-ended questions
  - Carefully assess what the patient/caregiver want to know
  - Avoid medical terminology without explanation
  - Be honest while respecting what the person does not want to know
  - Consider your own needs for support
  - Empathize
  - Challenge the tendency toward focusing on physical tasks
Therapeutic communication skills

Listening: *Seek to understand before being understood*

- Requires concentration, preparation, and prompting (open-ended questions)
- It is important to “feed back” what you’re being told
- Unconscious ways to show we are listening to someone include body language, eye contact, open posture, gestures (e.g. nodding), and making affirming sounds (e.g. “hmmm”)
- Verbal skills such as paraphrasing, reframing what has been said using our own words, and clarifying with questions
- Summarization can also be used to ensure our understanding is correct
- Give information in small chunks
- Relinquish control of the conversation
- Use of silence
- Allow time for patient/caregiver to reflect
Scenarios

Scenario #1: Patient is a six year old female diagnosed with AML undergoing an unrelated bone marrow transplant. Local family consisting of mother, father, sister, brother. Extensive family and community support

- **Description:**
  - Family is engaging, involved in the community and interactive with medical team.
  - Family enjoys sharing stories about their lives and encourages staff to share on a personal level.
  - Family brings in food for staff, loans items, and invites staff to parties outside of the hospital.
Scenarios

Scenario #2: Patient is a six year male diagnosed with a life threatening immune disorder who underwent a bone marrow transplant. Family consists of father, mother, patient and two older siblings. Family lives out of state and mom stays locally as the primary caregiver.

Description:

- Patient has a history of behavior problems, compounded by issues related to parenting a chronically ill child. Parents overcompensate and patient will only allow mom to do things for him (such as vitals, etc.)
- Patient becomes combative when staff attempts to care for him and yells at mother insisting she comply with his request. Mother sets no limits with patient and clearly has not been able to for some time.
- Staff react in various ways to patient’s behaviors and when a staff member adheres strictly to policies both patient and mom would confront staff in a negative manner.
**Scenarios**

**Scenario #3:** Mother is a poor single parent of patient and her teenage sister. She has trouble coping inpatient and often escalates to anger and verbal threats toward nursing staff when mistakes are made or when patient’s medical status is declining. They have spent several months inpatient. Mother often complains that nursing staff are not “listening” to her and taking her concerns seriously.

- After patient received a new central line, mother became angry, threatening staff, yelling, and screaming. This occurred during evening shift after her nurse reportedly “pushed on her line”, after mother requested that the nurse not touch it due to it being painful for patient. Staff became fearful of mother’s behavior.

In order to de-escalate mother’s increasing aggressive behavior, nursing staff should:

A) Speak to mother in a low, calm, and slow tone of voice
B) Keep their physical distance from mother
C) Validate mother’s feelings
D) Ask for additional help
E) All of the above
Patient/Family Experience and Value = Outcome

Situational Leadership Model (Delegating, Supporting, Coaching, Directing)
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For more information/discussion

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