TRANSFORMING THE NURSING WORK ENVIRONMENT

IN A UNIONIZED ORGANIZATION

By

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Abstract

It has been ten years since the Institute of Medicine reported that up to 98,000 deaths per year occur in American hospitals due to medical errors. Tremendous time, energy and resources have been applied to eliminate these medical errors, with only moderate improvements. Hospitals, and the nursing units within them, have made incremental changes from the traditional model of hierarchy and bureaucracy, where decisions were made by people in positions of power, with little input from the individuals actually doing the work. Significant reductions of medical errors will only result when there is a transformational cultural change away from the traditional model.

Patient safety and having adequate numbers of registered nurses to provide patient care, are both at risk in the current system. Transforming the work environment of nurses in hospitals must be a priority for hospital leadership in order to eliminate medical errors, ensure patient safety, retain experienced nurses in the hospital, and recruit the next generation into the nursing profession.

This cultural transformation in a unionized environment requires additional considerations for hospitals. In this environment, there are three partners necessary to be a part of the work environment transformation. Hospital leaders, collective bargaining associations, and the registered nurses will all benefit from re-establishing their relationship around the strong evidence of innovative changes, shared decision-making, and ultimately a relationship of trust amongst these three partners necessary to create a healthy work environment.
Transforming the Work Environment for Nurses in a Unionized Organization

The work environment of acute care nurses

Patient safety concerns were first exposed by the Institute of Medicine's report *To Err is Human* (1999), which reported that as many as 98,000 hospitalized patients die each year as a result of medical errors (1). In reviewing hospital nurse staffing evidence from 1990 to 2001, the lack of adequate numbers of nurses was directly associated with increased length of stay, hospital-acquired infections, and pressure ulcers (2). Additional research has revealed that there are a higher percentage of patient deaths when there are fewer nurses providing patient care (3). Medication administration has been a significant patient safety concern in this journey of reducing or eliminating errors. Adverse events and medical errors have been linked to direct patient care staff, including nurses, who have inadequate preparation and training in identifying error-prone conditions, complex work systems, interruptions, poor coordination of roles, and inadequate communication amongst people involved in each patient care situation (3). These and other studies demonstrate the strong relationship of the work of the nurse to ensuring patient safety.

With the preponderance of evidence that nurses have an important role in assuring patient safety; the Institute of Medicine (IOM) published "Keeping Patients Safe: Transforming the Work Environment of Nurses", which provides strong evidence of the role of the nurse in patient safety and also provides a roadmap for hospitals to utilize in redesigning the work of the nurse to provide high reliability systems, patient safety, and high nurse satisfaction (4). The IOM recommendations for transforming the work environment of nurses include promoting an
environment of trust, actively manage the process of change, engage workers in non-hierarchical decision making activities, and provide effective transformational leadership to oversee the cultural transformation (4).

The second issue is that of nurse satisfaction and the current and long-ranged forecast of the nursing shortage. Nurses' dissatisfaction is related to the relationships in the work setting, poor communication with physicians, managers, and colleagues, the lack of collaboration, and the consistent frustration of the inability to provide quality patient care because of the poorly designed systems and inadequate numbers of staff (4). This dissatisfaction must be addressed to create the type of work environment that draws people into the profession of nursing and keeps them there. Without changing the nurses' work environment, medical errors cannot be addressed sufficiently and hospitals are likely to experience a continued shortage of nurses to do the work necessary to improve patient safety.

The American Association of Critical-Care Nurses (AACN) created Standards for Establishing and Sustaining Healthy Work Environments (5). The standards include skilled communication, true collaboration, effective decision-making, appropriate staffing, meaningful recognition, and leadership that authentically live and support these standards (5). The synergy of all six of these elements in a nursing unit or organization are the key to ensure high reliability to reduce/eliminate adverse events, assure optimal patient outcomes, and recruit and retain high quality nurses to the profession.

The American Nurses Credentialing Center (ANCC) presented their new model for the Magnet Recognition Program (6). The new model provides a clear outline for designing a professional practice of nursing in an entire hospital. The five components of the new model are
transformational leadership, structural empowerment, exemplary professional practice, new knowledge, innovation and improvements, and empirical quality results (6).

There are common findings and recommendations from the IOM, AACN, and ANCC, that hospitals must consider as they transform the work environment:

1. Leadership willing and capable of transforming organizational cultures
2. Shared decision-making by nurses and other direct patient caregivers
3. Mutual trust fostered throughout the organization

If hospitals adopt these three recommendations, the transformation is likely to result in high quality patient care, reduced or eliminated medical errors, and adequate numbers of nurses to provide care.

Theoretical Framework

According to Kanter's theory of structural empowerment, empowerment is promoted in work environments that provide employees access to information, resources, support and the opportunity to develop professionally (7). Empowerment develops over time as employees gain greater control over their work lives and increasingly take part in decisions which affect their work (8). Staff nurses who report higher levels of access to workplace empowerment also report higher levels of patient safety in their work setting (9). Nurse managers that foster empowering conditions, create a greater level of respect in the nurses in those departments. Nurses' feelings of respect have been linked to nurses' satisfaction with their ability to give quality care and to their overall job satisfaction. Overall empowerment is reflected by nursing participation in role,
departmental and hospital decision making. This participation has been demonstrated to have stronger affects on nurse satisfaction than the levels of collaborative relationships and the adequacy of staffing. Nurses who feel respected are more satisfied with their job and more likely to trust their nurse manager and the organization (9). While nurse leaders are essential to create the setting and structures that encourage empowerment, individual nurses must also feel psychologically empowered to maximize the overall success of empowerment (9).

Ingredients for Cultural Change

Three common ingredients from the IOM, AACN, and ANCC are essential for hospitals, their nurses and collective bargaining associations to use as they pursue their shared vision and mutual interest of creating healthy work environments to reduce/eliminate medical errors, and increase nursing satisfaction. The three common recommendations include developing high levels of trust throughout the organization, developing structures that encourage active involvement by nurses in decision-making, and providing effective leadership to manage and drive this cultural transformation.

Creating and sustaining high levels of trust in a department and throughout the hospital is the first ingredient for achieving the cultural transformation necessary. The beliefs and the behaviors of the leaders are the single most important determining factor of organizational trust (8). When trust is low in an organization, it doubles the cost of doing business and triples the time it takes to get things done (10). Weakened trust and even distrust has been widely observed by nurses towards nurse managers and administrators (4). Creating and sustaining trust is essential to assuring patient safety. Low levels of trust have been related to organizations where employees have little influence over decisions affecting their work (4).
While trust is a two-way street, if trust has been lost or never established, the first responsibility of a leader is to inspire trust amongst the employees (9). Honest, open, direct and transparent communication is essential to gaining or reestablishing trust in an organization or a department. Leaders in an organization must analyze the structures and systems to identify if these operational norms demonstrate trust or mistrust towards its employees. Systems that foster mistrust must be reconsidered if the leaders are committed to creating and sustaining trust (9).

Developing structures that encourage nurses' involvement in decision making is the second common ingredient. The terms shared governance, shared decision-making, and shared leadership all describe formal structures for the empowerment of nurses. The original idea of shared governance was based on Kanter's empowerment theory, which emphasized the importance of nurses' control and autonomy over their professional practice (7). O'Grady (11) described shared governance as a dynamic way of conceptualizing and building structures to support a culture of empowerment.

Transformational leadership was identified by the IOM and ANCC as the third ingredient for transforming the work environment of the nurse. The foundations of transformational leadership include an interactive relationship between leader and follower, based on mutual trust, respect, and purpose (12). Transformational leadership is about change, innovation, empowerment of others, and power with, not to, others (13). Transformational leadership is about the effective utilization of empowerment so that the leader and followers all utilize their abilities to achieve their mutual purpose (12). The cultural change needed in hospitals today to assure patient safety and nurse retention requires transformational leaders, that inspire trust and empower their staff to identify and improve the work processes that are barriers to the delivery of care. In
comparison, transactional leadership involves a leader's focus on control of systems, managing the status quo or predefined policies, preserving stability, and the short term results. In many ways, the transactional leadership style describes the role and style of leaders in the traditional hierarchical hospitals and nursing departments.

Unionized nursing environments

In 1949, the American Nurses Association (ANA) was certified as a labor organization, which paved the way for the state nurses associations to represent registered nurses as their bargaining agents. This was established in response to the post World War II nursing shortage, related to working conditions, inadequate pay and increased demand for registered nurses (13). This organized labor effort was based upon dealing with the typical workplace being built on principles of authority and subordination (the characteristics of the traditional hospital organization). The collective bargaining process was felt necessary to equalize the power in order to negotiate working conditions and pay (14).

In organizations where nurses are covered by a collective bargaining association (CBA), there are unique challenges to establishing high levels of trust and fostering structural empowerment. In these organizations, the contract which is negotiated, by the organization, the CBA and the nurses, establishes agreements for working conditions, pay, benefits and other operational structures. Collective bargaining agreements are often based on "past practices and issues" and the past has little similarity to current or future nursing practice (15). Hospital leaders must consider these contractual agreements as they implement change to the work environment. Trust can be established when a nurse leader, the nurses, and the CBA all interpret specific contractual language the same. Trust can also be broken when there is disagreement in contractual language,
and one party takes action, not realizing there is disagreement or another way to interpret a specific contractual item. When contracts are negotiated, clarification is important; however during the life of the contract, there must be effective communication to discuss areas of question, interpretation or concern with either side's compliance with the terms in the contract. Good management and labor union relationships have been based upon compliance with rules that have been previously agreed upon.

Adversarial relationships between the labor union and management create a triangulation relationship putting the nurses in a situation where they feel they must side with management or the CBA. Publically promoting mistrust is not an unusual activity, such as in this Massachusetts Nurses Association publication, "Shared governance and similar bodies are strategies employed by health care administrators as a means of undermining the rights of union members to negotiate over terms and conditions of employment..."(16). Golf continues "you must educate your bargaining unit members and inform the employer that raising issues about working conditions is illegal". While not all CBAs adhere to these beliefs, the mistrust that this type of attitude promotes is detrimental to creating a healthy work environment and allowing a culture of transformational change. When there is a sense of mistrust towards management, nurses are more likely to "trust" the CBA, whose primary role is to "advocate and protect" the nurses.

Historically unions have the fundamental values that favor treating all employees the same and valuing seniority or years of experience (17). These values lead to a set of rules and regulations that inhibit transformational change and meeting the individual nurse, department and organizational needs to accomplish the mutual purpose. Systemic change requires trust amongst
all parties involved in the specific organization, and all of the parties reconsidering the past practices and using collaboration and innovation to create the new set of rules.

The future of transformational change with nurse, hospitals and unions

The recommendations of the IOM, ANCC, and ACCN, to transform the work environment for nurses to reduce medical errors, increase patient safety and increase nurse retention, must be the foundation of the shared vision for hospital management, nurses, and the CBA. Once the mutual purpose is defined and agreed upon, the steps for achieving these outcomes will require transformational leadership, trust, transparent communication and decision making that involves all three parties. The changes will ultimately involve differences in the content of the contract, as well as new mechanisms for making changes affecting the work environment of the nurses during the life of the contract.

Union contracts must take a different form, instead of detailing the specifics of staffing, scheduling, assignment, roles, hours of work, etc...parameters around the relationship regarding goal setting, work design, change management, and human resource principles must be the basis (11). Nurse leaders must engage their nurses in a discussion of patient safety, worker fatigue, and develop work schedules that put patient safety first and also respond to individual staff nurses' needs (4). Making these fundamental changes in a contract that has evolved over decades, will require true collaboration and trust by all three parties, and may take more than one contract negotiation to achieve the final end product. There is likely to be competing interests
and the process of this agreement may take years to arrive at a contract that allows such flexibility and transformation.

While the contracts themselves must take a different form, the relationship between the CBA, the hospital leadership and the nurses must also change. This change must start with the development of mutual trust. If the parties have all agreed on the shared vision, the mutual trust will be developed when each party’s actions are transparent, collaborative, and focused on achieving the vision.

The fundamental changes of the content of CBA contracts and the relationship of the three parties in living within the parameters of the contract will vary between organizations. Where there is mutual trust already established, these changes may not require significant effort. However where there is not a history of trust, these changes may take years to transform and would be best accomplished if a neutral party facilitated these efforts.

Relevance to nursing research

Patient safety and the importance of transforming the work environment of nurses in hospitals is a priority to nurses, hospitals, unions, patients and the public. Unionization of nurses has grown because of the powerlessness nurses have felt in the traditional organization and transactional leadership of many hospitals. The question is not whether or not nurses should be unionized; the question should be how do hospitals, CBAs and nurses come together to effectively transform the work environment, create trust, and involve nurses in the design of the work processes. Across the nation involvement of nurses in collective bargaining associations varies from state to
state. In Washington state, 80% of hospitals have collective bargaining agreements that cover their direct patient care RNs (18).

Creating healthy work environments is possible in unionized environments. The first Veterans' Affairs Hospital that received Magnet designation describes the key factors of their success in this achievement as the relationships between administration and union leaders which include open communication, mutual trust and respect, commitment to quality care and a spirit of innovation (19).

While transforming the work environment in a unionized environment requires additional considerations because of the third party (CBA) involved and the contractual agreements in place, it is essential for the nursing leaders of unionized hospitals and nursing units to initiate the change. Transformational leadership must replace the transactional styles of the traditional hospital and nursing unit. Mutual purpose must be defined with all parties, to guide decisions and disagreements. Contract negotiations must work towards less prescriptive details of staffing, scheduling etc replaced with descriptions of structures for shared decision-making, allowing for changes to occur that meet the needs of the patients and the nurses within a unit. Direct communication must be encouraged between a nurse and the nurse manager to foster problem solving and trust at the unit level. Communication must be two-way, frequent and in person to avoid misunderstanding and allow for immediate clarification if necessary. Ultimately these steps will result in a three-way trusting relationship where the work environment of the nurse is adaptable to the changing needs, nurses are professionally satisfied with the work in hospitals, and patients receive safe and error-free care.
References


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