Supporting a Healthy Work Environment and Just Culture in the Emergency Care Setting

Position Statement

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Supporting a Healthy Work Environment and Just Culture in the Emergency Care Setting

Description

Healthy work environments and just culture are associated with improved nursing outcomes, such as increased autonomy and control over practice; increased job satisfaction; and decreased nurse burnout, sick time, and turnover (American Nurses Association [ANA], n.d.; Canady & Allen, 2015; Halm, 2019; McHugh et al., 2016; Shirey, 2017). Characteristics of unhealthy work environments include high workload; low decision authority; low support; poor communication; abusive behavior; disrespect; resistance to change; lack of vision or leadership; distrust; conflict with values, mission, and vision; and loss of understanding of the central purpose of professional duties (Wang et al., 2020). In 2004, the Institute of Medicine (IOM) report, *Keeping Patients Safe: Transforming the Work Environment of Nurses*, identified the need for transformational nurse leadership in order to develop and sustain a healthy work environment. Subsequently, the American Association of Critical Care Nurses (AACN) developed Standards for Establishing and Sustaining Healthy Work Environments in 2005 and updated the document in 2016. The AACN work group identified six standards to demonstrate healthy work environments: skilled communication, true collaboration, effective decision-making, appropriate staffing, meaningful recognition, and authentic leadership (AACN, 2016). While the document does not address just culture per se, the standards on skilled communications and true collaboration speak to the definition.

The term “just culture” was first used in 1999 and became widely adopted by hospitals following the release of the Institute of Medicine (now the National Academy of Medicine) report *To Err is Human* (IOM, 2000). Just culture is an organizational practice where both leadership and employees share responsibility for supporting practices that create a healthy work environment and where errors are acknowledged by responding to incidents or near misses in a fair and just manner through trust, transparency, and open communication (Canadian Medical Protective Association [CMPA], 2021; Maassen et al., 2021; Marx, 2019; Paradiso & Sweeney, 2019; van Baarle et al., 2022). Unfortunately, people make errors. The concept of just culture was conceived to address that reality. In addition, it has been noted that a just culture provides certain advantages. “Transparent, just, and timely reporting mechanisms of medical errors, without the fear of criminalization, preserve safe patient care environments” (ANA, 2022). The evidence is also clear that transformative leadership incorporates the essential characteristics to achieve, establish, and maintain a healthy work environment (ANA, n.d.; Shirey, 2017; Wei et al., 2018).

A crucial component of a healthy work environment in healthcare is safe staffing. Several factors contribute to safe staffing, including patient census and acuity, length of time required for care delivery, and experience and educational preparation of the staff (e.g., advanced practice, baccalaureate or associate degree, nursing diploma, unlicensed staff) (Starr Rogers, 2021; Wolf et al., 2017). Integral to safe staffing is the inclusion of rest breaks, meal breaks, and debriefing after critical events. While evidence supports the inclusion of breaks and debriefing in the emergency department (ED), considerable variability exists in the clinical setting (Toews et al., 2021). Bullying and violence may hamper the safety of staff, patients, and visitors in the ED (Lenaghan et al., 2018; Wolf et al., 2014; Wolf et al., 2018). It is imperative that leaders work to identify and apply a systematic, easily accessible method of reporting and responding to episodes of bullying and violence.

The just culture model focuses on improving system design and managing at-risk behaviors by creating an open and fair learning culture geared towards designing safe systems and managing behavioral

choices resulting in successful outcomes (Marx, 2019). The focus of the just culture model is on the prevention of harm before it occurs, and as such, has documented success in reducing errors and improving outcomes (Rogers et al., 2017). According to the Occupational Safety and Health Administration (OSHA) (n.d., 2015, 2016), a first step in developing a plan to address workplace violence/bullying in the ED starts with implementation of a screening tool to identify its existence and characteristics. Nurse leaders then need to collaborate with key stakeholders to identify and implement evidence-based policies and procedures. Through collaboration they can establish best practices to promote a just culture and a healthy work environment that mitigates workplace violence, while improving patient outcomes and staff satisfaction. Researchers have identified a relationship between these negative characteristics and decreases in nurse satisfaction and retention, patient safety, worsened patient outcomes, and lower care quality. All of these factors are detrimental to healthcare organizations because they result in human suffering and nurse turnover with its resulting financial cost (Recio-Saucedo et al., 2015; Wei et al., 2018; World Health Organization [WHO], 2022).

The essential role of leadership in developing a safety culture is a transparent and non-punitive approach to event reporting, which is critical to promoting learning from adverse events, close calls, and unsafe conditions (The Joint Commission [TJC], 2021). *Leading a Culture of Safety: A Blueprint for Success*, co-authored by representatives of the American College of Healthcare Executives and The National Patient Safety Foundation's Lucian Leape Institute (2017), establishes six leadership domains requiring leadership to focus on developing and sustaining a culture of safety. "Lead and Reward a Just Culture" is one of the identified leadership domains. As explained in the blueprint, a just culture recognizes that punishing people for mistakes will discourage reporting, which results in failure to rectify problems in the system and sets the stage for recurrence of the error. Delivering safe nursing practice and safe patient care requires the integration of many complex factors working together simultaneously.

ENA Position

It is the position of the Emergency Nurses Association (ENA) that:

1. Leadership and healthcare workers have a mutual responsibility to create collaborative values that support a just culture, healthy work environment, and both personal and organizational accountability.

2. Healthcare workers and leadership share responsibility for respectful, professional, and effective communication with zero tolerance for intimidation, abusiveness, or bullying from any source.

3. Leadership and healthcare workers strive to identify and assess workplace violence triggers and support the implementation of an effective workplace violence prevention program to mitigate violence and its effects.

4. Leadership ensures resources and education are available in the workplace to sustain the physical and psychological needs of the healthcare worker, such as safe staffing levels, reduction of fatigue-related risks, protected mealtimes, and opportunities to debrief after critical events.

5. Emergency nurses and nurse researchers use current evidence to recommend best practices aimed at creating healthy work environments.

Background

Researchers have identified characteristics of a healthy nursing work environment as including a productive and collaborative setting in which nurses and other healthcare workers are free from physical and psychosocial harm (TJC, 2021; Wei et al., 2018; WHO, 2022). At the same time, such a work

environment should enable them to maximize their ability to provide safe, quality care as well as meet personal needs and empower them to promote a satisfying work experience (IOM, 2000; TJC, 2021; Wei et al., 2018; WHO, 2020, 2022). A just culture, along with a culture of safety, depends on the collective attitude of stakeholders at all levels, with everyone taking responsibility for safety and safe practice in the work environment. This can lead to increased safety and decreased injuries for patients and staff (Kanaskie & Snyder, 2018; Marx, 2019; van Baarle, 2022). A healthy work environment is multifaceted. Research supports the intricate connections between the many personnel and organizational factors that contribute to a healthy work environment.

A key to providing and sustaining a healthy work environment is quality leadership. Shirey (2017) identified four themes describing leadership practices necessary to maintain a healthy work environment: quality leadership, relational exchanges, environmental elements, and contextual factors. Leaders who maintained positive relationships with staff and demonstrated competence as a leader were identified as being effective in establishing healthy work environments. Important environmental factors centered on a supportive employer who is receptive to the needs of the nursing workforce. A recent review of nurse work environments indicates that healthy work environments are strategic in maintaining a stable and sufficient nursing workforce, promoting hospital efficiency and safety, encouraging positive nurse performance and productivity, improving patient care quality, and supporting a healthcare organization's financial viability (Wei et al., 2018).

Essential to developing and maintaining a healthy work environment is the concept of a just culture. ANA (2010) identified a just culture as an environment where individual healthcare workers are not held responsible for systems or organizational failure. According to Marx (2019), a just culture framework should be proactive and preventative, not reactive, and designed to address potential inherent risks within the healthcare system. Keys to a just culture include learning from errors after incidents occur, while fostering patient safety with attention to learning rather than blaming, thus showing support for staff (Marx, 2019; van Baarle, 2022). A just culture improves patient safety through the creation of an environment of shared accountability, evaluating systems and individual behavioral choices (ANA, 2010). There are three types of behaviors leading to mistakes: human error, at-risk behaviors, and reckless behaviors. Human error is an inadvertent action, the inadvertent doing of something other than what should have been done. At-risk behaviors are those that increase risk where risk is not recognized or is mistakenly believed to be justified. Reckless behavior is a choice to consciously disregard a substantial and unjustifiable risk (The Institute for Safe Medication Practices [ISMP], 2020).

The Joint Commission urges organizations to establish a safety culture, which promotes trust. The Joint Commission's Comprehensive Accreditation Manual for Hospitals (2023) outlines leadership safety culture components. One component, accountability/just culture, calls on leaders to "provide and encourage the use of systems for blame-free internal reporting of a system or process failure, or the results of a proactive risk assessment" (TJC, 2018, p. 2).

A punitive approach will not solve the problems described here. Individuals may be at fault, but the system is also at fault. To achieve a just culture, the American Nurses Association supports partnerships among state boards of nursing, professional nursing and hospital associations, and individual healthcare organizations (2010). The criminalization of a health care provider's action may stifle open and transparent learning as healthcare providers weigh the risks of disclosing an error within their organization or reporting an error (ISMP, 2020; ISMP, 2021). A healthy and just work environment is safe, productive, and satisfying (ANA, 2010; Mabona et al., 2022) rather than punitive.

It is recommended that safe staffing policies include intermittent breaks and meal breaks (Starr Rogers, 2021). Sufficient, quality rest breaks during work shifts are a key part of decreasing nurse fatigue and increasing attention to details and standards of safe patient care (ANA & National Council of State Boards of Nursing, 2014; Starr Rogers, 2021) Many hospitals have policies stipulating rest and meal breaks for nurses. However, frequently nurses do not receive these breaks due to demanding patient assignments and inadequate staffing (Patricelli, 2016). Although currently there is no single standard

across all states for rest and meal breaks, evidence suggests the importance of breaks for nurses as related to patient safety (Buppert, 2017; Sixel, 2016; Washington State Nurses Association, 2018).

Additionally, integral to the promotion of safe patient care is debriefing after critical events. Debriefing after critical events has been identified as an effective means of increasing positive patient outcomes through the evaluation of staff performance and the implementation of effective processes (Toews et al., 2021). Debriefings can be an economical method of highlighting positive actions and identifying areas for improvement and retraining without negatively isolating individual team members. Researchers indicate that when debriefing after critical events is used in the clinical setting, individual and team performance can improve by 25% in future critical events (Twigg, 2020).

Consumer and relational violence are a significant contributing factor to an unhealthy work environment. Researchers highlight the fact that violence against nurses perpetrated by patients and visitors is as much as three times higher than violence against all other workers, resulting in injuries and increased stress, which exert a negative effect on nurse productivity (Dressner & Kissinger, 2018; Potera, 2016). Among healthcare environments, ED and mental health inpatient departments are considered to be the highest risk areas for staff, patients, families, and visitors (Lenaghan et al., 2018). In addition, relational violence (workplace bullying) poses a significant threat to patient safety (TJC, 2021) and is a contributing factor to nurse dissatisfaction and turnover (Sauer & McCoy, 2018; TJC, 2021). Sauer and McCoy (2018) reported that as many as 40% of nurses routinely experience bullying in the workplace. Left unchecked, bullying of nurses not only has a high probability of decreasing nurse retention but also of leading to negative patient outcomes (Wolf et al., 2018).

In 2015, ANA developed a position statement that promoted zero tolerance of workplace violence (ANA, 2015). This policy launched an organizational campaign whereby violence against nurses in the workplace, regardless of the source or type of violence, would no longer be allowed or accepted as a mere side effect of nursing practice (ANA, 2015). Staff education on bullying and enforcement of a zero-tolerance policy for bullying can be a factor in increasing nurse retention and satisfaction. ENA supports a zero-tolerance policy of violence in the workplace that includes bullying and identifies hospital leadership as key to developing and instituting these policies (Wolf et al., 2019). The adoption of standards of evidence-based practice is critical to the development and maintenance of a healthy and just work environment.

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