Promoting a Culture of Safety and Healthy Work Environment

Practice Considerations

Introduction

The American Association of Nurse Anesthetists (AANA) encourages Certified Registered Nurse Anesthetists (CRNAs) to play an instrumental role in leading and promoting a culture of safety to develop and advance healthy work environments. Healthy work environments optimize patient safety, enhance staff's physical and mental well-being, and help organizations sustain quality, staff and patient satisfaction, and financial stability. The AANA supports the development of comprehensive facility policies that foster a safe culture to prevent and mitigate violent or disruptive behaviors among employees as well as external threats.

Definitions	
The terms *disruptive behavior, workplace violence,* and *workplace bullying* are often used interchangeably.	
Workplace violence	Violent acts directed toward persons at work or on duty.[1] Examples include, but are not limited to, verbal/physical abuse, sexual assault, active shooter situations.
Disruptive behavior	Characterized by insults, intimidation, verbal threats, humiliation, or sabotage.[2] Other examples include, but are not limited to: sexual harassment; unresponsiveness; shouting; sarcasm; exclusion and intentionally distancing the target.
Workplace bullying	Generally defined as unwelcome behavior in the workplace meant to harm someone who feels powerless to respond.[3]
Horizontal violence	Describes negative behaviors among peers.
Vertical violence	Describes negative behaviors among individuals of varying status.

Barriers to a Culture of Safety and Healthy Work Environment

Workplace violence and disruptive behavior are barriers to fostering a culture of safety and are considered a public health threat by the World Health Organization.[4-6] Workplace violence and disruptive behavior affects two million individuals each year, although it is believed many more cases go unreported.[8] Disruptive behavior and workplace violence erodes professional behavior and impairs judgment creating a hostile work environment.

Compared to other professions, workers in the healthcare industry are more likely to experience workplace violence than other sectors due to a variety of factors including working directly with patients who have a history of mental health issues, drug use and/or violence, as well as inadequate staffing, and the perception that violence is tolerated in the healthcare environment.[5,7] As a result, these behaviors contribute to medical errors, poor patient satisfaction, and jeopardize safety for both patients and staff.[8,9] Nurses and healthcare professionals, especially those with less than five years of practice experience or those working in potentially tense areas such as the operating room, intensive care unit, emergency room, long-term care, and mental health facilities are most at risk.[10]

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Several individual (perpetrator and victim) and organizational factors contribute to unhealthy work environments and perpetuate workplace violence and disruptive behavior. They are described in Table 1.

Table 1. Factors that may support unhealthy work environments and workplace violence[5,11-19]

Perpetrator Factors	Victim Factors	Facility Factors

External (e.g., patients, visitors)
• Mental health issues
• History of:
  o Substance abuse
  o Violent behavior
  o Gang activity
• Angry or anxious
• Distressed
	• Lack of experience or limited length of service
	• Inadequate training
	• Demanding caseload
	• Production pressure
	• Extended work hours
	• Transporting patients
	• Working understaffed
	• Fear of receiving negative feedback or evaluation
	• Poor relationships with peers
	• Perception of violence or disruptive behavior as the norm
		• Leadership tolerance of workplace violence
		• Low trust in staff
		• Limited resources (e.g., security, administrative oversight)
		• High stress or competitive environments
		• Ambiguous or inconvenient reporting policies and process
		• Poor workflow design (e.g., lack of escape route, poor lighting in hallways)
		• Poorly enforced visitor policy
		• Lack of workplace violence policy

Internal (e.g., peers, supervisors) • Previous victim of violence • Skilled in manipulation • Arrogant • Lack of self-esteem • Fear of being perceived as weak or incompetent		

Social Media Considerations

Workplace violence may extend to social media as cyberbullying and harassment.[20] Social media provides an accessible forum for individuals to post messages anonymously to intimidate and spread rumors, threats and inappropriate photos. Many healthcare and professional organizations have policies that outline appropriate use of these platforms and guidelines for reporting inappropriate use.[21,22] Improper use of social media can also have negative implications on licensure (e.g., suspension, termination) as well as legal ramifications (e.g., defamation lawsuits).[22] It is important that healthcare professionals use good judgment when using social media in order to protect patient confidentiality and to preserve their own integrity and the integrity of their colleagues and institutions.[23,24]

Impact of Unhealthy Workplace Behaviors

Safety in the workplace is dependent on teamwork, communication and collaboration amongst all stakeholders.[25] Disruptive behaviors and workplace violence are occupational health and safety hazards that impact patients, healthcare workers and organizations.[19]

Patient

Violence, bullying or a disruptive work environment is detrimental to the healthcare professional's ability to deliver safe care.[26,27] Unmanaged conflict, poor communication and disruptive behaviors impact patients through medication errors, falls, delayed communication of critical patient information, and poor quality handoffs.[2,14,27-29]

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Workforce
Victims of workplace violence may be more susceptible to develop physical and mental health conditions than their colleagues.[8] Verbal abuse may have a deeper impact with long-term psychological effects than physical abuse. The physical and psychological symptoms typically reported by individuals affected by workplace violence are summarized in Table 2.

Table 2. Symptoms experienced by targets of workplace violence[8,19,30-36]

Physical Symptoms	Mental Symptoms
• Physical pain • Digestive disorders • Fatigue • Acute and chronic health conditions	• Stress or anxiety • Post-traumatic stress disorder • Depression • Loss of self-esteem • Impaired short-term memory • Inability to focus and concentrate • Disturbed sleep patterns

In addition, individuals may become resentful, unmotivated, dissatisfied, burnt out and eventually decide to leave the organization.[37,38] High turnover rates and dissatisfaction among workers negatively impact organizational morale.

Students & New Graduates
Workplace bullying specifically threatens students or graduates of healthcare profession educational programs as they transition into their new roles. Graduate nurses may endure stressful conditions leading to burnout during their first year in clinical practice.[33,39] They often experience abuse from internal sources (e.g., staff, preceptor, physicians, direct supervisors) and external sources (e.g., patients, visitors), versus experienced nurses where the perpetrator is mostly internal.[19] Regardless of the target, the psychological effects of workplace violence are most significant when the perpetrator is a co-worker or colleague.[40]

Healthcare Facility
Facilities are directly impacted by unhealthy work environments due to the damaging effects on workers, impacting operations and costs. Individuals are more likely to leave a position or profession if they are dissatisfied, resulting in higher staff turnover and costs for the organization to replace the employee.[8,35,41] Destabilizing factors such as lost productivity, staff turnover, absenteeism, poor performance and increased liability associated with a reduction in patient safety, may have significant financial implications for the organization.[29,42,43]

Promoting a Culture of Safety and Healthy Work Environment

Employers and employees have a responsibility to offer a work environment free from distracting, disruptive or violent behaviors, which can promote employee satisfaction, retention, productivity, and high-quality delivery of patient care.[44,45] Ongoing education related to the organization's mission, values and code of conduct, as well as communication skills development, helps individuals choose the most appropriate response when faced with workplace violence. Despite the estimated prevalence of workplace violence, approximately 70 percent of United States institutions do not have programs or policies that address this issue.[11]

Leadership accountability and policy development will support change in an organization, but it is only a first step. An effective healthy work environment program requires a multifaceted approach, outlined below.

1. **Organization Assessment for Quality Improvement**
   An assessment of the workplace culture of safety provides a baseline for analysis of the existing environment to identify priorities for improvement.[37,46] The Occupational and Safety Health Administration (OSHA) guidelines recommend an organization-wide assessment, facility or provider risk identification, management commitment, employee involvement through staff and supervisor training, and well-documented written records to prevent workplace violence.[47,48] Additional security (e.g., cameras), staffing measures, and other facility-specific recommendations may be warranted after an assessment is conducted. Cases of disruptive behavior and workplace violence should be reviewed to determine contributing factors, analyze overall trends and identify organizational hazards for improvement.[10]

2. **Organizational Policies and Resources**
   Code of Conduct
   An organizational code of conduct supports a healthy culture by defining acceptable and inappropriate behaviors as well as a process to hold staff accountable for undermining behaviors. The *Code of Ethics for the Certified Registered Nurse Anesthetists* guides CRNAs in their professional obligation to be held responsible for their own conduct and integrity in their relationships with other healthcare providers.[8,10]

   Zero-Tolerance for Violence Policy
   A culture of safety grows when staff is enabled to report workplace violence incidents and disruptive behavior without fear of retribution and criticism from peers or leadership. OSHA requires that all employers provide a safe environment for their employees.[10,49] A zero-tolerance for violence policy in combination with a code of conduct can help organizations minimize abuse and possible harm to their employees.

   Initial, Ongoing and Post-Event Employee Support
   An Employee Assistance Program (EAP), clergy, peer support, or counseling services are often available to provide support to staff coping with stressful situations. The AANA *Guidelines for Critical Incident Stress Management* detail considerations for facilities, healthcare providers and individuals seeking resources about managing stress following an adverse event.[50]

3. **Ongoing Education, Conflict Management, Stress Management, and Wellness Programs**[37,51]
   A culture of safety blossoms when staff is personally equipped and supported by leadership with tools for clear communication and conflict management and resolution to help deal with inappropriate behavior.[52,53] Staff education, training and continuing education opportunities are necessary to help an individual identify, understand, address, cope with, and recover from disruptive or inappropriate behaviors.[19,54] Consider offering training in Crucial Conversations, assertiveness and verbal self-defense for employees.

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Maintaining overall physical and mental health is also important in preventing burnout and improving job satisfaction. Consider offering education programs through human resources and/or EAPs that offer guidance on healthy eating, mindfulness-based stress reduction (e.g., yoga, meditation, guided imagery), and physical fitness.[55] Promoting breaks and providing a break space can promote employee wellbeing, satisfaction and prevent burnout, especially for staff who work long shifts.[15,27,56]

Safety culture develops when leadership demonstrates a commitment to culture change by their own behavior, provides resources that achieve results, and openly shares safety information. Staff engages in a culture of safety when they take direct, personal action to address safety issues.

- *Model Appropriate Behavior*[19,37,42]
  Leadership and staff who demonstrate respect and model respectful conduct improve an organization's culture of safety.[19,37,44] Leaders who embrace and model positive behavior towards others show unacceptable behavior has no place in their organization.[44]
- *Mentor Staff*
  Negative or ineffective mentoring is linked to decreased job satisfaction of mentees and to an increase in the risk of patient care errors.[57] Preceptor and mentorship programs improve the transition for new nurse graduates into clinical practice and decrease preceptor stress often associated with the increased workload of mentoring.[52] Positive mentorship of new staff establishes expectations for acceptable conduct.[58]
- *Communicate Openly throughout the Organization*
  Open dialogue between leadership and staff reduces conflict and is vital to patient safety.[52] Transparency improves trust and communication, decreases disruptive behavior, and supports resolution of the inappropriate behavior.[52] It is important to address workplace violence and disruptive behaviors as close to the time of occurrence as possible.[9,37,52] Staff retention rates are found to be better in hospitals with self-identified higher levels of communication quality.[52]

  Facilitated discussion between those involved in a workplace violence experience may be necessary to understand the issue, and to resolve and prevent future negative behavior. Strategies for meeting with the perpetrator may include these action steps:

  - Leadership determines if a facilitated conversation is needed to resolve the issue.
  - Parties involved meet to identify of the root causes of the event/behavior.
  - Development and agreement on the plan of action by those involved.
  - Leadership evaluates progress of the plan.
  - Leadership communicates appreciation of each other's willingness to resolve the conflict.[37]

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- *Develop Team Skills*
  The AANA document, *Patient-Driven Interdisciplinary Practice*, underscores that effective work relationships, collaboration, and communication are the cornerstones of healthy work environments, which directly impacts patient safety and health outcomes.[59]

4. **Active Shooter and Acts of Mass Violence Contingency Plan**
   Special considerations should be made for threats of active shooters and acts of mass violence. These incidents involving deadly weapons such as knives and guns are often unpredictable and evolve quickly. In healthcare facilities, visitors may not be routinely screened for identification prior to entry, and security measures such as a metal detector are rarely present.[60] While these events occur most frequently in the emergency department, limited access areas such as the operating room are not immune.[60]

   Motivated individuals can bypass security measures, requiring healthcare organizations to prepare for critical situations.

   Implementation of a workplace violence threat assessment can be part of disaster and contingency planning and help facilities prepare for these events.[61] Preparedness in these situations is critical to prevent escalation and keep staff and patients safe. Strategies to prepare for active shooter events are outlined below, as well as in *Appendix A. The Joint Commission Recommendations for Preparing for Active Shooters.*[62]

   - *Engage Key Stakeholders*[63]
     Establish relationships and coordinate with community responders such as local law enforcement, trauma and behavioral health services, faith-based community and social service agencies.
   - *Develop a Communication Plan*
     Outline how staff and other key stakeholders are alerted and kept informed during situations. Establish an emergency hotline for employees.
   - *Assess and Prepare the Facility*
     Develop processes and procedures to lock down the facility, ensure patient and staff safety, and redirect pedestrian and vehicle traffic.
   - *Conduct Practice Drills*
     Include responses to a full spectrum of various violent situations.
   - *Plan Post-Incident Debriefs*
     Determine how physical and emotional health of staff and patients will be assessed post-event and provide referrals to appropriate healthcare providers and resources.

Resources

Visit the AANA's Wellness in the Workplace online content at www.AANA.com/WorkplaceWellness for additional information and links to current resources such as workplace safety, stress management, ergonomics, and career transitions. Other organizations with extensive resources on workplace wellness include:

- The National Academy of Medicine Clinician Well-Being Knowledge Hub, which provides a compendium of resources such as toolkits, reports and peer-reviewed literature related to clinician wellness and the healthy work environment.[64]
- The American Association of Critical-Care Nurses, who have also developed Healthy Work Environment standards that outline best practices for success.[65]
- The Joint Commission Workplace Violence Prevention Resources for Health Care[66]
- Occupational Safety and Health Administration (OSHA) Workplace Violence Resources and Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers.[7,48]

Conclusion

The rapidly changing demands and expectations related to healthcare magnify the importance of the culture of safety and code of conduct to minimize disruptive and inappropriate behaviors that may place patients and fellow staff at risk of harm. The AANA encourages nurse anesthetists to contribute to the development and continuous improvement of healthy work environment policies and behaviors.

Appendix A. The Joint Commission Recommendations for Preparing for Active Shooters[62]

Involve local law enforcement in your plans.

- Develop a plan to assist law enforcement, if you have access control in place.
- If you don't have access control in place, provide law enforcement with a "Go Kit" that includes access badges. (A Go Kit is for emergencies or disasters and includes items needed in case of an evacuation or survival situation.)
- Make law enforcement familiar with your building and the location of your Incident Command (IC) center. Provide them with life safety drawings (electronic and hard copy). Place a hard copy of the life safety drawings in the Go Kit.
- Find out who the law enforcement liaison officer is for your organization. It is critical that the officer knows who to contact at your organization, and how to communicate with them.

Develop a communication plan.

- Establish a primary communication method with local law enforcement, such as a police radio in dispatch.
- Establish an emergency hotline with a recorded message for employees. Make sure employees know the hotline number and the phone number of local law enforcement.
- Develop a "script" that can be used by those in the IC center to respond to calls from family members about an incident.
- Have your organization's press/public information officer join the regional or county Public Information Officers (PIO) group to facilitate information sharing. If there is no local PIO group, establish one.

Assess and prepare your building.

- Develop processes and procedures to "lock down" your building and prohibit walk-in traffic (including to any dedicated employee entrance) at the onset of an event.

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Establish processes and procedures to ensure patient and employee safety.

- Determine how to account for employees and patients during an incident.
- Determine how to handle critical patients during an event. In the case of evacuation, you may need a police escort for these patients.
- Hospitals should take into consideration the loss of services and access to critical operations for up to 10 hours following an event. The hospital and any adjacent space becomes a crime scene.

Train and drill employees.

- Provide ongoing training for all employees, including:
    - How to report and respond to active shooter events
    - What to expect when law enforcement arrives
    - How to protect patients
    - Awareness of high-risk security sensitive areas (such as the emergency department, operating rooms and pharmacy), and how to implement mitigation strategies
- Conduct Incident Command support training for security personnel, "house supervisors," and other employees who need to be aware of, or involved in, IC support during an incident.
- Conduct periodic drills or "table top" exercises to prepare employees for an active shooter event. If drills are conducted, inform patients and visitors of the drill so they will not be alarmed, or hold the event in a section of the building that is no longer in use or occupied.

Plan for post-event activities.

- Conduct debriefings
- Identify and manage anxiety or fear among patients, staff and leaders. This may manifest immediately, or in the days and weeks after the incident. Use behavioral health resources, your organization's Employee Assistance Program (EAP) or chaplaincy, as needed.

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In August 2000, the AANA Board of Directors adopted Position Statement 1.10, *Workplace Violence and Disruptive Behavior*. This position statement was revised by the AANA Board of Directors in June 2010. In 2014, the AANA Board of Directors archived this position statement and adopted the *Promoting a Culture of Safety and Healthy Work Environment, Practice Considerations*. The current document was revised by the AANA Board of Directors in September 2018.