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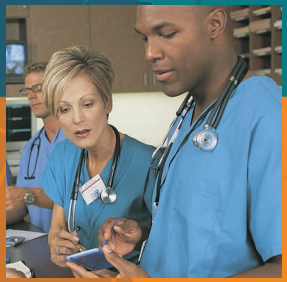
TRANSFORMING
NURSING THROUGH
KNOWLEDGE

2013/2014

The Healthy Work Environments Quick Reference Guide



This quick reference guide will be useful to those interested in creating and working in a healthy workplace

RNAO
Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers autorisés de l'Ontario

This project has resulted in nine Healthy Work Environments Best Practice Guidelines

This pocket guide resource has been summarized from the Registered Nurses' Association of Ontario (RNAO) nine Healthy Work Environments Best Practice Guidelines (HWE BPGs):

- Collaborative Practice Among Nursing Teams
- Developing and Sustaining Effective Staffing and Workload Practices
- Developing and Sustaining Nursing Leadership
- Embracing Cultural Diversity in Health Care: Developing Cultural Competence
- Professionalism in Nursing
- Workplace Health, Safety and Well-being of the Nurse
- Preventing and Managing Violence in the Workplace
- Preventing and Mitigating Nurse Fatigue in Health Care
- Managing and Mitigating Conflict in Health-care Teams

This guide has been created for use in all health-care sectors in order to assist in both personal leadership development and in creating an effective organizational culture to support nurses in all nursing roles.

For the full list of recommendations, interpretation of the evidence levels, discussion of evidence and noted appendices, please consult the appropriate RNAO Healthy Work Environments Guideline. All complete guidelines can be accessed from our website: http://rnao.ca/bpg/guidelines/hwe

"A healthy work environment is...

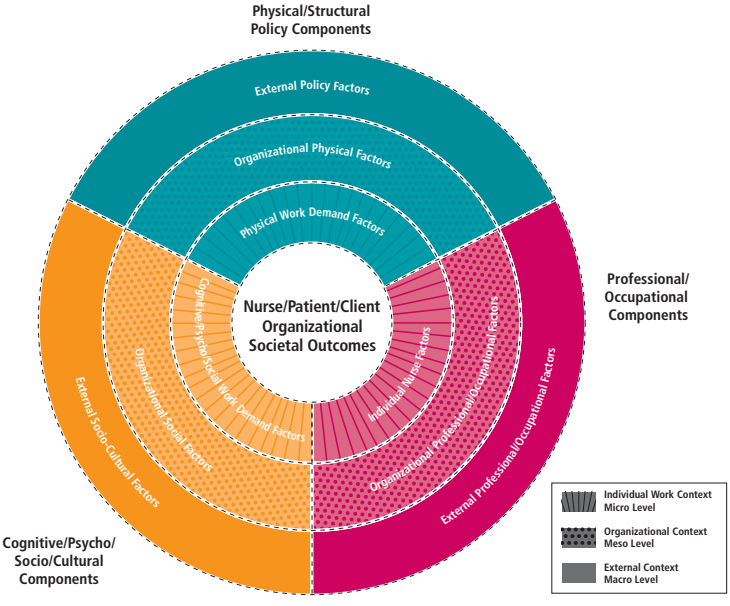
...a practice setting that maximizes the health and well-being of nurses, quality patient/client outcomes, organizational performance and societal outcomes."

Organizing Framework for the Healthy Work Environments Best Practice Guidelines

The base of all the HWE BPG is the *Organizing Framework for the Healthy Work Environments Best Practice Guidelines*. It provides the theoretical underpinning that directed the focus of each guideline as well as the nature of the recommendations. It reinforces the overall outcome of a healthy work environment as well as the individual, organization and external environment factors and the physical/structural, cognitive/psycho/socio/cultural and professional/occupational components.

Physical/Structural Policy Components

At the organizational level, the Organizational Physical Factors include the physical characteristics and the physical environment of the organization, as well as the organizational structures and processes created to respond to the physical demands of the work. Included among these factors are staffing practices (flexible and self-scheduling), and access to functioning lifting equipment, occupational health and safety polices, and security personnel.



Cognitive/Psycho/Socio/Cultural Components

At the organizational level, the Organizational Social Factors are related to organizational climate, culture, and values. Included among these factors are organizational stability, communication practices and structures, labour/management relations, and a culture of continuous learning and support.

Professional/Occupational Components

At the organizational level, the Organizational Profession/Occupational Factors are characteristic of the nature and role of the professional/occupation. Included among these factors are the scope of practice, level of autonomy and control over practice, and intradisciplinary relationships.

> *"Achievement of healthy work environments for nurses require transformational change, with "interventions that target underlying workplace and organizational factors"* *"

* Lowe, G. (2004). *Thriving on healthy: Reaping the benefits in our workplaces.* (in italics). Keynote presentation at the RNAO 4th Annual International Conference - Healthy Workplaces in Action 2004: Thriving in Challenge. November 17, 2004, Markham, Ontario.

Collaborative Practice Among Nursing Teams

Organization Recommendations

2.0 Nursing Collaborative Practice Organization Recommendations

2.1 Organizations implement specific strategies that encourage and enable effective teamwork. These may include the provision of:

- Physical space or technology that enables people to come together
- Administrative support
- Orientation and continuing education funding
- Compensation opportunities to promote participation
- Recognition and rewards
- Participative decision-making opportunities related to development and implementation of policy
- Evaluation processes focused on the impact of nursing teams on patients/clients, nurses, and the organization, and development of specific outcome measures

2.2 Organizations ensure a culture that supports effective teamwork and conveys administrative support by:

- Ensuring that team members are included in the development and implementation of unit policies
- Supporting a culture in which participative decision-making is promoted
- Developing clear and consistent policies concerning roles and responsibilities
- Developing values, structures and processes to foster effective intra- and interprofessional collaborative relationships
- Ensuring that resources are allocated for teams to balance delivery of care, and professional practice development and evaluation
- Endorsing a professional practice model that supports practice accountability, autonomy and decision authority related to the work environment and care
- Incorporating behavioural objectives into the performance development and management processes related to effective teamwork

Table 2.2 – Teamwork Competency and Defining Behaviours

This table provides a sample of how, at the organizational level, the performance development process incorporates behavioural objectives related to teamwork competencies.

COMPETENCIES	FULLY PERFORMING	EXCELLENT	OUTSTANDING
TEAM WORK Works collaboratively with others to achieve group goals and objectives: ■ Collaboration ■ Relationships/ Partnerships	• Open and willing to share appropriate information with patients/clients, families, and others • Assists in resolving team problems and deals with conflict in a positive manner • Takes responsibility for achieving individual goals while understanding the impact on patients/clients, families and others • Understands the importance of achieving team goals and contributes/initiates solutions • Demonstrates a cooperative spirit and contributes to a positive and supportive working environment • Supportive of team decisions and is trusted by others • Takes action to address patient safety concerns within own or team members work • Takes initiative and offers assistance to colleagues/fellow team members	• Assumes leadership roles within the group and helps to facilitate team goal setting • Builds rapport, always communicates respectfully when giving feedback • Encourages and initiates teamwork • Involves the patient, family or others as a participant in the design and delivery of service or care • Works well with all people inside and outside the team • Mentors others and serves as a role model within the team • Holds others accountable for team performance • Respects diversity, values the opinions of others	• Continually strives to improve team effectiveness • Creates synergy within team, department and alliances across the organization • Motivates others and brings team members together to achieve collaborative results • Persuades others to act in the best interests of patients/clients, families and teams within the organization • Resolves complex team issues by achieving common understanding on diverging interests • Facilitates and fosters cooperative approach within unit and beyond • Measures and monitors team outcomes and facilitates continuous quality improvement

Source: Teamwork competency and defining behaviours, Mount Sinai Hospital, Toronto, Ontario. Performance Appraisal System, Core Competency on Teamwork; 2006.

2.3 Organizations support systems and processes that promote team functioning and continuity of patient/client care.

The organization has a responsibility to ensure that professional practice models are supportive of collaborative practice to ensure that the development of barriers between or among teams is avoided. Organizational resources must be adequate to ensure that staffing levels and mix support and promote teamwork, high quality delivery of care, professional development and evaluation. Without resources specifically identified for replacement of staff to participate in team activities, professional development and evaluation, it is unlikely that such activities will occur within the allocated funding.

2.4 Organizations develop and utilize specific outcomes to evaluate the effectiveness of teams, while ensuring that high quality nursing care is being delivered by:

- Evaluating the impact of nursing teams on patients/clients, nurses and the organization
- Systematically evaluating nursing teams
- Identifying obstacles to completing evaluation processes

Evaluation must occur in a systematic, organizationally supported manner in order to identify best practices. Multiple factors determine the effectiveness of teams including work design, environmental, internal and external processes, and group psychosocial characteristics. Structural, cultural and competency-based variables such as collaboration, egalitarianism, substantive participatory decision-making, cohesiveness, team diversity, team composition and size, leadership behaviours and role sets within the team, and communication systems all have an impact on team effectiveness and therefore must be evaluated.

2.5 Organizations provide support to leaders who use evidenced-based transformational leadership practices to create healthy work environments.

Appendix D: Measures of Concepts Related to Collaborative Practice Among Nursing Teams Model

MULTIDIMENSIONAL MEASUREMENT INSTRUMENTS	SPECIFIC TEAM CONCEPT MEASUREMENT INSTRUMENTS
• Caregiver Interaction Questionnaire • Group Interaction Scale • Team Climate Inventory • Operating Room Management Attitudes Questionnaire	• Relational Coordination • Coordination Approach Scale • Collaborative Practice Scales • Decision about Transfer Scale

Developing and Sustaining Staffing and Workload Practices

The Patient Care Delivery Systems Model related to promoting effective staffing and workload practices is an open-system model based on more than 15 years of research. Patient/client care delivery systems are highly complex. They include a variety of inputs incorporating patients/clients, nurses and system characteristics, as well as the multiple interactions among these components. These inputs, coupled with critical nursing processes such as models of care, nursing leadership, nursing infrastructures, and environmental complexity factors, result in a range of outcomes for patients/clients, providers and systems.

INPUTS

Patient/Client Characteristics
- Demographics
- Significant other support
- Health history
- Functional/ cognitive status
- Determinants of health
- Health knowledge and health behaviours
- Admission entry point
- Perceived quality of life
- Care goals/expectations
- Care needs

Provider Characteristics – Nurse
- Age, gender
- Determinants of health
- Work/Life balance
- Professional status
- Employment status
- Education
- Experience
  - Practice
  - Practice environment
- Competence level
- Health status
- Work goals/expectations

System Characteristics
- Geographic location
- Availability and accessibility
- Level of integration
- Organizational size and scope
- Population density
- Population characteristics
- Supply-demand ratio
- Resource availability

System Behaviours
- Work planning/management
- Leadership
- Workplace stability
- Legislation and regulation
- Resource allocation
  - Scheduling practice
  - Skill mix
  - Overtime utilization
  - Replacement staffing
  - Availability and accessibility of clinical/non-clinical staff
- Continuity of caregiver
- Consistency of care
- Engagement in decision-making
- Human resource practices

THROUGHPUTS

Nursing Care Processes
- Model of care
- Leadership styles
- Nursing interventions
- Non-nursing work completed
- Perceived work environment

Environmental Complexity Factors
- Resequencing of work in response to others
- Unanticipated delays due to changes in patient/client acuity
- Characteristics and composition of caregiving team

OUTPUTS

Patient/Client Outcomes
- Readmission rates
- Patient/client safety
- Patient/client satisfaction
- Goal achievement
- Morbidity/mortality
- Optimized quality of life

Provider Outcomes–Nursing
- Effort and reward balance
- Autonomy
- Control
- Job satisfaction
- Collaborative relationships
- Optimal health and safety
- Perceived value

System Outcomes
- Nurse retention rates
- Length of stay
- Cost per resource intensity weight
- Quality of patient/client care
- Quality of nursing care
- Interventions delayed
- Interventions not done
- Absenteeism
- Error rates

Source: Evidence Based Standards for Measuring Nurse Staffing and Performance

Levels of Decision-making Related to Promoting Effective Staffing and Workload Practices

The goal of the staffing process is efficient and effective use of nursing human resources. The Patient Care Delivery Systems Model isolates the variables that must be considered to promote efficient and effective utilization of nursing human resources, which in turn leads to a healthy work environment. A healthy work environment, in turn, leads to best patient/client, nurse and system outcomes. To ensure that these outcomes occur, information systems and measures must be utilized at all three levels of decision-making, to guide the decision processes.

These three levels of decision-making are characterized as:

1) Nursing management strategic decision-making:
   - Strategic nursing staffing decision-making (guidelines on nurse utilization rates, staff mix and staffing levels).
   - Strategic patient/client-flow decision-making (policies on nursing regarding the number and types of patients/clients admitted).
2) Nursing management logistical decision-making:
   - Logistical nursing staffing decision-making (nursing staff scheduling for a fixed period).
   - Logistical patient/client-flow decision-making (patient/client admission scheduling, etc.).
3) Nursing management tactical decision-making:
   - Tactical nursing staffing decision-making (last minute adjustments).
   - Tactical patient/client-flow decision-making (transfer of patient/client from one unit or another, cancellation of scheduled admissions).

Summary of Recommendations for Developing and Sustaining Effective Staffing and Workload Practices

Organizational Level

1. Organizations plan, implement and evaluate staffing and workload practices at the three levels of decision-making – strategic, logistical and tactical – that result in staffing that facilitates the delivery of safe, competent, culturally sensitive and ethical care. Decisions about staffing to facilitate safe and quality care incorporate the following principles:

1.1 Strategic nursing staffing processes support the delivery of safe, competent, culturally sensitive and ethical care by:

- Ensuring that the budget is aligned with the required staffing levels to meet patient/client needs and accommodate replacement, orientation and professional development.
- Maximizing continuity of care and continuity of care givers.
- Providing delivery methods to meet fluctuating patient/client and staff requirements.
- Responding to staff work life considerations and work preferences.
- Being fair and equitable.
- Ensuring a full-time/part-time ratio of 70%/30% to enable continuity of care and to ensure patient/client safety, a quality work environment and stability in the workplace.
- Ensuring that nurse staffing, inclusive of staff mix, is planned on a unit/program basis and reflects individual and collective patient/client, nurse and system characteristics.
- Ensuring that the category of nurse used reflects the best evidence available, recognizing the strong association between category of nurse and health outcomes for patients/clients.
- Ensuring that nursing utilization rates are kept at a level necessary to achieve a balance between patient/client needs, the nursing effort, the experience, educational preparation and scope of practice of nursing staff, and the organizational demands.
- Ensuring that education and opportunities for reflection are provided that foster a climate of diversity and inclusively as they relate to the staffing objective.

1.2 Logistical nursing staffing processes are conducted by unit/operational nurse leader who have the requisite knowledge, professional judgment, skills and authority, in collaboration with nursing staff, at the point of care by ensuring that:

- Nurse leaders can make decisions about the impact of changes to the patient/client care delivery systems on nursing staffing and workload.
- Decision-making responsibilities encompass the required financial and human resources and appropriate utilization of nursing personnel.
- A process is in place that results in a schedule that reflects an optimal trade-off between nurses' preferences and the required coverage to meet patient/client care needs, while recognizing contractual obligations and human resources policies

1.3 Tactical nursing staffing processes result in balancing the required and actual nursing staff on each nursing unit or team at each shift or time-frame of care and are carried out by nurses at point of care who have the requisite knowledge and skills.

Tactical staffing decision-making includes:

- adjusting staff supply (using contingency staff);
- adjusting staff required (transferring patient/client or canceling scheduled admissions, scheduled programs or nurse visits); or
- adjusting both staff supply and staffing required.

Tactical staff decision-making is facilitated by:

- mechanisms in place to adjust to changes in patient/client acuity and staff replacement needs such as an internal resource team and pre-scheduling of replacement staff; and
- nurses in all roles empowered to make appropriate staffing decisions that result in safe, competent, ethical care.

Measures of nurse staffing include:

a) proportion of RNs to other nursing or less-qualified staff;
b) nursing hours per patient/client day (HPPD);
c) ratio of RNs to patients/clients;
d) number of full-time equivalents;
e) percentage of full-time, part-time and casual staff; and
f) mix of demographic characteristics such as education and experience.

However, these approaches do not address the complexity and variability of cases and nurses' capacity to add to their workload due to competing demands.

Buchan and Dal Poz suggested that skill mix should be examined through the identification of care needs of a specific patient/client population and then be used to determine the required skills of staff. The need to collect data and adjust for patient/client severity/acuity should occur at the unit level, where the impact of nurse staffing is more direct.

2. The board, administrative leadership and human resources planning department work collaboratively to ensure that processes, infrastructure and staff are in place to provide adequate nurse staffing to meet patients'/clients' needs.

2.1 The senior management team includes a senior nurse executive who is involved in all phases of the organization's strategic planning, policy, evaluation and reporting processes.

2.2 Nursing fiscal planning provides for effective base staffing, and replacement of staff, and has the flexibility to accommodate changes in patient/client acuity affecting nursing intensity.

2.3 Nursing budgets include financial resources for professional development, education, orientation, mentoring and other support systems needed to augment the skills and competencies in the face of changing technologies and influx of new staff.

Patient/client care unit variables include: aggregate of patient/client care needs; patient/client complexity level; patient/client age; functional status; communication abilities; availability of social supports; geography of working environment; and technology.

Staff-related variables include: experience with the specific patient/client population; level of nurses' experience (e.g. novice to expert); education and preparation (e.g. certification); language capabilities; tenure in the unit/program; level of control in the practice environment; degree of involvement in quality initiatives; and immersion in activities.

Organizational variables include: effective and efficient support services; access to timely, relevant information that is accurate and linked to patient/client outcomes; orientation programs and ongoing competency assessment mechanisms; technological preparation; adequate time for collaboration; care coordination and supervision of unregulated workers; mechanisms for reporting unsafe conditions; and a logical method for determining nurse staffing levels and skill mix.

3 Organizations engage nurses in all roles, in all phases of the strategic planning process, including development, implementation and evaluation.

3.1 Strategic plans reflecting planned change are aimed at achieving and maintaining a healthy work environment through appropriate staffing and workload management practices throughout planned change processes.

3.2 Organizations make every effort to mitigate the impact of major disasters and other unplanned change on staffing and workload by having disaster and crisis plans in place (i.e. plans for pandemic; influenza; natural disasters; significant staffing or governing/leadership change at all levels of governments, health care providers and the system) by aiming to maintain stable structures and processes, adequate supports (i.e. sufficient staff, information and involvement in decision-making) and open communication.

4. Strategic planning and policy making that affect nursing workload and nurse staffing strategies are informed by measures that capture the impact of inputs, throughputs and outputs, as reflected in the Patient Care Delivery Systems Model (PCDSM).

4.1 Processes are in place for the ongoing evaluation, monitoring and refinement of measures that reflect the variables/elements of the PCDSM to ensure they are valid and reliable (i.e. used properly and measure what was intended), and reflect professional practice standards and evidence-based practices.

4.2 Decisions affecting nursing human resources (i.e. reorganization, service cuts, delivery models, etc.) consider evidence about healthy work environments to ensure safe, competent, ethical care.

5. Financial and human resources are dedicated to support an infrastructure of integrated electronic systems to effectively design, manage and evaluate the scheduling, staffing, workload measurement and patient/client flow processes to meet the needs of patients/clients, nurses, other providers and the health care system.

5.1 Nursing management is involved in and supports the development and integration of problem-solving tools, feedback processes, and monitoring systems (including indicators and data elements) linked to a comprehensive information management and decision support system.

The literature reports that many organizations have automated their staffing practices. Sitomplu and Randhawa, Bradley and Martin, and Jelinek and Kavois extensively reviewed the literature on scheduling of health care professionals. Mathematical programming based on general optimization concepts of linear programming is powerful, but not flexible. Goal programming is a more flexible method to compute nurse scheduling. Ruland and Ravn described how the use of an information system designed to provide decision support for nurse managers related to financial management, resource allocation and activity planning resulted in a 41% reduction in overtime.

Appendix B: Principles and Strategies for Effective Staffing and Workload Practices

Principles for Effective Staffing and Workload Practices

Staffing levels and schedules will support the delivery of safe, effective and ethical nursing care, including:

- Providing sufficient levels of appropriately skilled nurses to meet patient/client care requirements.
- Maximizing continuity of care and of caregiver.
- Enhancing the stability of the nursing profession by maximizing the number of permanent (full- and part-time) positions.
- Developing schedules and rotations to meet baseline workload requirements.
- Providing mechanisms and staffing to meet fluctuating patient/client acuity, and workload and replacement requirements.

- Responding to staff work/life considerations and their impact on recruitment and retention.
- Maintaining cost efficiency, including minimizing the use of overtime and agency staffing.
- Acting in a fair and equitable manner toward all categories of nursing staff.
- Complying with relevant collective agreements, organizational policies and scopes of practice.
- Including the principles of staffing and workload in orientation for new managers.

Adapted and used with permission from London Health Sciences Centre, London, Ontario, Canada. June, 2007.

Strategies for Effective Staffing and Workload Practices

Rotations and length of shift

Developing work schedules is both an art and a science, and demands creativity and flexibility. There is no single correct template; however, a greater degree of success is found in a consistent approach to principles of scheduling built on fairness and transparency. The health and stamina of the nursing team will vary, and a flexible and responsive schedule pattern allows for a complementary mixture of rotations. The choice of rotations and shift lengths available on units should be predicated on finding a balance of patient requirements for care, unit characteristics, administrative policies and the needs and desires of staff. Openness to offering a variety of shift lengths within one schedule and staggering start times of shifts to meet peak workflow periods are examples of creative initiatives.

Twelve-hour shifts are popular with many nurses, as they provide opportunities to compress the work week and gain more days off. There is some evidence, however, that increased shift lengths reduce alertness and performance, and affect safety. One study challenges the negative findings of adopting 12-hour rotations and argues for increased job satisfaction, improved communication and continuity of care. The risk for error has been shown to increase significantly when shifts are longer than 12 hours, when nurses work overtime, or when work is ≥40 hours per week.

A 12-hour scheduling innovation of a continuous pattern of two days and two nights followed by five days off duty (four/five pattern) is gaining popularity with nursing groups. The scheduling appears to support the opportunity for periods of continuity of care for the patient and recovery from fatigue for the nurse, even though it impinges on weekend hours.

There is also some evidence that shift workers who sleep at the same time every day have better health. Rotating shift work can have a detrimental effect on health and well-being, particularly with older workers. Collaborating with Occupational Health departments in health care institutions to share strategies that promote a healthier environment helps nurses to adapt supportive life style choices to reduce the detrimental effects of rotating shifts. The use of permanent night shifts – for those nurses who choose to do so – may be a strategy to reduce the number of night shifts that other nurses must work. Organizing rotations to minimize the impact on the circadian cycle, finding opportunities to repay sleep debt incurred by night shift, limiting rotation cycles, completing challenging tasks before 4 a.m., offering breaks that include power naps, and providing adequate lighting in work areas and access to healthy food instead of vending-machine fare are just a few strategies to combat fatigue, decreased alertness and long-term health issues.

Weekend workers are another relatively new strategy, which, while slightly more expensive, may support organizations in providing adequate staffing on weekends without relying on costly short-notice replacement. Managers are encouraged to conduct a cost/benefit analysis and a pilot schedule of at least six months of weekend workers to determine the appropriateness for their organization.

Self-scheduling

Self-scheduling is an approach whereby the nurses on a unit or team collectively decide and implement the nursing schedule. It is the responsibility of individual nurses to select their shifts in a manner consistent with organizational policies and collective agreements, and negotiate with their colleagues to make any changes or accommodations, balancing the need to provide appropriate shift coverage with individual choice.

The model works best if it is supported by a shared governance framework. Reaching consensus prior to posting the schedule requires a team that is comfortable with the collaborative approach, has supportive, strong leadership and operates with adherence to written detailed protocols and processes that address organizational and unit-specific goals and outcomes.

Parameters to consider in self-scheduling

1. Assign shifts to maximize continuity of care and caregiver.
2. Use visual cues on draft schedules to guide appropriate assignment of staffing levels, including knowledge and skill, on a shift to shift basis.
3. Self-scheduling occurs against a master schedule with a predetermined number of shifts to be filled on a daily and shift by shift basis.
4. Weekend time periods are clearly defined.
5. Full-time and part-time staff must work their budgeted complement and their required percentage of weekend and shift.
6. Staff will have equal access to preferred tours on a rotational basis.
7. Written scheduling guidelines include a process to reach consensus on the length of time available to each rotational group to choose preferred shifts and negotiate exchanges.

Top reasons to consider a new schedule

1. Casual staff are being pre-booked on a regular basis
2. High overtime hours
3. Frequent staff requests for changes
4. Staffing levels are uneven by day of week and do not match workload
5. Significant program change
6. Regular scheduling of unbudgeted positions
7. Insufficient flexibility to provide coverage on short notice
8. Increased time spent on daily replacement
9. High vacancy/turnover rate
10. High staff complaints regarding scheduling
11. Increased workload grievances

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Vacation scheduling considerations

Nurse Managers must review and plan for staff vacation requirements on a regular basis. The first step is to establish a quota for the maximum number of staff that can be granted time off at any time. The quota may vary according to time of year, and should be developed for both permanent full-time and part-time staff. This quota should be established early in the fiscal year, and be reviewed with input from staff on an annual basis. The following factors should be considered when establishing a quota:

- Number of permanent staff
- Total vacation entitlement of permanent staff
- Number of vacant lines (actual and predicted)

- Estimated daily replacement requirements (absenteeism, stats, education, etc.)
- Minimum number of required permanent staff on daily and shift basis
- Ability to replace (i.e. consider number of casual hours likely to be available)
- Experience level of staff

Adapted and used with permission from London Health Sciences Centre, London, Ontario, Canada. June, 2007

Assessing your staffing level and composition

How do you know if you have the "right" staffing level and composition?

Many nurse leaders struggle with determining the optimal level of staffing for their particular patient population. There are several approaches to assessing the appropriateness of your staffing decisions.

Workload measurement systems: Organizations with workload measurement systems can use the data to assess variance between actual and required levels of staffing. To do so requires that the system be valid and reliable.

Benchmarking with like organizations or programs: Many organizations engage in benchmarking exercises to assess the appropriateness of staffing. According to Six Sigma, benchmarking is a process used by organizations to assess various aspects of their performance against other companies' best practices, usually within their own sector. This enables the organization to formulate plans on how to adopt such best practice, to improve their own performance. Benchmarking is often seen as a continuous improvement tool in which organizations continually seek to challenge their practices.

Benchmarking exercises are usually voluntary, and occur when an organization seeks to compare itself with others in order to identify opportunities they may not have otherwise recognized. These exercises must be carefully planned and critically interpreted to ensure that they add value, rather than focus on unreasonable comparisons. To achieve the greatest benefit from benchmarking for staffing, nurse leaders need to determine if the focus of the benchmarking exercise and best practices identified centre on efficiency or on quality. If the focus is on efficiency more than quality, results may not address staffing that contributes to quality outcomes for patients/clients and nurses. In addition, benchmarks are frequently an average, compiled from several organizations or, in some cases, from unknown organizations; thus, it may not be possible to determine how similar these organizations are to the organization undertaking the benchmarking exercise.

Nurse leaders involved in benchmarking should be confident that they understand the methodology being used, and that they ask the appropriate questions to be clear enough about the process to determine if the benchmarking exercise involves comparable organizations. This includes knowing (if possible) the comparator organizations and, most importantly, understanding their own cost centres, thereby ensuring that an "apples to apples" approach is being used.

Quality outcomes: The growing body of evidence linking nurse staffing (in particular, increased numbers and an increased proportion of RN staff) to patient/client outcomes suggests that one way to improve quality is to alter staff complement and type. In fact, the patient safety movement and the relationship between nurse staffing decisions and adverse patient outcomes demonstrates the value of a strong, stable, regulated nursing staff complement. When using this approach, be prepared to demonstrate, through quantitative data, whether the gains from increasing staff or changing staff mix to include more regulated staff translate into either reduced costs overall (e.g. reduced length of stay, reduced complication rates) or, if costs are increased, that the value of the quality improvement justifies increased spending on staffing.

Developing and Sustaining Nursing Leadership

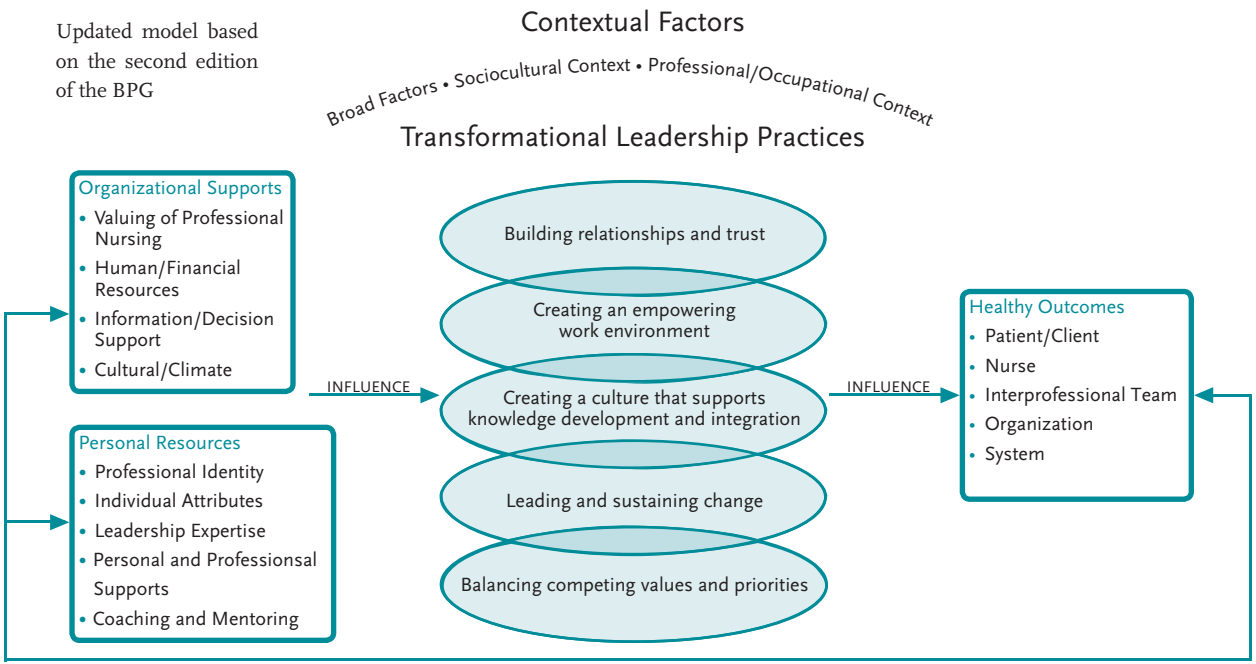
Second Edition

The core of the Conceptual Model for Developing and Sustaining Leadership consists of five evidence-based Transformational Leadership Practices that are fundamental to transforming nurses' work settings into healthy work environments. The predisposing factors of Organizational Supports and Personal Resources influence the ability of the leader to carry out the leadership practices effectively. The leadership practices have been shown to result in positive outcomes for patients/clients, nurses and organizations. The outcomes in turn, through a feedback loop, reinforce a positive workplace culture. All of this takes place within a larger environmental context where policies, sociocultural and professional/occupational factors influence the way in which the predisposing factors, the leadership practices and the outcomes are enacted within nursing workplaces.

> *"If your actions inspire others to dream more, learn more, do more and become more, you are a leader"*

Conceptual Model for Developing and Sustaining Nursing Leadership

Updated model based on the second edition of the BPG



Transformational Leadership Practices Recommendations	**1. Nurse leaders use transformational leadership practices to create and sustain healthy work environments.** **1.1** Nurse leaders build relationships and trust. **1.2** Nurse leaders create or contribute to an empowering work environment. **1.3** Nurse leaders create or contribute to an environment that supports knowledge integration. **1.4** Nurse leaders lead, support and sustain change. Nurse leaders balance the complexities of the system, identifying and managing competing values and priorities
Organizational Supports Recommendations	**2. Health service organizations provide supports for effective nursing leadership.** **2.1** Health-service organizations demonstrate respect for nurses as professionals and their contribution to care. **2.2** Health-service organizations respect nurses as individuals. **2.3** Health-service organizations plan and provide opportunities for growth, advancement and leadership development. **2.4** Health-service organizations support empowerment, enabling nurses to be responsible and accountable for their professional practice. **2.5** Health-service organizations provide timely access to information, decision-support systems and the resources necessary for care. **2.6** Health-service organizations promote and support teams, collaborations and partnerships. **2.7** Health-service organizations support leaders to assist and facilitate change. **2.8** Health-service organizations give managers spans of control that enable effective nursing leadership. **2.9** Health-service organizations invest in training and succession planning to develop future leaders.

1.0 Nurse leaders use transformational leadership practices to create and sustain healthy work environments.

Transformational leadership is a leadership approach whereby individuals and their leaders engage in an exchange process that broadens and motivates both parties to attain greater levels of achievement, thereby transforming the work environment.

Transformational and relationship-based leadership styles lead to:

- Increased job satisfaction for nurses
- Increased satisfaction with the leader
- Increased quality of life for nurses
- Increased empowerment of nurses
- Decreased absenteeism
- Increased organizational commitment
- Increased retention of nurses
- Increased perceived unit effectiveness
- Increased ability to lead a diverse workforce
- Increased staff emotional health and decreased staff burnout
- Increased patient quality of life
- Increased patient satisfaction
- Improved patient/client outcomes (such as decreased restraint use, fewer fractures, lower prevalence of complications and immobility)

From our review of the literature, we identified the following five transformational leadership practices that result in healthy outcomes for nurses, patients/clients, organizations and systems:

1 building relationships and trust;
2 creating an empowering work environment;
3 creating an environment that supports knowledge development and integration;
4 leading and sustaining change; and
5 balancing competing values and priorities and demands.

1.1 Nurse leaders build relationships and trust.

Table 1.1 Core Competencies – and Sample Behaviours – for Building Relationships and Trust

CORE COMPETENCIES	SAMPLE BEHAVIOURS
1.1.1 Nurse leaders demonstrate and model integrity and fairness.	• Reflect on own values and goals; share them openly • Set clear, high performance standards • Take responsibility and admit mistakes openly • Keep commitments • Display ethical behaviour consistently • Gather data and examine all sides of issues • Make policies and practices explicit and transparent, and apply them consistently

CORE COMPETENCIES	SAMPLE BEHAVIOURS
1.1.2 Nurse leaders demonstrate care, respect, and personal concern for others.	• Seek and acknowledge multiple perspectives and opinions • Listen without judgment or criticism • Seek to understand what matters to others and respond appropriately • Share knowledge of system issues, and perspectives and problems openly and honestly • Acknowledge the value of others and celebrate their successes • Develop and implement policies and processes that promote the health, safety and personal well-being of nurses • Respect and model work/life balance
1.1.3 Nurse leaders create a sense of presence and accessibility.	• Communicate and make personal contact frequently • Maintain visibility and accessibility to others
1.1.4 Nurse leaders communicate effectively.	• Communicate clearly, openly, honestly and frequently • Listen interactively and demonstrate understanding of the opinions of others • Develop and use skills in cross-cultural communication
1.1.5 Nurse leaders manage conflict effectively.	• Understand the constructive and destructive effects of conflict • Acknowledge and address the conflict • Develop and use a range of conflict resolution skills

CORE COMPETENCIES	SAMPLE BEHAVIOURS
1.1.6 Nurse leaders build and promote collaborative relationships and teamwork.	• Seek and acknowledge broad input • Recognize the legitimacy of others' interests and discuss how interests are aligned • Explore uncertainties and fears • Build consensus • Give and receive help and assistance • Evaluate effectiveness of working together
1.1.7 Nurse leaders demonstrate passion and respect for the profession of nursing, its values, knowledge and achievements.	• Demonstrate strong commitment to caring, justice, honesty, respect and integrity • Advocate for quality care and quality practice settings placing patients/clients first • Acknowledge and promote nurses' contribution to patients/clients, organizations and communities • Articulate nursing issues boldly • Support development of professional nursing knowledge
1.1.8 Nurse leaders demonstrate role competence.	• Maintain and apply current knowledge of nursing science, leadership and other relevant knowledge • Address concerns and issues • Participate actively in decision-making opportunities • Take responsibility for actions and outcomes • Communicate successes to create confidence

Table 1.1 Core Competencies – and Relevance – for Point of Care Leadership

CORE COMPETENCIES	RELEVANCE FOR POINT OF CARE LEADERSHIP
1.1.1 Nurse leaders demonstrate and model integrity and fairness .	• Reflect on own values and goals; share them openly
1.1.2 Nurse leaders demonstrate care respect and personal concern for others.	• Ensures that the patients' and families needs are assessed and effectively communicated and coordinated • Is an advocate for patients, families and other point-of-care providers
1.1.7 Nurse leaders demonstrate passion and respect for the profession of nursing, its values knowledge and achievements.	• Assumes responsibility for specific patients based on scope of practice for the nursing profession • Understands the influence the nurse has on patients and delivers care in a professional non-hierarchical manner • Actively participates in professional activities to enhance skills and acquire new knowledge
1.1.8 Nurse leaders demonstrate role competence	• Applies evidenced based practices at the point of care while assessing, implementing and evaluating patient care

Planning for Success – Suggested Strategies in Building Relationships and Trust

Individual Strategies

- Maintain an "open door" policy and post times of availability
- Practice management by walking around, spending time on the unit
- "Check-in" at meetings and open forums to hear issues and concerns and to learn what is happening in people's lives, to foster relationships and provide support
- Communicate support to staff by determining and clarifying what staff expect of leaders
- Provide ongoing informal feedback for a job well done
- Build a network of advisors and informants who will provide an honest and unbiased perspective when seeking information and advice

Team/Unit/Organization Strategies

- Create a collective vision and values statement for the team/unit/organization and work with them to develop behavioural standards to reflect that vision
- Design clear, accessible role descriptions, including leadership responsibilities
- Design responsibility grids detailing duties and levels of accountability e.g. input versus decision-making
- Complete regular performance appraisals
- Design interview guides for hiring individuals into leadership positions that incorporate questions related to respect for individuals and the value of nursing
- Initiate formal recognition programs, such as certificates and newsletter articles that feature nurses who demonstrate excellence in practice, or recognition awards/events during National Nursing Week to recognize achievements
- Establish a council to examine and establish strategies for issues related to nursing recruitment and retention such as work/life balance
- Incorporate skill-based empathy training into leadership development programs

Learn to Manage Conflict

- Encourage a free exchange of ideas, feelings and attitudes to cultivate an atmosphere of trust
- Clarify issues surrounding values, purposes and goals
- Focus on what's possible, not what's wrong
- Search for alternative ways to resolve a problem
- Investigate the use of appreciative inquiry
- Ask for help from outside sources, as needed
- Set up a means for evaluation of possible solutions

1.2 Nurse leaders create an empowering work environment.

Table 1.2 Core Competencies and Sample Behaviours for Creating an Empowering Work Environment

CORE COMPETENCIES	SAMPLE BEHAVIOURS
1.2.1 Nurse leaders understand and practice the concepts and principles of empowering behaviours.	• Critically reflect on personal use of empowering behaviours • Seek feedback on their own behaviours • Share power with others

CORE COMPETENCIES	SAMPLE BEHAVIOURS
1.2.2 Nurse leaders optimize nurses' opportunities for autonomy, and personal and professional growth.	• Create a learning environment that enables reflective practice and shared accountability • Demonstrate confidence in others by delegating effectively • Coach, mentor and guide • Provide both negative and positive feedback constructively • Use experience as a learning opportunity • Provide opportunities for development of knowledge, skills and judgment • Encourage use of judgment, risk taking and innovation • Develop policies and processes that enable full scope of practice
1.2.3 Nurse leaders optimize access to and use of data and information required to function effectively.	• Share personal and organizational vision and values • Share information about ongoing organizational initiatives and future plans • Critically apply knowledge grounded in nursing theory and research • Foster development, sharing and application of knowledge and evidence-based strategies • Share expertise and facilitate access to expertise of others
1.2.4 Nurse leaders create the conditions for nurses to access and use support, feedback and guidance from superiors, peers and subordinates.	• Seek to understand the thinking, learning and working styles of others • Tailor leadership styles to individuals and situations • Create structures and processes that enable interactions • Support nurses affected by work events or experiences

CORE COMPETENCIES	SAMPLE BEHAVIOURS
1.2.5 Nurse leaders facilitate nurses' access to, and appropriate use of, resources – the materials, money, supplies, equipment and time -necessary to fulfill their roles.	• Minimize bureaucratic constraints to access resources • Remove barriers to achieving outcomes • Provide and use necessary budgetary support, training, time and decision support tools to accomplish goals and objectives • Establish mechanisms to monitor and achieve manageable workloads • Respond to changing needs and priorities
1.2.6 Nurse leaders enhance the meaningfulness of nursing work.	• Promote the contribution of nursing to patient/client and organizational outcomes • Design roles that have discretionary decision-making, visibility and are relevant to key organizational processes • Create access to a network of alliances, both within and external to the organization
1.2.7 Nurse leaders enable participation in decisionmaking.	• Solicit broad input from others • Create structures and processes that enable participation in decision-making • Honour decisions with support

Planning for Success – Suggested Strategies for Success in Creating an Empowering Work Environment

Individual Strategies

- Practice reflection by keeping a personal journal
- Seek comprehensive feedback to understand how others perceive behaviours
- Review the literature on transformational leadership
- Employ a professional coach and/or seek out a mentor and meet regularly

Team/Unit Strategies

- Establish formal and informal leadership roles at the practice level, such as clinical resource, project leader or rounds leader
- Facilitate rotation of charge roles
- Enable nurses' participation in patient care conferences and committees
- Enable access to Employee Assistance Programs, support groups, post-incident discussion support
- Provide growth opportunities that offer learning and visibility, such as attending board or committee meetings, or leadership development courses/conferences
- Organize facilitated groups to share leadership experiences and strategies
- Build others, belief in their capabilities through orientation programs, skills training, role modeling and positive feedback
- Establish quality improvement teams to respond to staff concerns
- Articulate and share the evidence linking nursing to positive patient/client outcomes
- Share and act on valid and reliable workload data
- Schedule regular breakfast or coffee meetings with the manager/director/vice-president
- Hold "town hall" meetings
- Conduct regular performance appraisals and establish a peer review process

Organization Wide Strategies

- Simplify decision-making structures and processes
- Consider complexity of work, diversity of work group and number of people when determining nurse to leader ratios in the structure of work groups
- Establish shared governance structures and processes such as nursing practice councils and unit-based councils to govern nurses' scope of practice
- Appoint staff nurses to product review committees
- Communicate the work of nursing practice committees regularly through newsletters, open forums,144 web-based technology
- Provide a diversity training, support and accountability program for all nurses
- Establish mentoring and preceptorship programs
- Provide externships for student nurses
- Provide internships for both new graduates and experienced nurses

1.3 Nurse leaders create an environment that supports knowledge development and integration.

CORE COMPETENCIES	SAMPLE BEHAVIOURS
1.3.1 Nurse leaders foster norms and practices that support broad participation in knowledge development, sharing, and dissemination.	• Cultivate a work environment that actively encourages innovation and evaluation • Foster opportunities for individuals to think and learn • Foster nurse-to-nurse sharing of clinical and leadership expertise • Create opportunities for staff to assess current work systems and devise new ones • Promote and support the conduct of nursing research • Promote and support the development and use of evidence-based guidelines • Acknowledge the value of different modes of knowledge generation and uptake • Align incentives to reinforce and facilitate uptake of knowledge management practices • Manage personal growth by objectively challenging behaviours and beliefs
1.3.2 Nurse leaders provide technical, informational and educational infrastructure to support learning.	• Provide support for education and continuing career development • Create organizational partnerships that facilitate continuing education • Seek out and use knowledgeable experts within and external to the organization • Provide access to a variety of literature/information • Encourage the use of decision support tools

CORE COMPETENCIES	SAMPLE BEHAVIOURS
1.3.3 Nurse leaders create an environment of open communication, teamwork and valuing of the contribution of others.	• Examine internal communication patterns • Recognize cultural differences in communication and the influence that perceptions of hierarchy have on communication • Encourage collaborative problem solving • Establish structures and processes to encourage discussion of issues or ideas • Promote flow of information and ideas at multiple levels through informal and formal practices • Showcase successes
1.3.4 Nurse leaders instill a learning approach for continuous quality improvement.	• Provide effective feedback • Articulate, critically review, generate and validate knowledge through critical reflection on practice • Inspire creative thinking • Engage management and staff in improving quality of care and ensuring effective allocation of resources • Enable nurses to take action • Instill a strong sense of individual responsibility for quality monitoring • Provide time to discuss and address underlying causes of problems • Use critical reflection to generate and validate knowledge

CORE COMPETENCIES	SAMPLE BEHAVIOURS
1.3.5 Nurse leaders establish mechanisms for continuous monitoring of organizational process and changes.	• Promote use of nursing-related performance and patient/client outcome measures in benchmarking • Support frontline staff involvement in benchmarking and developing best practices • Use data and quality frameworks for monitoring and decision-making • Examine the best practices of other organizations and professions • Monitor results of changes and establish accountability mechanisms • Review and record past organizational successes and failures

Planning for Success – Suggested Strategies for Creating an Environment that Supports Knowledge Development and Integration

Individual Strategies

- Personal commitment through ongoing professional development by review of research, relevant journal articles and attendance at conferences
- Lead discussions of research articles, case studies and clinical experiences at team meetings
- Conduct and share research reviews to synthesize findings on selected clinical and management topics
- Establish roundtable/lunch group for discussions on leadership topics and experiences
- Challenge your own learning by writing for publication or presenting at a conference

Team/Unit Strategies

- Develop quality improvement teams and councils
- Establish interprofessional project teams to foster learning and communication
- Encourage open sharing of information by scheduling regular team meetings, and holding open forums, conferences and meetings
- Foster nurse-to-nurse and interprofessional sharing of expertise through unit rounds
- Provide support for staff to continue their education through flexible scheduling and journal clubs
- Support staff in the writing of a group article for publication or presentation at a conference
- Conduct a needs assessment and develop an education plan for the unit
- Establish the use of annual learning plans

Organization Strategies

- Provide access to library services, internet and search engines
- Provide tuition support and flexible scheduling policies to enable continuing education
- Partner with degree-granting educational institutions to provide on-site programs and engage in collaborative research projects
- Conduct regular focus groups and surveys to track nursing practice processes and outcomes
- Create processes for non-punitive reporting of errors and near misses
- Use best practice guidelines
- Build/revise workload measurement tools to allow time for reflection and learning
- Integrate participation in, and the use of, research into role descriptions and nursing strategic planing
- Establish a nursing research committee and commit to the use of evidence/research in existing committees
- Publish nursing annual report and/or newsletter detailing nurses' accomplishments
- Develop and provide open access to a nursing quality report that aggregates data on nurse-sensitive indicators

1.4 Nurse leaders lead, support and sustain change.

Table 1.4 Core Competencies and Sample Behaviours for Leading and Sustaining Change

CORE COMPETENCIES	SAMPLE BEHAVIOURS
1.4.1 Nurse leaders create a shared vision for ongoing change with stakeholders and experts.	• Reflect on personal attitudes and skills regarding change and change management • Question the status quo and challenge assumptions, values, structures and processes • Scan the environment to identify demographic and policy changes that are occurring external to the organization • Actively collect information that suggests new approaches • Critically apply the evidence to change initiatives • Make connections with partners who can help extend the thinking and approaches used within the organization
1.4.2 Nurse leaders engage others by sharing the vision for ongoing change.	• Build strategic relationships and partnerships • Build coalitions for change, accumulating sufficient agreement from a critical mass of people • Reframe a change due to crisis as an opportunity instead of a threat • Demonstrate commitment to the change

CORE COMPETENCIES	SAMPLE BEHAVIOURS
1.4.3 Nurse leaders involve stakeholders and experts in planning, designing and redesigning the change.	• Seek input from staff and labour groups early in the process • Bring together people at many levels to talk about shared goals and ensure goals are aligned • Involve the people who are affected by the change in the change process • Identify expected behaviours clearly • Engage stakeholders to build ownership for the change • Identify key supporters, influencers and champions for the change • Demonstrate respect and recognition for the expertise and individual talents that have contributed to the change • Encourage a belief that changes can be made and build a sense of possibility • Encourage considered risk taking and innovation, and role modeling these attributes • Examine lessons learned, regardless of outcomes
1.4.4 Nurse leaders negotiate for the required budgetary support for the educational processes, decision support and other resources required to achieve the goals of the change initiative.	• Invest in the time and resources required for the change as well as for related changes required to create the shift in culture, strategy, process and policy • Quantify the new knowledge needs and behavioural expectations to support the change • Implement varied learning opportunities to meet the knowledge needs at various time points

CORE COMPETENCIES	SAMPLE BEHAVIOURS
1.4.5 Nurse leaders provide ongoing communication throughout the change process.	• Translate and interpret nursing issues to effectively communicate with and influence individuals within each unique context (e.g. clinical, executive, academic and political) • Update communication regularly • Include information regarding economic and policy factors that are behind the change • Provide adequate information to assist with decision-making during the change • Provide ongoing progress reports of change initiative
1.4.6 Nurse leaders develop and implement mechanisms for feedback, measurement and redesign during the change.	• Identify measurable goals and mechanisms to track progress • Solicit feedback and staff perceptions of the change both formally and informally • Pace the changes planned and set priorities for redesign activities to allow sufficient time for adaptation • Structure ongoing opportunities for feedback (formal/informal) and use active listening techniques • Negotiate and mediate solutions to issues which arise during the change process • Remove barriers to achieving outcomes and take responsibility for outcomes80 • Develop contingency plans to manage unexpected challenges to the change project • Manage the conflict that can arise from change • Address role conflict and ambiguity and discuss how roles and responsibilities will change • Revise tactics and redesign the change project based on outcomes and feedback through all phases of the change initiative • Celebrate the achievement of milestones

CORE COMPETENCIES	SAMPLE BEHAVIOURS
1.4.7 Nurse leaders support, coach and mentor others to succeed with the change.	• Build trust and offer support to enhance collective action toward the change • Avoid overselling and overcompensating • Be truthful about personal ambivalences, reservations and commitment to the change • Stay close to the experience of the followers, in proximity to where the change is occurring
1.4.8 Nurse leaders sustain attention to the change initiative throughout all stages of the change.	• Embed the new initiative within ongoing operations • Assess ongoing issues/activities of the leader and the follower and determine when intervention is needed • Speak truthfully about the change – things are not likely to subside as more change is always coming

Planning for Success – Suggested Strategies for Leading and Sustaining Change

Individual Strategies

- Understand and acknowledge that the uptake of change varies from individual to individual
- Work with colleagues in Human Resources, Finance and Quality Improvement to gain access to data to track the outcomes of change
- Conduct a stakeholder analysis to determine those who can promote or inhibit the change
- Learn about the perspectives of each stakeholder and how the change can be meaningful to them
- Be patient and open to opportunities to advance the change
- Develop a support network to sustain personal energy throughout the change process

Team/Unit Strategies

- Engage nurses in building a vision
- Share both the vision and the tactics of the change at open forums and through the use of technology
- Build team confidence in the team's ability to manage the change through skills training for new tasks, teamwork and focusing on strengths
- Discuss similar initiatives that were unsuccessful, and what could have been done differently

Organization Strategies

- Communicate at regular intervals using multiple methods and strategies
- Link change plans to the organization's strategic goals
- Plan communication strategies, such as newsletters, meetings, open forums and one-on-one meetings, between staff and leaders throughout the change process
- Consult early and often with staff and labour groups
- Offer change management workshops that include delegation and managerial skills, and team-building skills
- Use implementation manuals throughout the process to increase consistency
- Use evaluation data from employee surveys and focus groups to track both processes and outcome,s and to inform decisions

1.5 Nurse leaders balance the complexities of the system, identifying and managing competing values and priorities.

Table 1.5 Core Competencies and Sample Behaviours for Balancing Competing Values and Priorities

CORE COMPETENCIES	SAMPLE BEHAVIOURS
1.5.1 Nurse leaders identify and acknowledge values and priorities.	• Use values clarification to identify own values, values of others and the values of organization • Separate personal values from professional responsibilities • Share and communicate vision, values and priorities explicitly • Articulate a process to define the values and vision of nursing within an organization • Understand that values evolve over time in response to life experiences
1.5.2 Nurse leaders acknowledge and incorporate multiple perspectives in decision-making.	• Gather information from multiple sources • Use decision support tools • Identify and communicate the values that underpin the decision • Display sensitivity to multiple pressures, including finances, power and politics • Identify the consequences of emphasizing one perspective over another • Use clinical and professional nursing knowledge in decision-making • Identify ethical and moral issues • Know when to speak up and when to draw back

CORE COMPETENCIES	SAMPLE BEHAVIOURS
1.5.3 Nurse leaders help others to understand conflicting perspectives and decisions.	• Acknowledge and name conflicting perspectives and identify their interdependencies • Assist others with values clarification and support them to express their values and views • Understand that cultural diversity influences perspectives • Discuss why one perspective is valued/selected over another • Create shared accountability and build collaborative relationships • Help others to understand the business aspects of health care • Learn about and communicate resource constraints, e.g. equipment, staff
1.5.4 Nurse leaders employ strategies to advance priority initiatives while maintaining other valued initiatives and perspectives.	• Develop flexible practices to be able to respond to changing priorities • Promote and reward flexibility and innovation related to achieving balance • Focus on goals and what can be achieved • Explore alternative ways to address challenges, such as use of technology or redesign
1.5.5 Nurse leaders advocate for the necessary resources to accomplish goals and objectives.	• Provide data to demonstrate need for resources • Provide required staffing, supports, time and equipment • Align resources with priorities and professional standards over the long term
1.5.6 Nurse leaders demonstrate accountability and take responsibility for outcomes.	• Monitor effects of decisions on patients/clients and staff, and on resource allocation and quality • Identify and monitor indicators of imbalance • Identify the people most sensitive to negative impacts and seek frequent feedback • Promote the accountability of others

Planning for Success – Strategies for Balancing Competing Values and Priorities

Individual Strategies

- Use self-reflection to identify personal values
- Use ethical frameworks to assist with clarification and decision-making
- Focus on research studies, patient/client outcome data and current literature to support staffing, skill mix and hours of care
- Educate board members and other members of the management team about the link between nursing work environments and patient/client outcomes, including staffing levels
- Form alliances with like-minded groups and individuals
- Check fit between personal philosophy and beliefs of organization before accepting role

Team/Unit/Organization Strategies

- Develop and uphold a philosophy and mission statement that speaks to the value of nursing and places patients/clients first
- Establish shared governance models to encourage sharing of information and decision-making
- Establish utilization review committees to address resource allocation
- Establish forums for discussion of ethical concerns, including formal and informal ethics rounds and discussions, and ethics committees
- Develop whistle-blowing policies

Table 1.6 Core Competencies and Relevance for Point of Care Leadership

CORE COMPETENCIES	SAMPLE BEHAVIOURS
1.6.1 Nurse leaders demonstrate and model integrity and fairness	• Reflect on own values and goals; share them openly
1.6.2 Nurse leaders demonstrate care respect and personal concern for others	• Ensures that the patients' and families needs are assessed and effectively communicated and coordinated • Is an advocate for patients, families and other point-of-care providers
1.6.3 Nurse leaders demonstrate passion and respect for the profession of nursing, its values knowledge and achievements.	• Assumes responsibility for specific patients based on scope of practice for the nursing profession • Understands the influence the nurse has on patients and delivers care in a professional non-hierarchical manner • Actively participates in professional activities to enhance skills and acquire new knowledge
1.6.3 Nurse leaders demonstrate role competence	• Applies evidenced based practices at the point of care while assessing, implementing and evaluating patient care

2.0 Health service organizations provide supports for effective leadership.

Organizational Supports for Effective Leadership include:

- organizational culture that respects and supports professional nursing
- Access to formal power – positional power, access to resources, information, and practice autonomy
- Access to informal power – networks and relationships
- Advancement opportunities – support for professional growth, and development and leadership opportunities
- Respectful and collaborative teamwork

2.1 Health service organizations demonstrate respect for nurses as professionals and their contribution to care.

Strategies for Success that Demonstrate Respect for Nurses as Professionals

2.1a Designate a senior nurse leader role
2.1b Hire nurses as front-line managers
2.1c Hire nurse leaders with appropriate education and credentials
2.1d Support the stability of nursing leadership
2.1e Recognize nurses' contributions to patient and organizational outcomes

Planning for Success – Suggested Strategies for Success

- Establish shared leadership models such as shared governance
- Establish teams of professionals working in a fluid matrix
- Develop a succession plan for nursing leadership
- Use available opportunities to speak to the importance of a stable environment in supporting nurses' ability to provide quality care

Strategies for Success

- Establish and maintain an infrastructure for practice support, such as nursing governance comittees, advanced practice roles, nurse scientists, and designated roles with separate accountability for professional practice
- Differentiate nurses' practice roles based on experience, education and certification (clinical ladders)
- Maximize nurses' scope of practice and reduce non-nursing tasks
- Create compensation and reward systems that recognize role distinctions which reflect experience, education, advanced credentials, responsibility and performance
- Recognize professional and educational credentials on nametags and reports
- Include nurses in media events, public relations announcements and strategic planning
- Provide rewards for exceptional achievements and hold awards ceremonies to acknowledge the achievement
- Publish a nursing annual report or feature nursing in the organization's annual report

2.2 Health service organizations respect for nurses as individuals.

Planning for Success – Suggested Strategies

- Establish alternative work arrangements, including flexible scheduling, flex-time policies and telework
- Offer a variety of shift lengths, including 8, 10 and 12 hours
- Provide child care services
- Provide limited number of days of paid leave per year for child care, elder care or personal problems

- Examine organizational "cultural competence" and barriers to leadership for visible minorities – see RNAO Healthy Work Environments Best Practice Guideline on *Embracing Cultural Diversity in Health Care: Developing Cultural Competence*
- Tailor professional development programming to a variety of learning needs
- Use technology to offer professional development/in-service sessions throughout the 24-hour period
- Offer coaching and mentoring to boost the confidence of younger, less experienced staff

2.3 Health-service organizations plan and provide opportunities for growth, advancement and leadership development.

Planning for Success – Suggested Strategies

- Build time for education and replacement staffing into nursing budgets
- Establish orientation and preceptorship programs
- Support continuing education through tuition support and flexible staffing
- Establish linkages with academic institutions to develop clinical teaching units, on-site continuing education and collaborative research
- Provide internships for new graduates
- Support evidence-based practice through access to library, internet and best practice guidelines
- Involve nurses in the planning for professional development programs
- Support career planning through performance appraisals tools and processes
- Promote and support membership in nursing specialty organizations
- Promote completion of Canadian Nurses' Association certification by specialty

2.4 Health-service organizations support empowerment, enabling nurses to be responsible and accountable for their professional practice.

Planning for Success – Suggested Strategies

- Design flat organizational structures that decentralize decision-making
- Establish nursing representation on decision-making bodies that govern policy and operations, including those that hire new staff, and particularly those that address finance, strategic planning and quality improvement
- Establish shared governance
- Establish structures for nurses in direct care roles to provide input through a discipline specific structure such as a nursing council
- Provide education and support and clear boundaries for decisions to enable participation in decision-making structures
- Establish policies and protocols that enable nurses to address ethical concerns and whistle-blowing
- Establish policies and protocols that enable nurses to address professional practice issues
- Maximize nurses' scope of practice in all roles within the organization
- Hold open discussion forums on a regular basis

2.5 Health-service organizations provide timely access to information, decision-support systems and the resources necessary for care.

Planning for Success – Suggested Strategies

- Establish mechanisms to communicate nursing and other organizational initiatives e.g, nursing newsletter, video clips on intranet
- Use email systems and web-based technology to provide current, timely information about nursing and corporate initiatives and events
- Hold open forums to share information
- Provide technical and clerical support to nurse managers and leaders to free up time to work with staff, patients/clients and families
- Involve staff in developing and ongoing maintenance of workload measurement tools and discuss data regularly at meetings and see RNAO Healthy Work Environments Best Practice Guideline *Developing and Sustaining Effective Staffing and Workload Practices*

2.6 Health-service organizations promote and support teams, collaborations and partnerships.

Planning for Success – Suggested Strategies

- Establish interprofessional practice councils
- Build time for collaboration into workload planning
- Hold interprofessional meetings and rounds with rotating responsibility for leading and teaching
- Establish a code of conduct and communication process for the interprofessional team
- Design and implement care maps and pathways
- Establish interprofessional team peer review processes for adverse patient care events
- Provide training in cross-cultural communication and conflict to enhance collaboration
- Establish nursing management forums for mutual problem solving and information sharing

- Design workspaces to include shared lounges for informal interaction and private areas for consultation
- Collaborate with a wide range of partners such as research groups, educational institutions, other providers and professional organizations
- See RNAO Healthy Work Environments Best Practice Guideline *Collaborative Practice Among Nursing Teams*

2.8 Health-service organizations give managers spans of control that enable effective nursing leadership.

Planning for Success – Suggested Strategies

- Develop a succession plan that moves nurses through leadership experiences
- Provide leadership development programs that include needs assessments and training objectives that are targeted to addressing the obstacles that exist within the organization
- Provide access to external leadership programs
- Incorporate live or videotaped models into leadership programs
- Reinforce new behaviours through positive feedback
- Conduct performance appraisals that incorporate comprehensive feedback
- Provide opportunities to interact with leaders at least tworanks up
- Establish mentoring and coaching programs, including access to formal career coaches
- Create leadership roles for nurses, such as educators or project leaders
- Promote from within
- Support nurses to participate on task forces and committees, both internally and externally
- Collaborate with educational institutions to provide leadership programs and opportunities for students

2.9 Health-service organizations invest in training and succession planning to develop future leaders.

Personal Resources Recommendations

3.0 Nurse leaders continually develop their personal resources for effective leadership.

Personal resources include: the nurse leader's *professional identity*; *individual characteristics* such as ethnocultural identity, emotional intelligence, coping skills, resilience and flexibility; *leadership expertise* including knowledge, years of experience and formal, advanced educational preperation; and *social supports,* which include mentors, supportive colleagues, friends and family.

3.1 Nurse leaders exhibit a strong professional identity.

Effective nurse leaders are passionate about nursing. They have a clear understanding of what it means to be a nurse and a member of the nursing profession. This identity evolves through education, the work socialization process and the influence of mentors. The socialization process requires the development of critical values, including commitment to quality care and quality practice settings while placing patients/clients first. Other values include commitment to justice, honesty, integrity, education, professional autonomy and respect for others. These traits are similar to those attributed, to transformational leaders.

3.2 Nurse leaders reflect on and take responsibility for the growth and development of their own leadership expertise.

Many of the characteristics attributed to effective nurse leaders -such as self-knowledge, communication, relationship building, resilience and optimism and vision -are consistent with emotional intelligence.

3.3 Nurse leaders act as coaches and mentors to develop leadership expertise in themselves and others.

Blais et al. note that nurses who improve themselves perform more effectively and in turn, promote a more positive image of nursing. The development of leadership expertise has been described as a process of developing competencies and behaviours over time through education, preceptorship and mentoring.

3.4 Nurse leaders cultivate professional and personal social supports.

Nurse leaders reported the importance of support from friends, spouses, families and colleagues,– particularly colleagues with transformational qualities.

Tools

http://www.rnao.org/pda/lead: This tool will allow you to rate your leadership behaviours using a rating scale

The tools included in this guideline have been drawn from Huber, Patrick and White, and the University of Texas Repository of Nursing Administration Instruments (www.sph.uth.tmc.edu/eriksen/), and were selected on the basis that they have been used in nursing studies and have acceptable reported reliability and validity. The tools are presented according to the key elements and components of the *Conceptual Model for Developing and Sustaining Leadership*.

Embracing Cultural Competence in Health Care

Conceptual Framework for Embracing Cultural Diversity in Health Care: Developing a Cultural Competence Guideline

The conceptual Model for Healthy Work Environments for Nurses was used in organizing the recommendations, based on the early literature review. However, the expert panel conceptualized a companion framework to guide the subsequent systematic literature review and analysis. The major precept of the framework is that outcomes, whether related to individuals, patients/clients, groups or organizations, are influenced by four variables: External characteristics, organizational characteristics, group characteristics and individual characteristics (see Figure A and B)

> *"Diversity refers to any attribute that happens to be salient to an individual that makes him/her perceive that he/she is different from another individual"* *

* Friday, E., Friday, S.S. (2003). Managing Diversity using a strategic planned change approach. Journal of Management Development, 22(10): 863-880.

Figure A

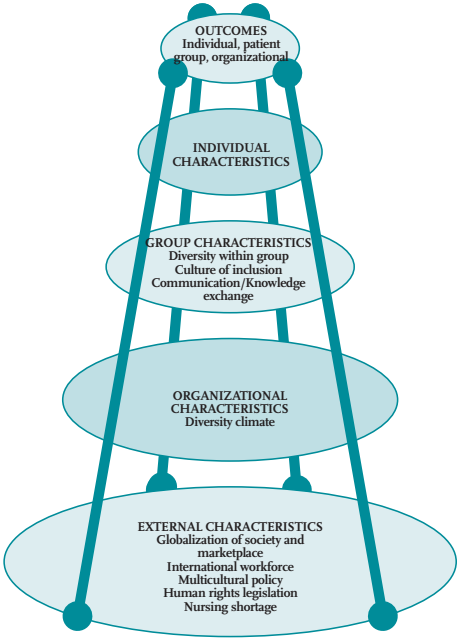
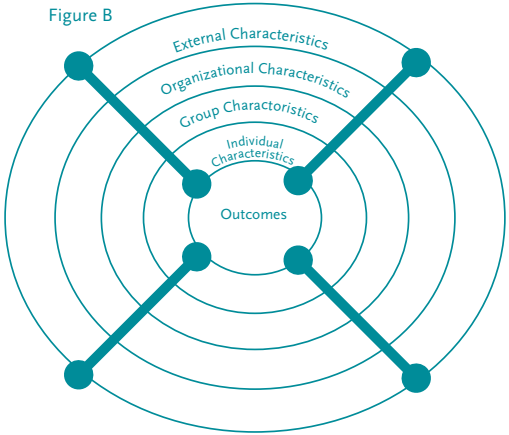


Figure B



Linking themes [●]

1. Accountability mechanisms to embrace and sustain diversity
2. Culturally competent practices
3. Benchmarks and indicators
4. Guidelines and standards

Thorny Issue: Terminology

Terminology in this guideline is a thorny issue, since the choice of terminology used to distinguish groups of persons can be personal and contentious, especially when the groups represent differences in race, gender, sexual orientation, culture or other characteristics.

Throughout the development of this guideline the panel endeavoured to maintain neutral and non-judgmental terminology wherever possible. Terms such as "minority," "visible minority," "non-visible minority" and "language minority" are used in some areas; when doing so the panel refers solely to their proportionate numbers within the larger Canadian population, and infers no value on the term to imply less importance or less power.

In some of the recommendations the term "under-represented groups" is used, again, to refer solely to the disproportionate representation of some Canadians in those settings in comparison to the traditional majority.

Recommendations

1. **Workplace policies and procedures – To move forward on environment of cultural safety organizations:**

    1. Articulate, implement, and evaluate the effectiveness of a mission statement, values and corporate strategic plans that emphasize the value of cultural diversity and competence.

    2. Dedicate funding in the budget, including funding for human resources and expertise, to plan, implement and evaluate strategies to strengthen diversity in the workplace.

3. Integrate cultural competence into the organization's Code of Conduct and enforce the code. (Codes of conduct implemented in work settings must reflect the principles of the existing Canadian Charter of Rights and Freedoms, and be consistent with provincial/territorial human rights codes.)

4. Develop policies, guidelines and processes to address change and conflict.

5. Implement, evaluate and adapt policies and guidelines that are respectful of cultural diversity, integrate cultural competence and eliminate discriminatory practices.

6. Implement and evaluate strategies to develop leadership skills for succession planning that target under-represented populations to address the organization's identified gaps and inequities.

2. Recruitment – To recruit a diverse nursing workforce:

1. Identify and monitor the cultural, ethnoracial, linguistic and demographic profile of the workforce in the organization and in the communities it serves on a systematic basis.

2. Identify gaps by asking, "Who is not here who should be here?" (e.g. men, First Nations people, other ethnic groups) and develop a plan to address the gaps.

3. Establish outreach processes in collaboration with cultural communities and other organizations to recruit a culturally diverse population for the workforce.

4. Purposefully seek applications from qualified professionals of diverse cultural backgrounds to recruit to all levels of the organization, including leadership roles, so that the organization is reflective of the communities served.

5. Review and amend all steps in recruitment processes (e.g. wording of job advertisements, role profiles, credentials required) to assess cultural competence and remove systemic biases in the selection process.

3. Retention – To retain a diverse nursing workforce:

1. Plan employee orientation and continuing education programs, based on culturally sensitive preferred learning styles, assumptions and behaviours within culturally diverse groups.
2. Develop educational strategies to address the diversity of preferred learning styles and behaviours within employee groups.
3. Follow a cultural diversity model in implementing education and training for cultural competence.
4. Provide employees with ongoing continuing education on concepts and skills related to diversity and culture, including:
   - Communication
   - Cultural conflict
   - Competence models
   - Culturally appropriate assessments
5. Allocate fiscal and human resources, as part of the operating budget for educational strategies to promote cultural competence.
6. Evaluate the results of cultural competence education and adapt strategies as appropriate.
7. Work with national and jurisdictional organizations to collectively monitor the diversity of the workforce and the extent that diverse cultural and linguistic communities, ethnoracial groups and demographic characteristics are represented.
8. Work with national and jurisdictional organizations to collectively establish mechanisms to address barriers to the recruitment and retention of under-represented groups within the workforce.

4. Internationally educated nurses – To better support internationally educated nurses:

1. Assess the unique learning needs of internationally educated nurses and the staff who will work with them.

2. Establish support and mentoring programs for internationally educated nurses and the staff who will work with them.

3. Implement and promote programs to help internationally educated nurses transition successfully into Canadian practice settings.

4. Establish competency-based orientation and continuing education for internationally educated nurses, with a focus on:
   - Introduction to Canadian multicultural society, the health care system, and nursing as a profession in Canada
   - Language nuances and social norms
   - Psychosocial skills
   - Human rights
   - Employer and employee expectations, rights, and responsibilities
   - Mentoring

Anticipated Outcomes

Educational institutions, governments, regulatory bodies, and professional associations provide an external contextual framework that fosters and supports cultural competence among the individual members of the workforce, and in the workplace.

Thorny Issues: Targeted Recruitment

It is acknowledged that "affirmative action" and purposefully seeking out members from under-represented groups are controversial and are perceived by some as 'reverse discrimination' or as lowering of standards. The recommendations are based on the recognition that there are longstanding, historic and ongoing imbalances in the power and cultural makeup of the nursing workforce, particularly at the formal leadership and decision-making levels. Existing structures may be embedded with systemic biases that lead to subtle discrimination. Both research and consensus evidence indicate that targeted recruitment is an effective strategy to enhance workforce diversity. Purposeful outreach to under-represented groups could help diversify, enrich and strengthen nursing.

Thorny Issues: Measuring Diversity

Talk of measuring diversity in populations as a way to reach out to under-represented groups arouses a passionate response. Concerns are often grounded in the belief that information collected will be used against these same diverse populations.

Concern that information will be misused has become a default excuse for not measuring these important variables about cultural diversity. Inadvertently, these concerns have weakened the very programs intended to reach out to under-represented groups and, in turn, to develop programs that would help such groups succeed and advance in the health care system. The reality is that much of what we "know" about the Canadian nursing workforce (beyond age, gender, education and employment status) is purely anecdotal in nature and based on shared experiences. Equity census within sectors such as health care is important, because unless this kind of information is collected, measures to develop and support a culturally diverse workforce could be inadequate based upon poor evidence. Examples of organizations who are collecting such information include the University of Toronto and, more recently, the Toronto District School Board.

The most common misconception – so powerful that it has taken on an aura of "fact" in the minds of many people – is the notion that it is "illegal" to ask Canadians questions about their cultural demographics, such as race, religion, physical abilities or sexual orientation. So pervasive is this belief that to even raise the topic arouses significant negative opinion.

What are the facts? It is illegal for employers or universities, for example, to require that Canadians declare characteristics such as race or sexual orientation in a job application, or in an application to a school of nursing. However, it is completely within the rights of governments, employers, regulators and schools to ask if nurses or nursing students wish to voluntarily declare the way they identify themselves (or not) on a range of demographic measures. Furthermore researchers are completely free to survey samples of citizens, including nurses, and ask them if they wish to declare any identifying cultural characteristics. It must be clear to both those asking the questions and those being asked, that refusing to answer cannot carry with it an implication that doing so will in any way bias the process for a job candidate, an applicant to a school of nursing or a nurse renewing her or his registration.

This guideline therefore recommends that health care employers ask staff and schools of nursing ask students to provide demographic data on a voluntary basis. It similarly asks regulators to do the same for the larger nursing workforce and for employers to pay attention to the cultural make-up of its workforce. The purpose of soliciting, monitoring and evaluating these data is to determine more correctly the actual (not presumed) cultural make-up of the nursing profession. Knowing that information will allow the identification of gaps and weaknesses (including under-represented cultural groups), and facilitate the development of appropriate recruitment and retention strategies.

Thorny Issues: Recruitment and Retention of Internationally Educated Nurses

Recruitment, integration and retention of nurses educated outside Canada is a contentious issue for some. The topic nearly always leads to a fear that more economically developed, or more politically powerful nations such as Canada will "poach" nurses through targeted, mass recruitment drives from less economically developed, less politically powerful, nations that cannot afford to lose nurses. It is important to note that the purpose of these recommendations is to target the recruitment of those internationally educated nurses who have already immigrated to Canada and who require support to navigate the Canadian system in order to practice nursing in Canada. The panel acknowledges that international education and diverse cultures do affect the integration of such nurses into the workplace and, consequently, their retention within the health care profession in Canada.

Barriers for integrating overseas skilled workers into the mainstream workforce include:

1. Lack of information
2. Lack of employer contacts
3. Lack of Canadian work experience

Models that reflect and/or describe cultural competence on a continuum

- Frusti. The Diversity Competency model is used to conduct an assessment of an organization's diversity initiatives in nursing. Drivers, linkages, cultures and measurement are four main elements of the model.
- Campinha-Bacote. process model of cultural competence has constructs of cultural awareness, cultural knowledge, cultural skill, cultural encounters and cultural desire.
- Dreachslin. A five-part change process model for diversity management with performance indicators for each stage. The stages range from 'discovery: emerging awareness of racial and ethnic diversity as a significant strategic issue' to 'revitalization.' The performance indicators are based on best practices in health services organizations and in the business sector.
- Lowenstein and Glanville. A model for assessing and intervening in conflict in health care settings.

Tools That Facilitate and Promote Cultural Diversity in the Workplace

The following list of selected references and websites are presented in alphabetical order. All websites were accessed in December 2006 and January 2007.

Betancourt, J.R., Green, A.R., Carrillo, J.E. et al. (2005). Cultural Competence and Health Care Disparities: Key Perspectives and Trends. *Health Affairs*. 24(3): 499-505.

Boyle D., Dwinnell, B. & Platt, F. (2005) Invite Listen and Summarize: a patient-centered communication technique. *Academic Medicine* 1:80(1): 29-32.

Campinha-Bacota. J. (1999) A model and instrument for addressing cultural competence in health case. *Journal of Nursing Education*, 38: 203-207.

Campinha-Bacote, J. (2002). The process of cultural competence in the delivery of health care services: a model of care. *Journal of Transcultural Nursing*, 13(3): 181-184.

Centre for Addiction and Mental Health. (2004). *A Review of Cultural Competence: Definitions, Key Components, Standards and Selected Trainings.* Toronto, ON: Author.

The Change Management Tool Book. http://www.change-management-toolbook.com/index.html

College of Nurses of Ontario. (2004). *Practice Guideline Culturally Sensitive Care*. Toronto, ON: Author.

A Cultural Competence Guide for Primary Health Care Professionals in Nova Scotia. (2005). http://www.gov.ns.ca/.../primaryhealthcare/pubs/Cultural_Competence_guide_for_Primary_Health_Care_Professionals.pdf.

Davis, C. (2003). How to Help International Nurses Adjust. Nursing 2003 Career Directory http://www.nursingcenter.com

Institure for Diversity in Health Management. (2004) *Strategies for Leadership: Does Your Hospital Reflect the Community it Serves?* http://www.diversityconnection.org/diversityconnection/cultural-competency-and-leadership/Insitute-files/GPNMN.pdf

Goode T. (2000). *Self-Assessment Checklist for Personnel Providing Primary Healthcare Services*. National Center for Cultural Competence. http://www.vdh.virginia.gov/ohpp/clasact/documents/clasact/research/SelfAssessmentChecklist.pdf

Lynch E. & Hanson, M. (1998). *The Cultural Competence Continuum*. http://www.cde.state.co.us/earlychildhoodconnections/SCCT/Cultural_Competence_Continum.pdf

A Manager's Guide to Cultural Competence Education for Health Care Professionals. www.calendow.org/reference/publications/pdf/cultural/TCE0217-2003_A_Managers_Gui.pdf

Oncology Nurses Association Multicultural toolkit www.ons.org/clinical/Treatment/Toolkit.shtml

University of Toronto, Anti-racism and cultural diversity office http://www.library.utoronto.ca/equity/race.html Provides training and education, a mechanism for dialogue and information about an inclusive environment

Zoucha, R. (2000). The keys to culturally sensitive care. *American Journal of Nursing*. 100(2): 24GG-HH, 24KK.

Other selected websites of interest. All websites accessed in December 2006 and January 2007.

http://www.mcf.gov.bc.ca/publications/cultural_competency/assessment_tool/tool_index1.htm Cultural competency assessment tool from Vancouver, B.C.

http://ctb.ku.edu/tools/en/section_1168.htm Understanding culture and diversity in building communities.

http://www.aucd.org/councils/multicultural/Cultural_Competence_Survey.htm Assessment of organizational cultural competence.

http://www.hrsa.gov/culturalcompetence/indicators/ US Department of Health and Human Services – assessing cultural competence.

http://www.diversityrx.org/HTML/ESSEN.htm U.S. diversity essentials.

http://www.medqic.org/dcs/ContentServer?cid=1122904863620&pagename=Medqic%2FMQTools%2FtoolTemplate&c=MQTools CLAS Standards Assessment Tool.

http://www.omhrc.gov/assets/pdf/checked/finalreport.pdf

http://www.healthycommunities.on.ca/publications/ICO/index.html Ontario Healthy Communities Coalition, Inclusive Community Organizations: A toolkit.

http://www.diversityrx.org/ How language and culture affect the delivery of quality services to ethnically diverse people.

http://www.tcns.org/ Transcultural nursing.

http://www.transculturalcare.net/ Transcultural nursing, cultural competence clinical research administrative and education.

http://cecp.air.org/cultural/default.htm Cultural competence in education.

http://www.culturalcompetence2.com/ Cultural competence online resources.

http://www.amsa.org/programs/gpit/cultural.cfm Cultural competency in medicine.

http://www.culturalcompetence.org Cultural Competence Training: New Skills for a Diverse World. Multicultural Association of Nova Scotia.

http://ublib.buffalo.edu/libraries/units/hsl/resources/guides/culturalcompetence.html Cultural competence resources.

http://www.hrsa.gov/culturalcompetence/ U.S. Department of Health and Human Resources. Cultural Competence Resources for Health Care Providers.

Implementation –

Tips and Strategies

During the development of this guideline the expert panel repeatedly noted that the success of the recommendations will be dependent not just on what is done but how they are implemented. Key issues that emerged during the panel deliberations and the stakeholder review process are noted below.

Key Issues and Needs

Safe Environment: This topic often generates strong feelings and emotions; therefore, there is a compelling need to create safe environments in which to reflect, talk and explore these feelings.

Skilled Facilitation: Skilled facilitation is needed to manage the emotions, divergent perspectives and potential conflicts that may arise. Facilitators require an understanding of the complexities and paradoxes related to diversity in order to go beyond the surface level expressions of understanding or distress.

Link to the Broader Organizational Agenda: The goal of embracing diversity should be viewed as something that will help individuals and organizations achieve their mission and objectives in a multicultural society – not an additional initiative to meet someone else's needs or agenda. Therefore, it is important to pay attention to the organizational culture that currently exists as the starting point. Making explicit the current values, assumptions, biases, fears and desires is not only a critical first step, but also an essential step to sustain the work.

Flexibility is Key: Organizations will have varying needs and priorities, which are likely to evolve as the organization changes. Milestones will be important, but the underlying values of respect, inclusivity, valuing differences, equity and commitment require that the specific approaches be continually reviewed to ensure that all staff feel included and respected.

Success Stories: It is easy to get overwhelmed with all that needs to be done in order to truly embrace diversity at an organizational level in order to create a healthy work environment. The complexity that comes with diversity adds to this challenge. Therefore, it is important to focus on small steps that are successful versus one big change. Examples of small successes achieved are not only inspirational, also informative with respect to how to address the complexity in any given situation.

Not a One person Job: Many organizations have chosen to address diversity by assigning the task to a particular individual or portfolio. While this may clarify accountability, it creates a challenge and responsibility for a single individual. One person, no matter how well informed, will be limited by her or his own perspective. The strength of diversity is in the richness that comes from multiple perspectives. It is therefore recommended that implementation be undertaken by a group or committee that can model the value of diversity and effectively identify and address the multiple realities that may exist throughout an organization, and hold each other accountable in a respectful manner.

Standards for Culturally and Linguistically Appropriate Services in Health Care

Standard 1

Health care organizations should ensure that patients/consumers receive from all staff member's effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

Standard 2

Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

Standard 3

Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

Standard 4

Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

Standard 5

Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

Standard 6

Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

Standard 7

Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Standard 8

Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

Professionalism in Nursing

The guideline summarizes various attributes that the authors and expert panel have identified as fundamental to the concept of professionalism.

"Establishing a professional role is a prerequisite for establishing control over practice."

	RECOMMENDATIONS
Knowledge	**1.0** Professionalism includes: **1.1** A body of knowledge that is theoretical, practical and clinical. **1.2** Being able to apply that knowledge. **1.3** Using theoretical and/or evidence-based rationale for practice. **1.4** Synthesizing information from a variety of sources. **1.5** Using information or evidence from nursing and other disciplines to inform practice. **1.6** Sharing or communicating knowledge with colleagues, patients/clients, family and others to continually improve care and health outcomes.
Spirit of Inquiry	**2.0** Professionalism includes: **2.1** Being open-minded and having the desire to explore new knowledge. **2.2** Asking questions that lead to the generation of knowledge and refinement of existing knowledge. **2.3** Striving to define patterns of responses from patient/clients and stakeholders, and their context. **2.4** Being committed to life-long learning.

	RECOMMENDATIONS
Accountability	**3.0** Professionalism includes: **3.1** Understanding the meaning of self-regulation and its implications for practice. **3.2** Using legislation, standards of practice and a code of ethics to clarify one's scope of practice. **3.3** Being commited to working with patients/clients and families to achieve desired outcomes. **3.4** Being actively engaged in advancing the quality of care. **3.5** Recognizing personal capabilities, knowledge base and areas for development.
Autonomy	**4.0** Professionalism includes: **4.1** Working independently and exercising decision-making within one's appropriate scope of practice. **4.2** Recognizing relational autonomy and the effects of context and relationships on this autonomy. **4.3** Becoming aware of barriers and constraints that may interfere with one's autonomy and seeking ways to remedy the situation.
Advocacy	**5.0** Professionalism includes: **5.1** Understanding the client's perspective. **5.2** Assisting the patient/client with their learning needs. **5.3** Being involved in professional practice initiatives and activities to enhance health care. **5.4** Being knowledgable about policies that affect health care delivery.

	RECOMMENDATIONS
Innovation and Visionary	**6.0** Professionalism includes: **6.1** Fostering a culture of innovation to enhance patient/client/family outcomes. **6.2** Showing initiative for new ideas and being involved through taking action. **6.3** Influencing the future of nursing, delivery of health care and the health care system.
Collegiality and Collaboration	**7.0** Professionalism includes: **7.1** Developing collaborative partnerships within a professional context. **7.2** Acting as a mentor to nurses, nursing students and colleagues to enhance and support professional growth. **7.3** Acknowledging and recognizing interdependence between care providers.
Ethics and Values	**8.0** Professionalism includes: **8.1** Knowledgable about ethical values, concepts and decision-making. **8.2** Being able to identify ethical concerns, issues and dilemmas. **8.3** Applying knowledge of nursing ethics to make decisions and to act on decisions. **8.4** Being able to collect and use information from various sources for ethical decision-making. **8.5** Collaborating with colleagues to develop and maintain a practice environment that supports nurses and respects their ethical and professional responsibilities. **8.6** Engaging in critical thinking about ethical issues in clinical and professional practice.

1.0 Knowledge

Strategies for Success

From the review of the literature and the consensus of the expert panel, it was identified that the following practices will promote knowledge of the nurse for patients/clients, organizations and systems:

- Advocate for and ensure access to educational resources (e.g. conferences, workshops, clinical instructors, library, electronic databases, journal clubs and electronic access).
- Use theoretical frameworks and practice models to guide practice (e.g. health promotions framework, Jean-Watson Model, social support model, and change model).
- Use the meta-analysis of existing literature addressing nursing issues.
- Advocate for, and ensure access, to evidence to support your practice.
- Read the literature using critical appraisal techniques.
- Attend patient care conferences/grand rounds, larger conferences.
- Champion and disseminate what you learn (e.g. presenting at workshops).
- Develop partnerships/affiliation agreements with educational institutions.

2.0 Spirit of Inquiry

Strategies for Success

From the review of the literature and the consensus of the expert panel, it is identified that the following practices will promote a spirit of inquiry of the nurse for patients/clients, organizations and systems:

- Reflect or think about your own practice.
- Brainstorm with others.
- Share ideas and perspectives.
- Read print and electronic materials.
- Think about, recognize and develop knowledge patterns through reflection on experience.
- Observe and ask questions.
- Test out new and old ideas.
- Participate in continuous education strategies for life-long learning.
- Engage in mentor and clinical supervision relationships.
- Obtain feedback on your practice from your peers.

3.0 Accountability

Strategies for Success

From the review of the literature and the consensus of the expert panel, it is identified that the following practices will promote accountability of the nurse for patients/clients, organizations and systems:

- Become involved with the professional organization and the regulatory body.
- Read the literature received from professional and regulatory bodies.
- Increase knowledge about rights and responsibilities of self-regulation.
- Improve quality of care through dialogue with experts and seek evidence of best practices.
- Reflect on your strengths and weaknesses.
- Take opportunities for continuous improvement, such as additional education.
- Be aware of, and integrate current legislation into practice.
- Participate in continuing competence programs.

4.0 Autonomy

Strategies for Success

From the review of the literature and the consensus of the expert panel, it is identified that the following practices will promote autonomy of the nurse for pateints/clients, organizations and systems:

- Act confidently within your scope of practice.
- Improve skills in decision-making.
- Consult and collaborate with colleagues and experts.

- Reflect and learn from critical incidents.
- Communicate clearly the reasons for decisions and behaviours.
- Support decisions and behaviours with evidence, learning and clinical experience.
- Take on formal and informal leadership roles.
- Promote organizational practices and policies that support nurses acting within their full scope of practice in relation with others.
- Provide input into decisions that affect nursing practice.
- Question organizational processes when they do not support quality patient care.

5.0 Advocacy

Strategies for Success

From the review of the literature and the consensus of the expert panel, it is identified that the following practices will promote advocacy of the nurse for patients/clients, organizations and systems:

- Take opportunities to be involved at all levels (e.g., care rounds, practice councils, governing body, provincial organization/government).
- Advocate for, establish and/or access processes that provide nurses with a means to influence policy and practice.
- Advocate for client's expressed wishes and preferences and make these known.
- Champion or find ways to initiate implementation of evidence-based practice.
- Advocate for improvements in the quality of the nursing environment.
- Support the political advocacy, directly or indirectly, of nursing organizations in addressing social health issues (e.g., domestic violence, poverty and homelessness).
- Recognize and respect each profession's scope of practice.

- Identify and establish effective working relationships with key stakeholders.
- Understand health policy and health system issues that are affecting patient care and voice impact locally and nationally.
- Be an informed citizen/constituent, recognizing that health policy, heath funding and nursing practice are influenced by politics. Be knowledgeable about the platforms and positions of various political parties and advocacy groups that can influence health care policy.
- Teach individuals and groups to advocate on their own behalf.
- Support groups to advocate on their own behalf.
- Work with communities or groups to effect change at the local level (e.g. a local policy).

6.0 Innovation and Visionary

Strategies for Success

From the review of the literature and the consensus of the expert panel, it is identified that the following practices will promote innovation and visionary attributes of the nurse for clients, families, organizations and systems:

- Recognize opportunities to appropriately question and examine practice.
- Question established practices and the status quo.
- Use open and transparent processes when studying issues and developing responses.
- Support curiosity and imaginative reflection about clinical practice.
- Support champions of change.
- Support practitioners who bring a new perspective and/or practice.
- Support review of clinical practice and introducion of evidence-based practice and best practice guidelines.
- Participate in, influence and lead strategic planning processes.

- Participate in national provincial, and regional forums to shape the future of health care and the nursing profession (i.e. professional, regulatory, and unions).
- Learn about and embrace informatics for its impact on quality health care.

7.0 Collegiality and Collaboration

Strategies for Success

From the review of the literature and the consensus of the expert panel, it is identified that the following practices will promote collegiality and collaboration attributes of the nurse for patients/clients, organizations and systems:

- Value colleagues through seeking ways to support them whenever and wherever nurses are practicing. This can range from helping a colleague with a complex assignment to working together to secure and maintain a safe, high-quality work environment.
- Design, implement and support processes for team development, respecting colleagues and acknowledging achievements.
- Use critical incident analysis to find ways to improve practice.
- Recognize that quality improvements require analysis of "systemic process" reasons for errors, such as policies, guidelines and models of care not based on best practice guidelines, nursing standards and code of ethics.
- Design, implement, and support a preceptor program.
- Create work environment (recognition, structure, and education) to support mentorship opportunities.
- Initiate and participate in cross-organizational networks of professionals.
- Initiate and participate in interdisciplinary rounds and team meetings.
- Implement peer review/recognition/reward programs or initiatives that recognize excellence/professional practice.

- Engage in inter-professional relationships and activities that enhance the quality of care.
- Respond to colleagues experiencing challenges in their professional practice by support expressed through dialogue, problem solving and advocacy.
- Support colleagues who identify problems and issues in professional practice, and participate in their resolution.
- Respect the vision, mission and values of the organization.

8.0 Ethics and Values

Strategies for Success

From the review of the literature and the consensus of the expert panel, it is identified that the following practices will promote ethics and values of the nurse for patients/clients, organizations and systems:

- Respect the values and decisions about ethical dimensions of practice made by colleagues.
- Reflect on and discuss ethical values, disagreements and decisions about ethical dimensions of care. It is necessary that nurses identify ethical problems and work together to change practice to enable safe, competent and ethical care.
- Value colleagues through seeking ways to support nurse colleagues whenever and wherever they practice. Nurses' response to colleagues experiencing challenges in their professional practice is one of support expressed through dialogue, problem-solving and advocacy.
- Contribute to developing, implementing and supporting policies and practices that promote the health, safety and well-being of nurses.
- Support colleagues who identify problems and issues in professional practice.
- Establish and participate in regular meetings about ethical and professional issues at the unit and organizational level. Establish and respect a culture at these meetings that supports enquiry, critical thinking and looking for creative solutions.
- Seek advice from experts in bioethics.
- Conduct a survey of staff to learn about the ethical issues they are facing.

- Have critical incident de-briefing about practice issues with ethical dimensions.
- Use information from various sources in making decisions (e.g., clinical information, wishes of patients/clients, available resources, legal and institutional expectations).

Workplace Health, Safety and Well-Being of the Nurse Guideline

Summary of Recommendations

1.0 Organizations/nursing employers create and design environments and systems that promote safe and healthy workplaces, including such strategies as:

- Creating a culture, climate and practices that support, promote and maintain staff health, well-being and safety.
- Ensuring that the organization's annual budget includes adequate resources (human and fiscal) to implement and evaluate health and safety initiatives.
- Establishing organizational practices that foster mutual responsibility and accountability by individual nurses and organizational leaders to ensure a safe work environment including protection from violence.

Organizational Climate: Social, organizational, or situational influence on behaviour, reflected in overall performance, policies and practices, and goals; the aspects perceived by individual organization members.

Organizational Culture: The underlying values, assumptions and beliefs in an organization. Encompasses both the informal and formal rules that govern the organization.

The literature identifies potential strategies to achieve a healthy workplace culture, which include the following:

- creating a balance between leadership and employee participation and involving nurses in health and safety committees and initiatives (e.g. joint Occupational Health and Safety Committee);
- mentoring, succession planning and provision of career opportunities;
- creating an open, blame-free culture to identify workplace hazards and report "near misses" and workplace incidents;
- incorporating key values such as respect, honesty, feedback, trust and cooperation in order to foster a safe working environment;
- creating a culture where staff feel "psychologically safe" in order to advocate for their patients/clients and to "whistle blow" if necessary to protect themselves and their patients/clients;
- implementing policies for bullying, harassment, aggression and assault;
- supporting staff health and well-being via specific programs (e.g. social supports, personal growth and change, health practices, leaves of absence); and
- individual nurses accepting accountability for their own work/life balance.

Establishing organizational practices that foster mutual responsibility and accountability by individual nurses and organizational leaders to ensure a safe work environment, including protection from violence. According to the Canadian Labour and Business Centre, three strategies are recommended for improving work environments:

1. initiatives related to the physical work environment (appropriate equipment and training availability);
2. initiatives related to the physical health of the employee (fitness and weight loss programs); and
3. initiatives related to mental health/stress/psychosocial concerns (stress management programs, and programs to deal with family and workplace issues).

1.1 Organizations/nursing employers create work environments where human and fiscal resources match the demands of the work environment.

1.2 Organizations/nursing employers implement a comprehensive Occupational Health and Safety Management System, based on the applicable legislation, regulations and best practice guidelines.

2.0 Organizations/nursing employers are aware of the impact of organizational changes (such as restructuring and downsizing) on the health, safety and well-being of nurses and are responsible and accountable for implementing appropriate supportive measures.

2.1 Organizations/nursing employers form partnerships and work with researchers to conduct evaluations of specific interventions aimed at improving nurses' health and well-being.

3.0 Organizations/nursing employers implement and maintain education and training programs aimed at increasing awareness of health and safety issues for nurses. (e.g. safe lift initiative, rights under the Occupational Safety and Health Administration, hazard awareness, etc.).

3.1 Organizations/nursing employers provide ongoing training programs and education programs to ensure staff possess the knowledge to recognize, evaluate and control or eliminate hazardous work situations.

3.2 Organizations/nursing employers employ qualified individuals with the knowledge and expertise in health and safety, policy and legislative requirements to lead training and education programs.

3.3 Organizations/nursing employers promote and support initiatives related to the physical and mental health and well-being of the nurse. This includes, but is not limited to, fitness programs, health promotion and wellness activities, and fitness-to-work initiatives.

3.4 Organizations/nursing employers provide nurses with opportunities for personal, professional and spiritual development with regard to healthy work environments, professional competencies, and work/life balance.

4.0 Workplace health and safety best practices be embedded/integrated across all sectors of the health care system.

4.1 Organizations/nursing employers engage in knowledge transfer activities that promote best practices regarding the health, safety and well-being of nurses.

4.2 Organizations/nursing employers support and contribute to the development of health and safety indicators at the local, provincial and national level to assist in data collection and comparable analysis across the health care sector.

4.3 Organizations/nursing employers develop standardized databases for sharing best practices related to nurse health, safety and well-being.

When promoting a climate of health and safety, organizations should use a comprehensive systems approach taking into account organizational factors, physical and psychological hazards. A multiple pronged approach is the best way to improve the health care workplace, patient/client and worker safety.

Background Context of the Guideline on Preventing and Managing Violence in the Workplace

Violence in the workplace is believed to be on the rise, despite evidence of significant underreporting.Sustained exposure to violence in the workplace, including aggression, abuse, and bullying can have serious physical and psychological consequences,causing some nurses to consider leaving the profession. Workplace violence, including disruptive physician behaviour, also results in decreased patient safety. Clearly, violence against nurses is an important issue among nurses, their patients and the nursing profession at large. This best practice guideline on preventing violence in the workplace provides clear and courageous recommendations for realistic actions that can be undertaken in health and community-sector workplaces by governments, institutional boards and administrations, as well as all front-line health-care providers, to prevent and manage wide-ranging forms of violence.

What is violence in the workplace? The RNAO position paper on violence against nurses and nursing students in the workplace58 defines workplace violence as "an incident of aggression that is physical, sexual, verbal, emotional or psychological that occurs when nurses are abused, threatened or assaulted in circumstances related to their work".

As with other forms of abuse and aggression, violence in the workplace involves misuse of power and control.Violence in the workplace includes "incidents where staff are abused, threatened, bullied, or assaulted in circumstances related to their work, including commuting to and from work, involving explicit or implicit challenges to their safety, well-being or health,"or in the course of their employment. Section 13(1) of the Workplace Safety Insurance Act (WSI), states that a worker who sustains a personal injury/illness by an accident arising out of and in the course of his or her employment, is entitled to benefits. Violence in the workplace may take the forms of physical, psychological or sexual abuse, harassment, mobbing, bullying, or aggression. It may involve action or withholding action. It may be done unintentionally or intentionally. It often involves interactions between people in different roles and power relationships.

Three forms of violence have been defined by the Joint Program on Workplace Violence in the Health Sector. Physical violence involves actions using force against another, including beating, stabbing, shooting, raping, pushing, hitting and any other forms of physical aggression/assault. Sexual violence includes verbal or physical behaviours based on gender and/or sexuality. Psychological violence involves verbal or physical threats, intimidation, or demeaning behaviours such as being followed, insulted, sworn or shouted at, criticized, made to feel bad or guilty, and includes passive aggressive approaches and acts of neglect or failure to acknowledge contributions of others. "Although a single incident can suffice, psychological violence often consists of repeated, unwelcome, unreciprocated and imposed-upon action which may have devastating effects."These actions may seem relatively minor in isolation, but cumulatively they can become very serious. Psychological violence is only now being accorded priority as a workplace concern. Each of these forms of violence can result in harm to physical, mental, spiritual, or social development whether or not they are intentional.

Perpetrators of violence in the workplace have been classified into four types:

- Type I (Criminal Intent): The perpetrator has no relationship to the workplace.
- Type II (Client or Customer): The perpetrator is a client at the workplace who becomes violent or aggressive toward a staff member or another client.
- Type III (Worker-to-Worker): The perpetrator is a staff member or past staff member of the workplace, including managers, workers, physicians, contracted staff or service workers and volunteers.
- Type IV (Personal Relationship): The perpetrator is a person with a relationship to a staff member who becomes violent or aggressive toward that staff member in the workplace.

Summary of Recommendations for Preventing and Managing Violence in the Workplace

System Recommendations

1. Governments

1.1 Governments promote a workplace free from violence by:

a. Enacting and enforcing legislation that promotes a violence-free workplace. This would include a review of existing legislation2 and regulations in consultation with professional associations, regulatory bodies, unions and health service organizations. Such legislation must include mandatory reporting and whistle-blower protection for those who report violence in the workplace. It must also include structural changes that equalize power bases, as this is a key contributor to aggression. Specifically, it must transform legislated Medical Advisory Committees into legislated Interprofessional Advisory Committees that will allow all health-care providers to participate fully in creating a healthy work environment and excellence in patient care. This does not preclude the utilization of discipline-specific professional practice committees to address discipline-specific practice issues.

b. Disseminating broadly the resources required to assist with implementation of revised legislation.

c. Ensuring adequate funding for staffing, mandatory education and leadership development to prevent, identify and respond to violence in the workplace.

d. Role modeling respectful behaviours towards nurses and other health-care professionals and ensuring that they are involved in planning and decision-making processes related to health, safety and wellness issues.

e. Developing and monitoring organizational accountability. This would include, but not be limited to, indicators to measure effectiveness of prevention programs, prevalence and incidence of violence in the work setting, as well as fair and consistent responses to the reporting of violence, regardless of the power base of those involved in the violence.

f. Reviewing and responding to recommendations from coroners' inquests in keeping with the development of a workplace free of violence.

1.2 Governments fund, and engage with communities in developing and implementing multisectoral strategies that address the root causes of violence, including the social determinants. These strategies must improve health and strengthen communities.

2. Research

2.1 Researchers partner with governments, professional associations, regulatory bodies, unions, health service organizations and educational institutions, to conduct research into workplace violence. The goal is to increase understanding of preventive measures, early identification, occurrences of violence and their impact on staff and staffing, retention and recruitment of nurses and other health-care professionals, and organizational performance.

2.2 Interprofessional researchers study the:

a. Prevalence and incidence of violence in workplaces throughout all types of organizational settings and in all sectors.

b. Nature of mitigating factors influencing violence in the workplace including incivility experienced by nurses and other health-care workers, nursing students and educators in academic and clinical practice settings.

c. Range of impacts of bullying and violence in the workplace (including health effects, career, financial and professional effects) on targeted nurses and other health-care workers, and on patient/client, organizational and system outcomes, including quality of care.

d. Existence and effectiveness of current management philosophies and practices to assess risk, prevent and manage violence in the workplace.

e. Efficacy of programs to assess the nature and prevalence of violence and prevent it, evaluating the effectiveness of existing and future workplace violence training and education programs.

2.3 Researchers develop, implement and evaluate research on the conceptual model constructed for these guidelines to assess its fit with the concept of workplace violence.

3. Accreditation

3.1 Accreditation bodies develop and implement standards in the accreditation process that support violence-free workplaces and incorporate recommendations contained in this guideline into their standards.

4.0 **Education**

4.1 Education for all health-care professionals includes:

a. Formal and informal opportunities for discipline-specific and interprofessional students to develop and demonstrate the ability to recognize, prevent and manage violence in the workplace.
b. Opportunities for students to learn how to protect themselves from violence in the workplace.
c. Appropriate communication strategies for responding to conflict and/or "escalating aggression" in the workplace from patients, peers and other health-care professionals, supervisors and faculty.
d. Learning related to how, and when, to use formal reporting methods for addressing violence in the workplace.
e. Supporting students in recognizing the impact of violence in the workplace on health, career and life, and encouragement to seek individual, organizational and systemic solutions.
f. Opportunities for participants to examine the workplace culture using critical social theory perspectives.
g. Ensuring that students are informed and adhere to academic and service health and safety policies and procedures related to the prevention and management of violence in clinical placements.

4.2 Education programs and educators for all health-care professionals:

a. Recognize that intended and unintended forms of incivility, aggression and violence enacted in academic and clinical settings can serve to reproduce and escalate violent behaviours and practices between and among all health-care professionals in academic and health-care organizations.

b. Review and respond to recommendations from coroners' inquests to ensure that programs are in keeping with the development of a workplace free of violence.

4.3 Academic settings role model a violence-free environment and culture by fully adhering to their organizational policies, procedures and practices, and augmenting any gaps in those with recommendations included in this guideline.

5.0 Professional, Regulatory and Union Bodies

5.1 Professional, regulatory and union bodies for health-care professionals:

a. Serve as role models through the creation of safe, respectful and violence-free environments within their workplace's staff, board of directors, committees and volunteers.

b. Establish outreach programs that address violence in the workplace.

c. Reflect the importance of safe, respectful, violence-free working environments in all applicable policies, standards, guidelines and educational materials developed by the organizations.

d. Develop and collaborate with others to communicate common education and advocacy messages, that advance violence-free working environments.

e. Educate health-care professionals and the public regarding violence in the workplace, including systemic, organizational and individual prevention, early detection and management.

f. Review and respond to recommendations from coroners' inquests to ensure that standards and educational programs are in keeping with the development of a workplace free of violence.

System Recommendations

6.0 Organizational Recommendations

6.1 Service and academic organizations promote and support a workplace free of violence by:

a. Ensuring that the safety of staff, physicians, volunteers and students is aligned with the organization's values and is a strategic priority which is fully integrated into corporate and service specific goals.

b. Developing and implementing a violence prevention policy and program that addresses all forms of violence in the workplace. The policy and program adopts clear codes of behaviour that guide all internal and external stakeholders in addressing all forms of violence or potential violence and institute mandatory reporting as well as whistle-blower protection for those who report incidents of actual or potential violence.

c. Identifying situations where there is imbalance of power, such as employer/employee, physician/nurse, student/staff and ensuring structural changes to equalize power bases, as this is a key contributor to aggression.

d. Ensuring structures and processes are in place that enable all health-care professionals to have a shared role in organizational and clinical decision making.

e. Adopt patient/family/relationship-centred care models and introduce strategies to promote respect among all members of the health-care team, patients/clients and other stakeholders.

f. Identifying strategies to recognize and respond to employees' personal situations that may expose themselves, and other co-workers to violence danger.

g. Ensuring that any disruptive behaviour by employees, physicians, volunteers and students is addressed in a timely manner through performance improvement/disciplinary processes that include competencies related to promoting a violence-free workplace.

h. Reviewing and responding to recommendations from coroners' inquests in keeping with the development of a workplace free of violence.

6.2 Service and academic organizations introduce the appropriate controls to establish a comprehensive prevention program and continuously monitor the progress towards a violence-free workplace by:

a. Providing resources for ongoing mandatory education.
b. Educating all administrators, clinicians in all roles, and support staff on how to respond to and manage violence in the workplace, including implementation and evaluation procedures.
c. Creating and delivering a clear communication strategy to ensure that all persons who have a relationship with the organization are aware of the violence-free program including the processes for mandatory reporting and responding to incidents of violence in the workplace.

6.4 Service and academic organizations develop and implement a process to evaluate the violence in the workplace prevention program by:
a. Developing and monitoring organizational accountability. This would include, but not be limited to, indicators to measure effectiveness of prevention programs, prevalence and incidence of violence, as well as fair and consistent response to reported violence regardless of the power base of those involved in the violence.

6.5 Service and academic organizations create a strategy for immediate and organized response to direct threats of violence by simultaneously:
a. Ensuring safety/security measures are immediately implemented. This includes contacting police when appropriate.
b. Immediately investigating all reports of direct threat of violence.
c. Securing timely response measures, corrective action, assistance and support to target(s), and appropriate follow up.
d. Making workplace accommodations such as, but not limited to, changing staff schedules and/or making work/study re-assignments as necessary.

Background Context of the Guideline on Preventing and Mitigating Nurse Fatigue in Health Care

Patient safety and positive patient outcomes are definitive concerns for health-care organizations and health-care professionals. Nurse fatigue has been documented in the literature as contributing to negative patient outcomes and poor job performance, both of which may compromise patient care and the health of nurses. Fatigue is a complex and multidimensional phenomenon and its contributing factors are evident at individual, organizational and system levels. The Institute of Medicine (IOM) calls for strategies to address the overall work environment as a comprehensive solution to mitigate and manage fatigue. There is ample evidence to support the necessity to change current practices and promote a culture of safety, which recognizes nurse fatigue as an unacceptable risk to patient safety and nurse well-being, acknowledges the impact of fatigue and allows nurses to cite fatigue as a factor relevant to the inability to work. Research has shown that fatigue among nurses is a critical yet somewhat unacknowledged issue.

The RNAO/CNA research paper on nurse fatigue and patient safety defines nurse fatigue as:

> "A subjective feeling of tiredness (experienced by nurses) that is physically and mentally penetrative. It ranges from tiredness to exhaustion, creating an unrelenting overall condition that interferes with individuals' physical and cognitive ability to function to their normal capacity. It is multidimensional in both its causes and manifestations; it is influenced by many factors: physiological (e.g. circadian rhythm), psychological (e.g. stress, alertness, sleepiness), behavioural (e.g. pattern of work, sleep habits) and environmental (e.g. work demand). Its experience involves some combination of features: physical (e.g. sleepiness) and psychological (e.g. compassion fatigue, emotional exhaustion). It may significantly interfere with functioning and may persist despite periods of rest."

The increasing acuity of patients and increased complexity of care, workload, shift work and overtime are all factors that may predispose nurses to fatigue and influence their ability to provide safe, competent and compassionate care. Long shift durations significantly increase the risk for error and decrease levels of alertness and vigilance. Faced with a growing demand for nursing care, an aging population and a shrinking supply of nurses, the number of hours worked by nurses is increasing. As a result, hospital staff nurses are routinely scheduled for 12-hour or longer

shifts, rarely take allotted breaks during their work shift and work longer than scheduled on a daily basis. Nursing shortages have been reported in Canada and the United States and are now a global concern. The CNA projects a shortage in Canada of 78,000 registered nurses by 2011 and 113,000 registered nurses by 2016, if no new policies are implemented and the health patterns of Canadians continue.

Nursing work that involves extreme physical, cognitive and emotional demands (e.g. nursing in medical-surgical, critical care, and peri-operative areas) has been shown to increase the likelihood of inadequate or poor sleep, anxiety, depression and absenteeism. Work-related fatigue has also been associated with higher rates of injury, divorce, domestic abuse and chemical impairment. Sleep durations of four hours or less have also been associated with obesity, cardiovascular disease, diabetes and depression, as well as other psychiatric disorders, while sleep deprivation and extended work hours have been associated with driving impairment.

Nurse fatigue is often associated with frequent shift rotation, and is further exacerbated by a culture that expects nurses and other health-care staff to work long hours and forego sleep. Nurse fatigue is linked to patient safety risks, performance, errors, personal health, and recruitment and retention of nurses. It is imperative that the critical relationship between nurse fatigue and patient safety be addressed from the perspective of creating healthy work environments for nurses as well as their employers.

Due to the urgent nature of the problem of nurse fatigue and its potential impact on the retention and recruitment of nurses, in 2010 the CNA and the RNAO together conducted a research report to raise awareness of the rising levels of nurse fatigue and provide solutions targeted at policy imperatives to better manage the issue. This best practice guideline results from a recommendation made in the national report that the RNAO develop a healthy work environment best practice guideline on nurse fatigue. This guideline, which focuses on mitigating and preventing nurse fatigue, builds on the CNA/RNAO report and provides clear recommendations (based on the best evidence) for action by governments, health-care systems, organizational administrations and nurses themselves to prevent and mitigate the causes of fatigue.

Summary of Recommendations for Preventing Nurse Fatigue in Health Care

The following recommendations were organized using the key concepts of the Healthy Work Environments Framework and therefore identify:

- External/System recommendations
- Organizational recommendations, and
- Team/Individual recommendations

External/System Recommendations

1. Government Recommendations

1.1 Governments at both national and provincial levels promote the management of fatigue in health-care work environments by:

a) Providing sufficient economic and human resources within the work environment to prevent and mitigate fatigue.

b) Providing funding to support mandatory education for practicing nurses, nurse managers, nursing students and nurse educators about the causes of fatigue and its negative impacts on patients and nurses.

c) Providing funding to ensure that adequate physical infrastructure is available to support areas for nurses to rest during scheduled breaks. This means including designated space for rest in all new building designs and providing funding to renovate existing facilities.

d) Increasing nursing school enrolment and funding to so that there will be sufficient numbers of graduates in the future to ensure appropriate nurse to patient ratios in health-care settings.

e) Providing financial support to nursing faculties to manage increased enrolment in graduate nursing programs.

2. Research Recommendations

2.1 Researchers partner with governments, professional associations, regulatory bodies, unions, health-service organizations and educational institutions to conduct research regarding the relationship between fatigue, workload, work hours and the amount of sleep needed to provide safe patient care.

The goals are to: (a) increase understanding of the relationship between nurse fatigue and patient safety; (b) identify measures to decrease fatigue; and (c) reduce the impact of fatigue on patient and nurse safety.
Researchers work together across professions to achieve the above goals through studying:

a) Hours worked, 12-hours shifts, on-call patterns and intervals between shifts worked by nurses at all levels (e.g. staff nurses, managers, nurse practitioners, nurse midwives, etc., in a variety of health-care settings).
b) The gap in provincial infrastructure, to accurately monitor nurses' working hours, as many nurses hold positions in multiple organizations across health-care sectors.
c) The prevalence and incidence of fatigue based on gender, marital status, lifestyle and age.
d) The efficacy of programs to determine, assess and mitigate fatigue in health-care settings.
e) The nature of mitigating factors influencing fatigue in the workplace, including part-time employment and nurses working multiple jobs.

3. Accreditation Recommendations

3.1 Accreditation bodies develop and implement standards in the accreditation process that address a culture of safety, including the prevention and mitigation of nurse fatigue, and incorporate the recommendations contained in this guide- line.

4. Education Recommendations

4.1 Occupational health and safety educational programs include formal and informal education sessions that address:

a) recognizing and preventing fatigue;
b) the factors that contribute to fatigue;
c) the implications of nurse fatigue on patient safety, nurse well-being and organizational well-being;
d) sleep hygiene; and
e) utilizing self-assessment practices for fatigue.

4.2 Academic Settings address the issue of nursing fatigue in the curriculum by:

a) incorporating content related to nurse fatigue in the curriculum for nursing students, preceptors, professors and other educators; and
b) establishing a method of evaluation that feeds back into the process to determine if student nurse fatigue and nursing faculty fatigue in the academic setting and workplace have been reduced.

4.3 Organizations and academic settings:

a) incorporate information regarding fatigue prevention and recognition strategies into orientation programs for staff, nursing students and preceptors;
b) enhance leadership courses to address issues related to fatigue; and
c) promote research to assist health-care organizations in implementing and evaluating strategies to address nurse fatigue.

5.	Nursing Professional/Regulatory Recommendations
5.1	Professional associations, regulatory bodies and unions promote practices that result in preventing and mitigating fatigue for nurses and other health-care professionals that contribute to healthy work environments.
5.2	Professional associations and unions collaborate, advocate for and promote a workplace culture that recognizes the impact of fatigue on both patient safety and nurses' overall health and well-being.
5.3	Nursing regulatory bodies develop standards of practice that recognize the impact of fatigue on patient safety and nurses' overall health and well-being.
5.4	Professional associations, regulatory bodies and unions promote the education of nurses regarding their professional responsibility related to managing personal fatigue and mitigating the impact of fatigue on safe, quality patient care.
5.5	Professional associations, regulatory bodies and unions advocate for safe work environments with appropriate staffing models that include adequate registered nursing staffing to address workload, overtime issues and scheduling practices that minimize fatigue.
5.6	Professional associations, regulatory bodies and unions support and encourage a healthy work environment for all health-care professionals.
5.7	Regulatory bodies set practice standards and guidelines applicable to nurses and employers to ensure quality practice environments.
5.8	Unions, professional associations and nursing regulatory bodies encourage nurses and organizations to identify, document and collaboratively address unsafe staffing conditions.

Organizational Recommendations

6. Organizational Recommendations

6.1 Organizations and academic centres promote a culture that recognizes nurse fatigue as a risk to patient and nurse safety that must be addressed by comprehensive fatigue prevention and management programs that include:

a) educating staff and leadership on fatigue management;

b) developing mechanisms to document fatigue and analyze its relationship to overtime hours worked, medication errors, and patient and staff outcomes;

c) providing fatigue assessment strategies through orientation and other professional development opportunities; and

d) support services, such as wellness initiatives and Employee Assistance Programs, to assist with contributors to fatigue.

6.2 Organizations plan, implement and evaluate staffing and workload practices that create adequate staffing to reduce workload, in order to mitigate nurse fatigue and ensure nurse and patient safety.

6.3 Organizations implement a safe scheduling policy that includes no more than 12 hours scheduled within a 24-hour period, and no more than 50 hours scheduled per seven-day work week.

a) Scheduling for nights should not involve more than three consecutive 12-hour night shifts and should include a longer interval of "off duty" time between blocks of shifts to recover

6.4 Organizations develop and implement a policy – in consultation with nursing unit councils, the occupational health/wellness department, scheduling committees, unions and regulatory bodies – that sets limits regarding the amount of overtime worked by nurses.

6.5 Organizations develop a policy that supports rest and sleep periods during scheduled breaks. Organizations furthermore create a safe, secure area where nurses can have uninterrupted (excluding emergencies) rest and sleep periods. Individual nurse retain professional accountability and responsibility to respond to emergencies.

7. Team/Individual Recommendations

7.1 All employees, physicians, volunteers and students should:

- perform a self-assessment prior to starting and during a work shift to ensure their fitness to work and provide safe provision of care;
- ensure adequate recovery time prior to starting a shift;
- take entitled breaks and support colleagues to do the same; and
- limit overtime hours worked.

7.2 All employees, physicians, volunteers and students should take responsibility for identifying and reporting unsafe conditions (e.g. fatigue) in accordance with professional practice standards and hospital policy, without fear of reprisal.

7.3 All employees, physicians, volunteers and students should take responsibility for maintaining optimal personal health and well-being, including:

- participating in physical activity outside the work setting;
- ensuring adequate nutritional intake;
- ensuring adequate rest and sleep between shifts;
- communicating shift preference where there are known personal impacts related to specific shift patterns; and
- responsible self-scheduling in settings that participate in self-scheduling.

Background Context of The Guideline on Managing and Mitigating Conflict in Health-care Teams

Conflict is inevitable in any work environment due to inherent differences in goals, needs, desires, responsibilities, perceptions and ideas. Nursing is about relationships, and the quality of those relationships is vital to everyday interactions and positive outcomes for patient/client care and role satisfaction. Interpersonal relationships within the workplace can make the difference between difficult situations and intolerable ones. However, the increasing prevalence and subsequent impact of interpersonal conflict in Health-care settings necessitates the requirement for organizations to have a process to manage conflict that may occur. Interpersonal conflictive interactions among members of the Health-care team create subtle unpleasant experiences that result in negative attitudes and behaviours. In turn, this can create a stressful work environment with negative consequences such as job dissatisfaction, weak organizational commitment, lack of involvement, low morale, poor working relationships, a diminished sense of well-being, emotional exhaustion, a lack of trust and sense of support in the workplace, absenteeism, burnout and turnover. In addition to these negative consequences, persistent interpersonal conflict also results in reduced coordination and collaboration and low efficiency for Health-care teams.

Research indicates that interpersonal conflict within the Health-care system is present globally. In one Canadian study, several Canadian nurses admitted that they reduced their work hours because of conflict with nursing co-workers, while nurses in Japan who were also experiencing conflict with other nurses were more likely to leave their current nursing position. Similarly, new nursing graduates in New Zealand experienced high levels of in- terpersonal conflict during their first year after graduation, resulting in lower self-esteem, increased absenteeism and intent to leave nursing as a consequence. Researchers have shown that in the general population and among Health-care providers, the occurrence of burnout, particularly emotional exhaustion, can be attributed to negative collegial interactions and interpersonal conflict. Therefore, it is important that organizations and individuals address the management of interpersonal conflict through a guided process which includes education and accountability to prevent recrimination and negativity.

Definition of Interpersonal conflict:
For the purposes of this guideline, interpersonal conflict is defined as:

"...a dynamic process that occurs between interdependent individuals and/or groups as they experience negative emotional reactions to perceived disagreements and interference with the attainment of their goals."

In a review of the literature, Barki and Hartwick (2004) examined the numerous conceptualizations and definitions of conflict. Three general themes were identified: disagreement, interference and negative emotion:

- *Disagreement* represents the key cognitive component of interpersonal conflict.When individuals think that a divergence of values, needs, interests, opinions or goals exists, there is disagreement. However, disagreement by itself is not sufficient for conflict to emerge.
- When the behaviours of one individual interferes with or opposes another's attainment of their interests, objectives or goals, conflict is said to exist. Indeed, many researchers believe that the core process of conflict is the behaviour where one or more individual opposes another's interests or goals.While behaviours such as debating, arguing, competing, and backstabbing may be typical of conflict, they do not always imply the existence of conflict.
- Finally, while a number of emotions have been associated with conflict, overwhelmingly it has been negative emo- tions such as fear, jealousy, anger, anxiety and frustration that have been used to characterize interpersonal conflict.

Types of Interpersonal conflict
Research illustrates three main types of interpersonal conflict:

1. Relationship conflict exists when there are interpersonal incompatibilities among individuals, including irritation about personal taste, interpersonal style, different personal values, or other non work-related preferences.This type of conflict is usually very counterproductive, taking the focus away from the issues that need to be resolved and replacing it with personal antagonism.

2. Task conflict exists when there are disagreements about the content of tasks being performed, including differences in viewpoints, ideas and opinions. Task conflict has the potential to create positive effects on productivity and team performance. However, task conflict can lead to job dissatisfaction, decrease individual's perceptions of teamwork, increase anxiety and increase propensity to leave a job. Research also shows that task conflict usually produces relationship conflict.For example, if individuals harbour particularly strong feelings about a task issue (e.g. the goals of patient care), they may become emotionally invested about an issue.
3. Process conflict focuses on disagreements about how to accomplish a task, which is responsible for a task, or the delegation of duties and resources. Thus, disagreements about work can be about how to accomplish or approach a specific task (process) or the content or substance of the task itself (task).

Descriptions of Other concepts Related to Interpersonal conflict:

Nursing literature has established that the social climate in which nurses work includes various forms of conflictive interactions and co-worker mistreatment such as aggression, verbal abuse, violence, bullying, ostracism, incivility, dysfunctional interactions and horizontal violence. These negative behaviours are distinct from interpersonal conflict as described below:

- Bullying has been characterized as a constellation of repeated acts by one or more individuals, undertaken with an intention to cause harm and create a hostile work environment. It is not a one-off or accidental event, but a form of intentional workplace behaviour that is abusive, often subtle or hidden, and intensely harmful. Bullying is publicly belittling or finding fault with others; it is inherently societal and organizational, in that bullies may be supported by the workplace culture. Bullies are overt, direct, active, and visible and engage the target in a social dynamic that gives the target attention from others, even if that attention is negative.
- Workplace Incivility is a form of organizational deviance, characterized by behaviours that violate respectful workplace norms. It is not necessarily meant to harm. Uncivil behaviours are characteristically rude and discourteous displaying a lack of regard for others. Examples include insulting comments, insensitive actions, unintentional slights, denigration of a colleague's work, and spreading false rumors.

- Horizontal violence embodies an understanding of how oppressed groups direct their frustrations and dissatisfactions towards each other as a response to a system that has excluded them from power. It most commonly takes the form of psychological harassment, which creates hostility, as opposed to physical aggression. It involves verbal abuse, threats, intimidation, humiliation, excessive criticism, innuendo, exclusion, denial of access to opportunity, disinterest, discouragement and the withholding of information. It can result in absenteeism and intentions to leave the nursing profession.

- Ostracism refers to the experience of feeling ignored, left out or excluded by coworkers. Examples of ostracism are ignoring individuals, 'silent treatment', and not being invited to social events. Ostracism is covert, silent and often invisible. It reflects the absence of behaviour and represents mistreatment that is not verbally communicated; nonetheless, it disengages the target from the social context and takes away all forms of interaction, essentially removing any resemblance of belonging to the social context or connection to others.

Although these concepts share the fact that parties are interdependent and have opposing interests, values or beliefs, interpersonal conflict need not involve intent to harm another party and need not cause negative outcomes. Effectively managed, interpersonal conflict can produce positive benefits as there has been a strong emphasis upon constructive aspects of conflict in organizations. Although it is recognized that conflict does have negative outcomes, particularly if based upon personality disagreements (relationship conflict), one of the most important contributions of the interpersonal conflict literature has been to enhance understanding of the conditions under which interpersonal conflict exerts positive outcomes.

Sources of Interpersonal conflict:

Several studies have found that nurses experience conflict with doctors, nurse colleagues, managers, families and patients/ clients. However, recent studies have found that nurses identify their managers and nursing colleagues as the most common source of conflict, with nursing colleagues being the most stressful type.

In several studies such as Almost et al. (2010), Bishop (2004) and Warner (2001), the manager's role has been identified as a key contributor to the level of interpersonal conflict. The impact of the manager's leadership style including her/his ability to act as a mentor, diffuser of conflict, her/his level of respect for nurses, and supportive attributes have illustrated a profound impact on nurses' experience of conflict and their quality of work life. In addition, some studies identified the impact of the role of individuals' cultural or ethnic background, their response to conflict situations and resolution styles.

Prevalence of Interpersonal conflict

Approximately one in seven employed Canadians report that poor interpersonal relations in their workplace are a source of stress or excess worry. Similarly conflict among Health-care teams has been identified as a significant issue within health settings. Studies have shown that the frequency of conflict with nursing coworkers is on the rise with a significant impact on the quality of the work environment for nurses. The nursing literature has established that the social climate in which nurses work is fraught with poor nurse–nurse interpersonal relationships, which include various forms of conflictive interactions. In 2005, among Canadian registered nurses almost one half (46%) reported low coworker support. Individuals between the ages of 45 and 54 years were found to be slightly more likely to report low coworker support (48%), but on the whole, the differences across age groups were small (younger than 35 years = 44% and 55 years or older = 39%). In this large, national survey, coworker support was determined by assessing nurses' exposure to conflict and the helpfulness of others at work. Both female and male nurses were found to be exposed to hostility or conflict within their workgroup (44% and 50%, respectively). Moreover, 47% did not feel supported by their coworkers.

Other researchers have identified similar patterns confirming the presence of conflictive interactions among nurses. Rowe and Sherlock (2005) reported that nurses identified their staff nurse colleagues as the most common source of verbal aggression. A small percentage (13%) reported that a verbally abusive experience contributed to a practice error; in one of six of these cases, the experience remained unresolved. The most common long-term consequences of verbally abusive experiences with other nurses were poor working relationships with the aggressor, job dissatisfaction, a diminished sense of well-being, and a lack of trust and sense of support in the workplace. In a different study, McKenna et al. (2003) found that nurses in their first year of practice frequently experienced covert interpersonal conflict, feeling undervalued by other nurses, experiencing a lack of supervision, and being distressed by the conflict occurring among others. Those under the age of 30 years were more likely to experience interpersonal conflict, particularly being undervalued and verbally humiliated. Consequences of the conflict experienced by new graduates were absenteeism (14%) and intentions to leave the profession (34%).

Conceptual model of the antecedents and consequences of conflict

The Conceptual Model of the Antecedents and Consequences of Conflict organizes and guides the discussion of the recommendations. It provides a thorough understanding of the sources and outcomes of conflict and could enable preventive action. The model includes the following:

- Conflict antecedents (including individual characteristics, interpersonal factors and organizational factors);
- Perceived conflict;
- Conflict management style; and
- Conflict consequences (including the effects of conflict on individuals, interpersonal relationships, and the organization).

Antecedents of conflict

A review of the scholarly literature found that nursing research has focused mainly on the management of conflict with only a few studies examining the causes, elements and effects of conflict.

In addition to the antecedents identified in the Conceptual Model (Figure 2), important antecedents of interpersonal conflict include:

- Lack of communication or understanding of another's perspectives.
- Unconstructive personal factors such as lack of collaboration and the four components of emotional intelligence: self-awareness, self-management, social awareness, and relationship management.
- Role of practice environment which neglects leadership, communication, support system and collaborative decision-making.
- Organizational culture which involves diminished flexibility, authoritarian leadership, rigid policies and procedures and lack of employee engagement.
- Perceived differences in nurses work values Wolffe (2009) found that nurses who perceived themselves to be different from their colleagues in terms of their work values were more likely to experience interpersonal conflict which, in turn, resulted in job stress or burnout.

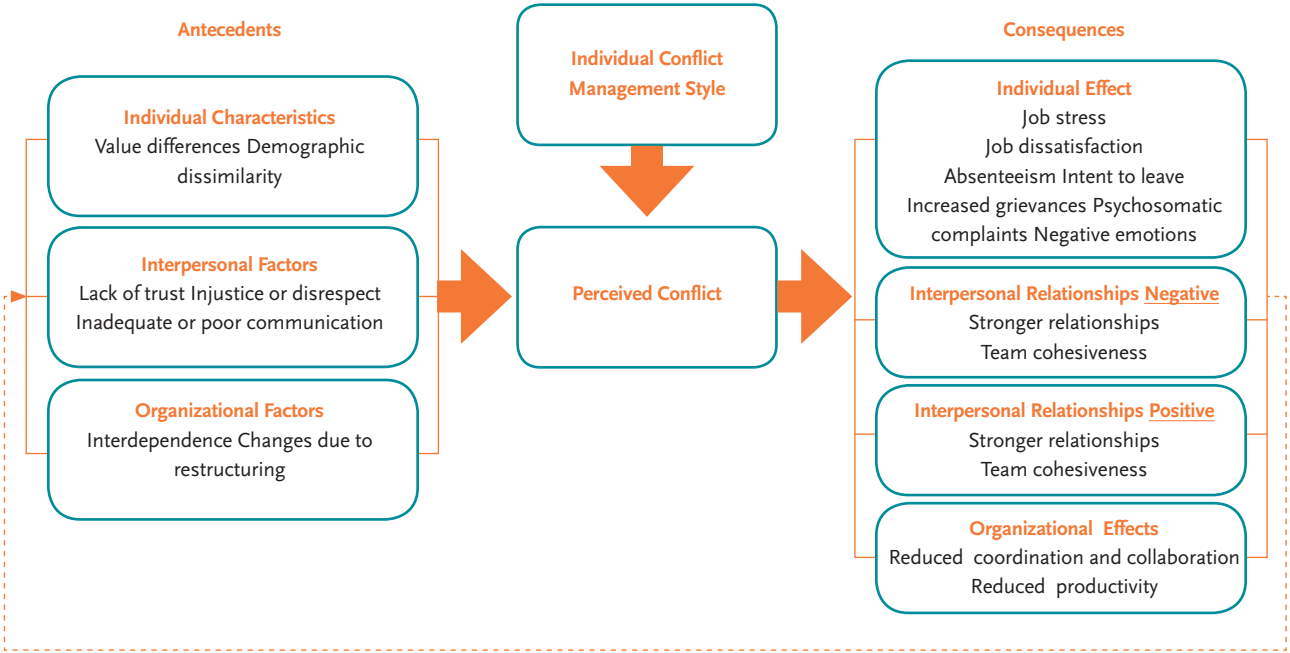


Figure 2: *The Conceptual Model of the Antecedents and Consequences of Conflict*

Outcomes of Interpersonal conflict

Unaddressed interpersonal conflict can interfere with the personal well-being of the individual; result in negative coworker relationships; undermine safe patient care/outcomes; and be disruptive to the organization. Perceived disagreements and interference about different desires/goals/approaches often results in negative emotions such as fear, anxiety, frustration, and jealousy. As an outcome of interpersonal conflict, individuals experience negative emotions such as feeling angered, betrayed, frustrated and dismayed by workplace relationships that are abusive and not supportive.

When examining the different types of conflict, research has shown that relationship and task conflict have different consequences or outcomes. The existence of relationship conflict produces negative emotional reactions in individuals such as anxiety, fear, mistrust or resentment. High relationship conflict also means that individuals suffer frustration, tension and fear of being rejected by other team members. At the same time, high relationship conflict appears to cause dysfunction in team work, diminish commitment to team decisions, decrease organizational commitment, raise communication problems within team members, job dissatisfaction, and increase stress levels.

In contrast, findings concerning task conflict are not as conclusive. Task conflict has been associated with several beneficial effects such as improving the quality of ideas and innovation, increasing constructive debate, facilitating a more effective use of resources, and leading to better service provision. However, other studies have shown that task conflict may also have harmful effects by decreasing individuals' perceptions of teamwork and job satisfaction, increasing anxiety, burnout and greater intentions to leave.

Although high levels of intense and prolonged conflict hurt individual and team performance, moderate levels of task-related conflict can be beneficial by mitigating biased and defective group decision-making. These positive consequences of conflict tend to come about especially when relationship conflict is absent, and when members engage in problem solving dialogue and thus debate in an open-minded way about their opposing views, beliefs and opinions. Some studies show that on certain occasions, conflict may increase creativity and job quality in a group, and improve organizational effectiveness and development.

Implications for Best Practice Guidelines on Interpersonal conflict

This best practice guideline on interpersonal conflict will be beneficial for interprofessional team members, nursing and non-nursing administrators, at the organizational and system level; policy makers and governments; educational institutions, professional organizations, employers, labour groups; and federal, provincial and territorial standard-setting bodies. The Managing and Mitigating Conflict in Health-care Teams guideline offers the best evidence to support recommendations on understanding the etiology and source of managing and mitigating, and provide meaningful solutions at various levels of practice. This approach may include an attitudinal shift on how nurses can positively use conflict situations in their practice.

Further, the Panel determined that this BPG will help assess, recognize, define, intervene, mitigate, manage and evaluate conflict in Health-care teams. This guideline provides nurses and decision-makers with tools and resources to educate team members, to identity ways to positively influence the culture within the Health-care team in order to mitigate conflict, and assist nurses and leaders to positively manage conflict and enhance the quality of care. Several strategies to address conflict among nurses are discussed such as providing education to individual practitioners and creating a work culture that recognizes the impact of unresolved conflict on team functioning and nurses overall health and well-being.

Summary of the Recommendations for Managing and Mitigating Conflict in Health-care Teams

The following recommendations were organized using the key concepts of the Healthy Work Environments Framework and therefore identify:

- Organizational recommendations
- Individual/Team recommendations and
- External/Systems recommendations

Organization Recommendations

1. Organization Recommendations

1.1 Organizations identify and take action to prevent/mitigate factors contributing to conflict, for example:

- effects of shift work;
- team composition and size;
- workload and staffing;
- manager span of control;
- level of staff involvement in decision-making and provision of care;
- resource allocation;
- diversity in the workplace; and
- physical space.

1.2 Organizations support the systems and processes that minimize conflict, promote team functioning, value diversity and enact a culture of inclusiveness. Common attributes that exist between and among Health-care professionals include:

- educational background;
- work values;
- ethnicity and culture;
- age;
- roles and responsibilities;
- power;
- scope of practice; and
- gender.

1.3 Organizations implement a regular assessment, which may include quality indicators, to identify the types and outcomes (short- and long-term) of conflict among nurses, physicians and other Health-care professionals. Assessment data is used to develop and implement both action and communication plans for the organization.

1.4 Organizations implement and sustain evidence-based strategies that support/enable leaders to foster self-awareness, possess emotional intelligence, competencies and utilize conflict management principles.

1.5 Organizations ensure all employees, physicians, and volunteers have the knowledge and competencies related to conflict management by:

- Providing ongoing mandatory skills-based education regarding cooperative or active style of managing and mitigating conflict, clear communication, effective team building through transformational leadership practices, and the promotion of mastery of emotional intelligence skills;
- Ensuring education is accessible to shift workers;

- Supporting changes in staff behaviour by using a comprehensive educational approach for different levels (e.g. individuals, teams, organization) tailored to specific settings and target groups. This includes implementing mechanism for refresher courses and/or regular updates; and
- Being congruent with the competencies frameworks for leaders (e.g LEADS in Caring Environment Framework) and interprofessional practice. (e.g. Canadian Interprofessional Health Collaborative, A National Interprofessional Competency Framework).

1.6 Organizations provide internal and/or external third party assistance (e.g. spiritual care, ethicists, safe workplace advocate, and professional practice specialists/consultants) to offer productive support, shared decision-making, and/or manage/ mitigate conflict.

1.7 Organizations commit to the sustained use of cooperative or active conflict management styles (e.g. integrating and compromising), clear communication (e.g. crucial/learning conversations) and transformational leadership practices to create healthy work environments by:

- Ensuring all leaders, future and present, acquire leadership competencies in the management of conflict;
- Adopting recruitment processes that assess conflict management capabilities;
- Recognizing individuals, leaders and managers who demonstrate active management styles;
- Implementing a formal mentorship program for managers and point-of-care leaders;
- Meeting the College of Nurses of Ontario's Nursing Practice Standards for nurses in an administrator role; and
- Requiring managers to demonstrate accountability for effective conflict management styles, clear communication and transformational leadership.

1.8 Organizations evaluate the feasibility and effectiveness of the strategies, standards and policies of conflict management.

1.9 Organizations ensure multi-faceted and comprehensive structures, processes, and supportive policies are in place. Organizations should support those in leadership roles to apply organizational policies and processes that exist to recognize, assess, monitor, manage and mitigate conflict.

1.10 Organizations value, promote, enable and role model a culture that recognizes, prevents, mitigates and manages conflict, while enhancing the positive outcomes by:

- Developing structures and processes to foster effective intra- and interprofessional collaborative relationships;
- Utilizing a professional practice model that supports practice accountability, autonomy, reflection, self-awareness and decision-authority related to the work environment and patient/client care;
- Promoting professional autonomy and decision-making;
- Implementing and sustaining effective staffing and workload practices;
- Ensuring a climate of appreciation, trust and respect;
- Including resources in orientation sessions; and
- Utilizing a variety of tools such as education, media campaigns and performance review processes.

1.11 For interprofessional collaborative practice, organizational supports are provided to address conflict in a constructive manner by:

- Valuing the potential positive outcomes of conflict;
- Identifying common situations that are likely to lead to disagreements or conflicts, including role ambiguity, power gradients and differences in approaches to patient/client care goals;
- Establishing a safe environment in which to express diverse opinions and viewpoints regardless of outcome; and
- Establishing consistency and clarity about role expectations among Health-care professionals.

Individual/Team Recommendations

2. Individual/Team Recommendations

2.1 Nurses and Health-care teams acknowledge that conflict is normal and seek to understand through self-reflective practice how their behaviours, values, beliefs, philosophies and perceptions affect relationships with others, and how the behaviour of others influence conflict by:

- Identifying personal behaviours and/or attitudes that may have contributed to conflict, and strive to alter this behaviour;
- Acknowledging and understanding their personal conflict management style;
- Developing conflict resolution skills by taking advantage of education offered. Where education is not offered, the individual should bring this need to the attention of their manager/director; and
- Understanding the importance of emotional intelligence, lived experiences and their relationship to conflict.

2.2 Nurses and Health-care teams contribute to a culture that supports the management and mitigation of conflict by:

- Seeking resolutions when necessary through counseling (employee assistance programs), accessing support (occupational health) and education offered in their organizations or settings;
- Acknowledging and discussing the issue at forums such as staff meetings;
- Demonstrating accountability for their actions, and commitment to managing and mitigating conflict;
- Actively and constructively participating in their Health-care team initiatives;
- Being accountable for, and respectful in the manner in which they communicate to patients/clients, families and members of the Health-care team;
- Seeking opportunities and assuming the responsibility for sharing knowledge and best practices in nursing and health care.

2.3 Nurses, Health-care teams and Health-care professionals:

- Acknowledge that conflict is addressed in different ways, depending on the relationship of the person one is having conflict with;
- Understand how they uniquely contribute to the client's experience of health or illness and the delivery of Health-care services, in addition to facilitating the paramount importance of improving health outcomes, which is guided by the philosophy of patient/client-centered care; and
- Understand and respect the roles, scope of practice and accountability of all members of the Health-care team.

2.4 Nurses and Health-care teams practice and collaborate with team members in a manner that fosters respect and trust by:

- Ensuring open communication related to the provision of patient/client care and other work related activities;
- Setting clear and objective goals for patient/client care;
- Utilizing processes for conflict resolution and problem-solving;
- Participating in a decision-making process that is open and transparent;
- Being an active, engaged member of the Health-care team while demonstrating respect and professionalism;
- Contributing to a positive team morale;
- Understanding that the work environment is in part constructed by each member of the team; and
- Supporting each individual team member working to their own full scope of practice.

2.5 Individuals contribute to the development of clear processes, strategies, tools and structures that promote the management and mitigation of conflict with emphasis on:

- Open, honest and transparent communication;
- Constructive and supportive feedback; and
- Clear goals and objectives that foster professionalism, respect and trust.

2.6 Individual nurses and Health-care teams actively participate in education to achieve a constructive approach to the management and mitigation of conflict.

2.7 Consult organizational and professional guidelines, policies and procedures related to the management and mitigation of conflict by:

- Seeking support;
- Obtaining information; and
- Providing support to others.

2.8 Utilize management tools/strategies for management and mitigation of conflict such as the following:

- Listen empathetically and responsively;
- Allow the other person to express their concern;
- Search beneath the surface for hidden meanings;
- Acknowledge if you are at fault and reframe emotions;
- Separate what matters and what gets in the way;
- Learn from difficult behaviours;
- Lead and coach for transformation; and
- Negotiate collaboratively to resolve an issue.

External/System Recommendations

3. Government Recommendations:

3.1 Governments recognize that conflict within Health-care teams is a priority issue.

3.2 All levels of government promote a healthy workplace environment by:

- Developing policies and legislative frameworks that support the management and mitigation of conflict;
- Developing policies and legislative frameworks that encourage intraprofessional, interprofessional collaboration and teamwork;
- Ensuring sustainable financial resources to effectively prevent, manage and mitigate conflict in all Health-care settings; and
- Establishing accountability requirements, such as through quality improvement plans, accreditation or other accountability agreements that address the management and mitigation of conflict within all Health-care settings.

3.3 Government agencies, policy and decision-makers strategically align conflict management with other initiatives pertaining to healthy work environments, patient/client safety, interprofessional collaborative practice, and quality patient/client care.

3.4 Governments commit to establishing and supporting research with appropriate levels of funding, acknowledging the complexity of the type of studies required to examine conflict within Health-care teams.

4. Research Recommendations:

4.1 Researchers partner with governments, professional associations, regulatory bodies, unions, health service organizations and educational institutions to conduct research into conflict within Health-care teams.

4.2 Interprofessional researchers study the:

- Range of impacts of the different types of conflict in the workplace on individuals, patient/client, organizational and system outcomes, including quality of care, patient safety, recruitment and retention;
- Prevalence and incidence of conflict, including an understanding of the different types of conflict, in workplaces throughout all types of organizational settings and sectors;
- Antecedents and mitigating factors influencing the different types of conflict in the workplace experienced by individuals throughout all types of organizational settings and sectors;
- Existence and effectiveness of current management philosophies and practices to prevent, manage and mitigate conflict in the workplace, including training and education programs;
- Multiple levels where conflict occurs (e.g. individual, team, Health-care system, society) using a wide variety of methods and theoretical tools; and
- Feasibility efficacy and sustainability of programs and interventions developed to prevent, manage or mitigate conflict.

4.3 Researchers develop, implement, and evaluate a conflict intervention based on the conceptual model shown in Figure 2, page 108.

4.4 Using effective knowledge translation strategies, researchers report research findings and outcomes back to their partnering government bodies, professional associations, regulatory bodies, unions, Health-care organizations, educational institutions, and the individuals who participated in the research.

5. Accreditation Recommendations:

5.1 Accreditation bodies develop and implement evidence-based standards and criteria on the management and mitigation of conflict on Health-care teams as part of their standards and accreditation process.

6. Education Recommendations:

6.1 Academic settings value, promote and role model a learning culture which recognizes, prevents, manages and mitigates conflict, while enhancing the positive outcomes of conflict.

6.2 Education for all Health-care professionals in academic settings include:

- Formal and informal opportunities for discipline specific and interprofessional students to develop and demonstrate the ability to recognize, prevent, manage and mitigate conflict in the workplace;
- Recognition of the different types of conflict and subsequent outcomes on personal health, career, workplace dynamics and learning;
- Appropriate communication strategies for responding to conflict in the workplace from patients/clients, peers, and other Health-care professionals, physicians, supervisors and faculty; and
- Learning related to how and when to use internal and external workplace supports for addressing conflict, and encouragement to seek individual, organizational and systemic solutions.

6.3 Academic settings partner with Health-care organizations to develop transition-to-practice, mentorship or residency programs for new graduates.

7. Nursing Professional / Regulatory Recommendations:

7.1 Professional, regulatory and union bodies for Health-care professionals should:

- Educate all Health-care professionals regarding the management and mitigation of conflict in Health-care teams;
- Develop competency standards for managers and leaders that clearly reference and prioritize conflict management;
- Incorporate conflict management and mitigation in all applicable policies, standards, guidelines and educational resources;
- Minimize role ambiguity by creating standards that clearly define and distinguish roles and responsibilities of various Health-care professionals;
- Collaborate with policy makers to ensure priority and funding is dedicated to conflict research and interventions to support conflict mitigation and management in all Health-care settings;
- Partner with Health-care and academic organizations to evaluate applicable policies, standards, guidelines and educational resources; and
- Advocate for research standards, accreditation, education, policies and resources to address conflict in the workplace.

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INTERNATIONAL
AFFAIRS & BEST PRACTICE
GUIDELINES

TRANSFORMING
NURSING THROUGH
KNOWLEDGE

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