Encouragement and Empowerment: Unlocking the Keys To Excellence

Today’s health care environment demands enormous amounts of energy and diligence, regardless of clinical setting: acute care hospitals, long-term care facilities, community-based agencies, home, or hospice care. Health work environments that channel their energy to foster encouragement and empowerment by their nurses bear witness to quality excellence and successful patient care outcomes. In fact, AACN Standards for Establishing Healthy Work Environments (American Association of Critical-Care Nurses, 2005) suggest that the link between healthy work environments and patient safety, and nurse retention and recruitment is irrefutable.

To accomplish the formidable task of unlocking the keys to excellence requires moral courage and commitment on behalf of nursing leadership. Lachman (2007) defined moral courage as the capacity to overcome fear and stand up for personal core values and ethical obligations. This means nurse leaders must model moral courage for their nursing staff as well as ways to address problems directly rather than ignore them. Sidestepping problems and broken systems can lead only to greater frustration and disappointment. Klein and Napier (2003) suggested using courage as a way of speaking and listening for the express purpose of enhancing relationships. When nurses communicate without feeling intimidated, ask appropriate questions, and speak out about problems they encounter, a culture of civility can be born.

Cultivating Civility

How can nurses be encouraged and empowered to breathe a culture of civility in their workplace? Lower (2007) described civil behavior as conduct that consistently shows respect for others, makes them feel valued, and contributes to effective communication and team collaboration. Respect is integral to building relationships as well as a professional mandate. The Code of Ethics for Nurses (American Nurses Association [ANA], 2001) clearly indicates that nurses in all professional relationships practice with respect for the inherent dignity, worth, and uniqueness of all individuals. Therefore, when nurses are encouraged and empowered to demonstrate and validate their professional expertise, contribute to patient safety and excellence, and illustrate their importance to patient care, respect will flourish.

However, when disrespect and conflict in the health work environment are allowed to percolate, then lateral nurse-to-nurse violence (Rowell, 2007) and hostility manifest. High levels of nurse-to-nurse violence lead to relational toxicity, and create incivility and disrespectful behavior. Toxic work environments are disruptive and destructive to patient care. Uncivil and disrespectful behavior often will include verbal abuse, negative behaviors such as co-workers’ refusal to assist or answer questions, general rudeness, harsh speech, hostile attitudes, and thoughtless acts and behaviors (Lower, 2007). This unacceptable level of violence and hostility is causing registered nurses (RNs) to leave work environments. Bartholomew (2006) noted that 60% of new RNs leave their first positions within 6 months because of hostility. Hostility may include behaviors such as nonverbal innuendo, verbal affront, undermining activities, and withholding information.

Nurses’ refusal to address violence in the health work environment only adds to incivility and hostility. Nurse leaders must break the cycle of unethical, unprofessional violence by addressing nurses’ lack of confrontation skills and dealing with these hostile behaviors. “Each professional nurse has an ethical duty to resolve workplace conflicts” (ANA, 2001, p. 9). Badger and O’Connor (2006) recommended that nurses work with their clinical managers to create a care environment in which ethical practice is the standard. Unethical and unprofessional behaviors are contributors to the nursing shortage and medical errors and must be stopped.

Cleansing Toxicity

The consequences of ignoring workplace violence and uncivil and hostile behavior will exacerbate the nursing shortage and jeopardize patient care (Lower, 2007). Nurses must be encouraged to identify the situations that mostcontinue on page 390
often lead to these distressing, uncivil, hostile behaviors. Open communication, collaboration, and support will diffuse the violence. Creating organizational policies that do not tolerate uncivil and hostile behavior will provide a safety net for nurses and allow them to protect themselves against disruptive co-workers. Healthy work environments encourage and empower nurses to seek assistance and ask for an ethics consultation in the clinical situation that warrants intervention to clean up workplace toxicity. Laschinger and Finegan (2005) suggested “...creating conditions that empower nurses to practice according to the standards of the profession and that foster positive working relations within an atmosphere of trust and respect can go a long way toward attracting and retaining a sustainable nursing workforce” (p.12). Healthy work environments encourage and empower nurses, and promote respectful and civil behaviors — all keys to unlocking excellence in clinical practice and patient safety.

References