It Starts With a Conversation: A Community Approach to Creating Healthy Work Environments

Joy Longo, DNS, RN, Amy Dean, MBA, Shelby Darlene Norris, EdD, MSN, ARNP, Suzette W. Wexner, and Leslie N. Kent, MS, RN-BC

abstract

A healthy work environment is needed to retain nurses. Among the factors that contribute to a healthy work environment are collaboration and communication. Through the leadership of the Palm Healthcare Foundation, Inc., a dialogue was started among health care stakeholders in Palm Beach County, Florida, resulting in a health care work force partnership community collaboration and initiatives to address the retention of nurses. One initiative was sponsoring a "train-the-trainer" program to raise awareness and provide skills for addressing factors that could affect work relationships, including emotional intelligence, generational differences, cultural competency and health literacy, employee crisis, and horizontal violence. A 6-month program evaluation was completed by the participants. A community approach provides a means for providers and educators to address common work force issues collaboratively.


Health care workers have a responsibility to provide quality services to the community in which they serve. Often barriers in the health care arena impede providers' ability to deliver quality care. One such challenge is the nursing shortage. Although the current economic climate has blunted the nursing shortage, when the economy trends upward, the shortage will become severe (American Association of Colleges of Nursing, 2009; Florida Center for Nursing, 2009b; Robert Wood Johnson Foundation, 2009). With the return to a healthy economy, a projected shortfall of 260,000 registered nurses is expected to occur by 2025 (Buerhaus, Auerbach, & Staggers, 2009). A focus on the retention of nurses is a possible solution to this future nursing shortage (Christmas, 2007; Florida Center for Nursing, 2009a; Pellico, Brewer, & Kovner, 2009; Robert Wood Johnson Foundation, 2006). Several factors affect retention rates, but one that warrants particular attention is the work environment.

Palm Healthcare Foundation, Inc. (PHF) created the Healthcare Workforce Partnership (HWP) (Figure) in which stakeholders from health care facilities, county agencies, and learning institutions are brought together to address concerns related to the recruitment and retention of qualified nurses and the growth of future nursing leaders. Several initiatives resulted from this partnership, including the establishment of a nurse leadership group, an education-practice gap committee, a novice nurse leadership institute, and a retention-work environment committee. The members associated with each of these initiatives embraced the task of identifying areas of the health care environment that can be improved and devel-

Dr. Longo is Assistant Professor, Christine E. Lynn College of Nursing, Florida Atlantic University, Boca Raton, Florida. Ms. Dean is Vice President of Strategic Programming & Policy, Palm Healthcare Foundation, Inc., West Palm Beach, Florida. Dr. Norris is School Nurse Educator, Health Care District of Palm Beach County, West Palm Beach, Florida. Ms. Wexner is President & CEO, Palm Healthcare Foundation, Inc., West Palm Beach, Florida. Ms. Kent is Associate Professor, Nursing, Palm Beach State College, Lake Worth, Florida.

The authors disclose that they have no significant financial interests in any product or class of products discussed directly or indirectly in this activity, including research support.

The authors thank all of the nursing stakeholders in Palm Beach County who have been a part of and supported the work of the Healthcare Workforce Partnership community collaboration.

Address correspondence to Joy Longo, DNS, RN, Assistant Professor, Christine E. Lynn College of Nursing, Florida Atlantic University, 777 Glades Road, Boca Raton, FL 33431. E-mail: jlongo@fau.edu.

Received: February 22, 2010; Accepted: July 19, 2010; Posted: September 8, 2010.

doi:10.3928/00220124-20100901-01

The Journal of Continuing Education in Nursing • Vol 42, No 1, 2011
operative measures to facilitate a healthy work environment for nurses and other health care workers.

FOCUS ON COMMUNITY COLLABORATION

PHF is a public charity located in and serving Palm Beach County, Florida. The foundation’s programs to strengthen, support, recognize, and diversify Palm Beach County’s nursing workforce have become emblematic of its work (Sidebar). Collaboration is the heart of PHF’s grant-making strategy, and the foundation looks for innovative, community-based opportunities that foster and nurture partnerships. Given the foundation’s deep and enduring commitment to strengthen the health professions, early on, it sought ways to organize the community to positively affect the profound nursing shortage. Currently, Florida ranks below the nation in the number of nurses per 100,000 people (Kaiser Family Foundation, 2008), and the prediction is a deficit of 52,000 full-time equivalent registered nurses in Florida by 2020 (Florida Center for Nursing, 2009b).

Reasoning that there was much to be learned and shared by bringing together nursing leadership (e.g., chief nursing officers, deans and directors of nursing programs) on a regular basis, and recognizing that the engagement of these nurse leaders would be critical to the success of any health care workforce initiative, the foundation convened its first breakfast meeting of these nurse leaders in 2003. Surprisingly, the 15 nursing leaders did not have strong cross-organizational working relationships. As a result, the goal and outcome of the first meeting were to break down the competitive barriers dominating the tone of the meeting and to find commonalities that were shared by the group. Today, this leadership group is an assemblage of close colleagues and friends who work collaboratively to solve common nursing problems, share best practices, and plan for the future. The commitment and the collaborative spirit of these leaders have been instrumental in the success and growth of what has become the HWP.

Today, the HWP is an interdisciplinary community collaboration that works to promote and strengthen nursing and other health professions. The partnership acts as a catalyst for change and strives to ensure an adequate supply of highly educated and trained health care practitioners and faculty through research, education, community outreach, resource development, and advocacy. It looks to identify the root causes of nursing challenges and takes a systems approach to finding long-term solutions. The HWP brings together nurse leaders and other stakeholders throughout Palm Beach County to identify common...
goals and establish plans to achieve them. The initiatives housed under the HWP umbrella are all designed, developed, and implemented by volunteer program committees. The success of the partnership lies in the deeply held spirit of openness and collaboration of all of the partners and the ability to leverage and share resources and expertise across the community. PHF facilitates this process in its role as a trusted, neutral convener.

Over the years, the members of the HWP have conceived and executed a variety of innovative, community-wide programs, focusing their efforts on both the recruitment of new nurses to the profession and, more recently, the retention of those already employed and the associated implications for patient safety, quality of care, and the future of nursing leadership. This led to the implementation of specific strategies to better understand and address nurse retention in Palm Beach County.

A key strategy was to better understand the underlying forces affecting retention of nurses in the community. In response, the foundation commissioned a nursing work environment study to identify the factors that influenced nurses’ decisions to stay with their employers. Six hundred seventy-five licensed nurses (94% registered nurses and 6% licensed practical nurses), representing 10 organizations, participated in the research (DeGroot & McIntosh, 2008). The findings, reported in fall 2007, supported the foundation’s concerns regarding nurses’ job satisfaction and retention.

<table>
<thead>
<tr>
<th>SIDEBAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>HISTORY OF PALM HEALTHCARE FOUNDATION, INC.’S NURSING INITIATIVES</td>
</tr>
<tr>
<td>2001</td>
</tr>
<tr>
<td>- Palm Healthcare Foundation, Inc. (PHF) is established as a public charity serving Palm Beach County, Florida.</td>
</tr>
<tr>
<td>- The foundation’s board of trustees adopts a mission to grow and strengthen the nursing work force.</td>
</tr>
<tr>
<td>2002</td>
</tr>
<tr>
<td>- PHF hosts a community forum to discuss opportunities and strategies to attract individuals to careers in nursing and the role of nursing in the delivery of health care in the 21st century.</td>
</tr>
<tr>
<td>- The foundation establishes the Healthcare Workforce Partnership (HWP) community collaboration.</td>
</tr>
<tr>
<td>- PHF funds the Nursing Leadership Institute at the Christine E. Lynn College of Nursing at Florida Atlantic University and awards its first nursing scholarships.</td>
</tr>
<tr>
<td>2003</td>
</tr>
<tr>
<td>- The foundation hosts its first Chief Nursing Officer/Deans and Directors Meeting.</td>
</tr>
<tr>
<td>- PHF hosts the first Annual Nursing Celebration Dinner to present Nurses of Distinction Awards.</td>
</tr>
<tr>
<td>- PHF and Tenet partner on a grant of $1.2 million to establish a new bachelor of science in nursing program at Palm Beach Atlantic University.</td>
</tr>
<tr>
<td>2004</td>
</tr>
<tr>
<td>- The HWP engages in a strategic planning/consensus process to develop a comprehensive strategy to address the educational and professional development needs of nursing students, faculty, and practitioners.</td>
</tr>
<tr>
<td>2005</td>
</tr>
<tr>
<td>- PHF awards Palm Beach State College a grant to establish a part-time evening and weekend nursing program for students who are unable to attend traditional school during the day.</td>
</tr>
<tr>
<td>2006</td>
</tr>
<tr>
<td>- There is growing concern among HWP members about the retention of nursing professionals in the community.</td>
</tr>
<tr>
<td>- PHF commissions a nursing work environment study to identify the factors that influence nurses’ decisions to stay with their employers.</td>
</tr>
<tr>
<td>- The HWP launches the Novice Nurse Leadership Institute to support nurses as they transition from school to the workplace.</td>
</tr>
<tr>
<td>2007</td>
</tr>
<tr>
<td>- The HWP reviews its strategic priorities and forms two new committees focused on nurse retention: the education-practice gap committee and the retention-work environment committee.</td>
</tr>
<tr>
<td>2008</td>
</tr>
<tr>
<td>- The education-practice gap committee of the HWP develops an action plan for improving the precepting experiences of student nurses, new nurses, new hires, and preceptors.</td>
</tr>
<tr>
<td>- The retention-work environment committee of the HWP develops an action plan for addressing environmental factors that influence nurse retention. The committee hosts “Transforming Behaviors to Build and Sustain a Culture of Safety in Healthcare,” a full-day conference and train-the-trainer workshop to enhance the skills of nurses to effect positive change in their work environments.</td>
</tr>
<tr>
<td>2009</td>
</tr>
<tr>
<td>- The retention-work environment committee evaluates the effectiveness of the conference in improving attendees’ work environments.</td>
</tr>
</tbody>
</table>
After the release of the survey results, the HWP retention-work environment committee was formed to address these concerns. The work of the committee focuses on environmental factors that could influence retention of workers at all levels of experience. Its mission is to create a healthy work environment for all health professionals. During 2008, the committee met approximately monthly to develop an action plan for addressing specific priorities related to the work environment that were identified during HWP strategic planning sessions. These priorities centered on interpersonal challenges that were identified through the nursing work environment study commissioned by PHP and, more broadly, through a review of the nursing literature.

HEALTHY WORK ENVIRONMENT

A healthy work environment is essential for retention of nurses. The consequences of an unhealthy work environment include increased stress among health care professionals and threatened patient safety as a result of medical errors (American Association of Critical-Care Nurses, 2005). The American Association of Critical-Care Nurses (2005) described six attributes of professional performance that contribute to a healthy work environment: (1) skilled communication, which extols communication skills as equal to clinical skills; (2) true collaboration, which means respecting each person’s contributions to common goals; (3) effective decision-making, which entails assessing situations, sharing information, and communicating with other professionals; (4) appropriate staffing, which establishes effective staffing patterns to meet patient needs; (5) meaningful recognition, which involves acknowledging and valuing each individual; and (6) authentic leadership, which necessitates that leadership embrace and establish processes that promote a healthy work environment. The establishment and maintenance of a healthy work environment benefits both workers and patients.

The HWP retention-work environment committee provided a means for the community partners to come together to discuss these American Association of Critical-Care Nurses attributes and consider ways to develop them in local facilities. Through the work of the various committees within the HWP, specific attributes were already gaining focus in the community, including appropriate staffing, effective decision-making, and authentic leadership. One area of general concern was interpersonal relationships among health care professionals.

In evaluating a healthy work environment, these relationships have a bearing on the attributes of skilled communication, true collaboration, and recognition. One concern that was raised by the committee as affecting interpersonal relationships was that of disruptive behaviors of health care workers, which are physical, verbal, or passive-aggressive acts that disrupt the delivery of patient care (Joint Commission, 2008). At the same time that the committee was planning its agenda, the Joint Commission issued a sentinel alert concerning disruptive behaviors in the health care setting and their negative effect on patient safety (Joint Commission, 2008). In January 2009, a new leadership standard was being put into effect by the Joint Commission stating that any facility applying for accreditation would need to show documentation of the processes followed to address this potentially dangerous behavior. This initiative raised awareness of the importance of attention to interpersonal relationships and became a driving force of the retention-work environment committee. The committee began its work by identifying best practices that were already being used by local health care organizations and identifying local content experts in areas related to communication and collaboration. Through this dialogue the following topics were identified as risks to interpersonal relationships: emotional intelligence, generational differences, cultural competency and health literacy, employee crisis, and horizontal violence. Each of these was recognized as potentially affecting collaboration and communication.

Emotional intelligence, defined as the ability to perceive, identify, and manage one’s own and others’ emotions, provides the basis for social and emotional competencies. The nursing profession inherently has a strong emotional component, and these emotions can affect professional relationships and patient care decisions (Smith, Proffetto-McGrath, & Cummings, 2009). Emotional intelligence describes how emotions affect cognitive abilities and can be managed cognitively (George, 2000). The modern demands of nursing depend on emotional intelligence to achieve more positive and patient-centered care and can directly affect the health care environment and nurse retention (Akerjordet & Severinsen, 2007; McQueen, 2004; Smith et al., 2009).

Generational differences are another issue that can affect communication and collaboration. The nursing profession is now composed of four generations: (1) the Veterans, born between 1925 and 1945; (2) the Baby Boomers, born between 1946 and 1964; (3) the Generation Xers, born between 1965 and 1980; and (4) the Millennials, born between 1980 and 2000. As a result of this multigenerational work force, conflicts can arise as a result of different values and work ethics (Duchesler & Cowin, 2004). A lack of understanding about these differences can impede the ability to recognize individual contributions made in the workplace and inhibit collaboration.

All aspects of health care delivery are affected by the
ability to demonstrate cultural competency because diversity exists among patients and workers. According to Cross, Bazron, Dennis, and Issacs (1989), "Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations" (p. 13). Effective communication is essential to achieving basic human rights and equality (Hunt, 2007), reflecting a need for cultural competency. Cultural differences can inhibit communication, resulting in substandard health services. This communication gap has a bearing on health literacy, which is defined as "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions" (Selden, Zorn, Ratzan, & Parker, 2000, ¶ 8). The large number of people with limited health literacy has important implications for health care providers and the American health system (Weiss, 2007). Health care providers must have the skills and knowledge to communicate and understand cultural influences on health behaviors to eliminate barriers and improve job satisfaction for nurses, leading to increased retention (Fernandez & Fernandez, 2005; Grant & Letzring, 2003).

As discussed earlier, a recently recognized threat to interpersonal relationships in health care is disruptive behaviors. These behaviors include acts of verbal, emotional, or physical aggression toward health care workers that result in a breakdown of communication and collaboration, disrupting the delivery of health care services. Aggression can be exhibited toward a health care worker by a patient, a patient's family member, or another health care worker. The new Joint Commission standard focuses on instances of worker-on-worker aggression. One such type of behavior is horizontal violence, which is an act of overt and covert aggression displayed between colleagues, generally nurses (Longo & Sherman, 2007), and is a sign of disrespect toward another worker. Disruptive behaviors and poor relationships with employees affect motivation, commitment to work, and intent to stay employed, both in a specific position and in the nursing profession (Hutchinson, Vickers, Jackson, & Wilkes, 2006; Johnson & Rea, 2009; Tourangeau, Cummings, Cranley, Ferron, & Harvey, 2010; Yildirim, 2009). Any incidence of disruptive behavior can escalate to the point at which employee safety is threatened and an immediate crisis situation exists; therefore, de-escalation of the crisis must be accomplished. Health care workers must be skilled in addressing the conflict resulting from disruptive behaviors and supported in their efforts. Organizations must be willing to address and eliminate disrespectful and abusive behaviors by promoting communication to confront these behaviors (American Association of Critical-Care Nurses, 2005).

After these topics were identified as influencing interpersonal relationships among health care workers, the retention-work environment committee considered various methods to promote best practices throughout the community. Committee members concluded that an open seminar/conference and "train-the-trainer" format would be effective in reaching a broad audience of health care professionals. The conference, "Transforming Behaviors to Build and Sustain a Culture of Safety in Healthcare" was divided into two parts over the course of 1 day in fall 2008. Continuing education credits were offered for licensed professionals. In the morning, open sessions were held on the chosen topics of emotional intelligence and relationship-building; generational differences; cultural competency and health literacy; and horizontal violence and employee crisis. Over lunch, a member of the Joint Commission Sentinel Event Advisory Group gave a presentation on the effect of disruptive behavior on patient safety and provided an overview of the new standard regarding disruptive behavior. To further extend the reach of the conference content and encourage dissemination more broadly within local organizations, train-the-trainer sessions were held in the afternoon. Participants were provided with additional skill development in the morning sessions, as well as instruction on effective teaching techniques and leading organizational change. They also were asked to commit to teaching at least two training sessions on the content presented within their workplace settings.

**PROGRAM EVALUATION**

To evaluate the effectiveness of the conference and the ability of the participants to bring about change in their work environments, a follow-up program evaluation was developed. The survey was a 16-item instrument that included demographic information and both open-ended and closed-ended questions. The objective of the evaluation was to determine the effectiveness of the conference in introducing self-reported behavior changes in participants and whether they were able to bring the information back to their work environment through informal (e.g., one-on-one discussion) or formal (e.g., in-services and presentations) means. The participants were also asked about the barriers they encountered in effecting change. Before participant enrollment took place, university institutional review board approval was obtained. Six months after the conference, an informational e-mail was distributed to the approximately 120 participants through a distribution list that was generated for
the conference. The e-mail provided a link to an online consent form. Attendees who chose to participate in the follow-up survey clicked “Agree” and were directed to the evaluation, which was hosted on a secure website.

**PROGRAM OUTCOMES**

Thirty-one evaluations were returned. The majority of the respondents were female (90.3%), were 49 to 58 years old (35.5%), and worked in a hospital (58.1%) (Table). In response to the open-ended question regarding what prompted them to attend the conference, 15 respondents stated that they were interested in the topics or content that would be presented and 10 respondents stated that they were encouraged to attend by an administrator, coworker, or teacher. This finding supports the value placed on these topics by both nurses and administrators. The remainder of the participants stated that they attended for personal and professional growth, because of the quality of previous programs offered by PHF, and because of the low cost of the conference. Through partnerships and innovative programs, PHF has gained the respect of community members, thus adding credibility to this endeavor.

When asked whether attendance at the conference influenced their personal work behaviors, the majority of respondents stated yes (71.0%). When participants were asked to explain how their personal work behaviors were influenced, the responses showed that participants attained a deeper understanding of the relationship between behaviors and the work environment. One participant stated, “I have a better understanding of how attitude affects the entire work force, either positively or negatively.” Acknowledgment of the connection between work behaviors and the environment is vitally when trying to change a culture. Another respondent stated, “This conference enlightened my awareness of horizontal violence, especially the fact that we can unite as a group and support each other when and if this occurs. It should NOT be acceptable behavior.”

The participants also expressed a newfound willingness to examine their own behaviors and openness to working through issues with others. Other topics discussed included the drive to initiate conversations about these subjects with peers and the attainment of new skills, such as the ability to approach, interact, and effectively communicate with staff of different age groups. One participant stated that the conference “heightened awareness of my personal bias. I feel I am more sensitive to the learning needs and teaching methods for the various generations in the workplace.” Self-awareness is imperative for change. By bringing these issues to the forefront, the attendees are a step closer to shifting the work culture.

One of the committee’s goals for the conference was for participants to be able to bring information back to their respective facilities and educate coworkers, which would expose the larger community to the identified work environment issues. When asked whether the participants discussed the conference information informally with their peers and colleagues, the majority (77.4%) responded yes. Such informal communication techniques as “simply sharing information” and “conversing with
peers" were identified. The participants recognized that these opportunities presented a way to introduce potentially controversial or sensitive topics in a nonthreatening way. One participant stated, "I have brought up the topics we discussed with coworkers in a relaxed way to see their take." Two or more people can now enter into a dialogue about topics that previously may have been perceived as threatening but now are less intimidating.

Although most participants (83.9%) stated that there were no formal attempts to introduce the topics through training programs or in-services, a few formal methods were identified, including bringing the topics to established committees within the facility, having staff read articles, and discussing the topics during a student post-conference. Other formal approaches included changing existing educational offerings by adding specific topics from the conference. Although the participants stated that the administration would be supportive of new initiatives or policies, none have been developed.

**DISCUSSION**

What is unique about the HWP is the active involvement of community stakeholders who were brought together to address the importance of recruitment and retention of qualified and highly skilled nurses. Turnover is a universally recognized threat to patient care, and through the partnership, it could be addressed on a local level for the purpose of delivery of quality health care in the community. Through the various initiatives and committees of the HWP, environmental issues that could affect work relationships and the work environment were brought to the forefront. The partnership served as a model of collaboration by bringing together people who may not otherwise have the opportunity to share concerns and best practices to address challenges that are common across health care settings.

Through the work of the retention-work environment committee of the HWP, a concerted effort to address interpersonal issues at work was initiated and culminated in the presentation of a train-the-trainer conference. Based on the follow-up survey, the conference was successful in raising participants’ consciousness of issues that affect working relationships. Of particular concern because of the new regulatory standards were disruptive behaviors, such as horizontal violence. The participants left the conference with enhanced knowledge of potentially conflict-causing behaviors and were able to bring this awareness to others through nonthreatening dialogue. This type of communication is important in approaching potentially difficult subjects (Patterson, Grenny, McMillan, & Switzler, 2002).

Because it was recognized that institutional buy-in was essential and that the possibility of bedside nurses leaving the unit was not a realistic expectation, a train-the-trainer strategy was chosen as the most effective approach in reaching the bedside nurse. Although the committee had hoped that the participants could begin to introduce change in the work environment formally, it was recognized that the committee did not have control over individual work environments. The participants could then be empowered to begin the process of introducing change within the structure of their own organizations. Informal dialogues were begun that raised awareness of possible factors that could impede communication and collaboration. Just having the ability to start these conversations serves as a model of communication among workers.

The majority of respondents to the follow-up survey were clinical educators, which brings up the question of who is an accessible audience for community-based programs and who responds to online surveys. Many participants stated that they were sent to the conference by their managers. It may be that clinical educators are most likely to be earmarked for this type of undertaking because they are expected to develop educational offerings within their own facilities. Also, educators may have easier access to computers with e-mail capability, as needed to complete and return the survey.

The low response rate for the program evaluation \((n = 31)\) could be attributed to several factors. Information about the link to the program evaluation was e-mailed to participants, and this method of recruitment and data collection has been associated with low response rates (Im & Chee, 2004). Many of the e-mail addresses for participants were associated with their place of employment. When connecting to the Internet at work, participants may have limited time and the program evaluation could be deemed a low priority. Some of the e-mail addresses on the distribution list were no longer valid, so not all conference participants received notification of the evaluation. Other reasons for low response rates with Internet research can include a lack of incentive for participants and frustration with receiving too many e-mails (Im & Chee, 2004). Use of a second method for announcing the program evaluation may have increased the response rate.

Although dissemination of the conference information was mainly carried out informally, no organizational barriers were identified that impeded a more formal approach. In fact, administrators were supportive of this initiative. Although strategies to facilitate teaching skills and change were introduced at the conference, each organization has its own systems that need to be navigated, and it is likely that more than one person needs to initi-
key points

Healthy Work Environments

1. A collaborative community effort among major stakeholders, including health care facilities, county agencies, and learning institutions, provides a strategy for addressing nurse retention.

2. When establishing healthy work environments for nurses, it is important to examine factors that affect interpersonal relationships within those environments.

3. A nursing conference organized in a “train-the-trainer” format affords the opportunity to provide skills that affect a nurse’s ability to examine personal work behaviors and informally address sensitive topics in the work environment.

...ate a formal approach to change. This can be a key role for clinical educators. For these reasons, the clinical educator is an important link and should be considered a key person in the development of both organization-specific and community initiatives to address nurse retention.

The health of a community is, in large part, the responsibility of those who provide services to the community. By bringing together these invested parties, PHF, through the work of the HWP, has introduced changes in the culture of health care in Palm Beach County and brought to the forefront issues that affect health care workers and influence retention. Involving everyone from administration to bedside workers to nursing students in the mission helps them all to become invested in the idea of improving the culture of health care for the benefit of patients.

REFERENCES


