



Position Statement on Building a Culture of Safety

The Oklahoma Nurses Association (ONA) has focused on workplace and workforce advocacy as a way of addressing work environment issues since 1999 developing tools for nurses to use in communicating with nurse managers. *Culture of safety is one where everyone feels responsible for safety, pursues it on a daily basis, and is comfortable reporting unsafe conditions and behaviors. An organization that has a strong safety culture experience fewer high-risk behaviors, and consequently, lower incident rates of harm, lower voluntary staff turnover, lower absenteeism and high productivity*" (HRET, *Culture of Safety*). Implementing safe and proactive environments and systems to reduce errors, while addressing human factors and just culture are imperative while also providing support and protections for nurses experiencing second victim in response to medical errors and adverse events to support to address the recovery process. In building a Just Culture and/or Culture of Safety it is imperative that nurses be involved.

It is the position of the Oklahoma Nurses Association to encourage all health care employers of nurses across ALL settings, including practice, academia, and research, along with other related organizations utilizing nurses to build a Culture of Safety within their organizations. This process should include a cross section of the nurses within the organization especially those providing direct patient care.

The following principles should be included:

- a. Fostering a culture of trust, reporting and learning,
- b. Building a work environment that enables nurses to provide safe, quality care,
- c. Commitment and Communication on the priority of patient and workforce safety,
- d. Implementing safe and proactive environments and systems to reduce errors, while addressing human factors and just culture
- e. Providing active and timely support and protections for nurses experiencing second victim in response to medical errors and adverse events to support to address the recovery process
- f. Utilization of ONA's workplace advocacy materials such as the *Concern for Assignment Form* and ONA's position statements.

The Oklahoma Nurses Association will also work to educate nurses about the benefits, rewards, and positive gains of creating and working in a Culture of Safety along with providing resources in all publications on Building a Culture of Safety.

Background

Organizations that have lower staff turnover have higher patient satisfaction scores, and a *"culture of safety is one where everyone feels responsible for safety, pursues it on a daily basis, and is comfortable reporting unsafe conditions and behaviors. An organization that has a strong safety culture experiences fewer high-risk behaviors, and consequently, lower incident rates of harm, lower voluntary staff turnover, lower absenteeism and high productivity"* (HRET, *Culture of Safety*). Creating a culture of safety in the healthcare setting has been advocated by the Institute of Medicine (IOM), the American Nurses Association, The Joint Commission, and the Affordable Care Act of 2010.

The World Health Organization (WHO) *"defines patient safety as the prevention of errors and adverse effects to patients associated with healthcare and adverse effects to patients associated with health care."* (WHO, Health Topics/Patient Safety). Encouraging the reporting of errors, near misses and actual harm without fear of reprisal are part of fostering a culture of trust, reporting and learning. Errors and adverse events affect nurses with the potential of creating strong emotional responses including guilt and trauma leading to second victim distress.

The ANA's *Code of Ethics for Nurses with Interpretive Statements* establishes the ethical standard for the nursing profession serving as guide for decision-making in a multitude of ways reflected in each of the Provisions

ensuring nurses obligation to each other, to the employer and to patients or clients and society as a whole. "Nurses have a responsibility to define, implement and maintain standards of professional practice. Nurses must plan, establish, implement and evaluate review mechanisms to safeguard patients, nurses, colleagues and the environment. These safeguards include peer review processes, staffing plans, credentialing process and quality improvement and research initiatives." (ANA, 2015 p16.); and,

Utilizing safe patient handling practices such as appropriate lift equipment and other tools to move and reposition patients, residents or clients is key to reducing musculoskeletal injuries in nurses. Safe patient handling is not only a vital component of workforce safety but also patient safety, which are both integral to building a culture of safety.

The Oklahoma Nurses Association (ONA) has focused on workplace and workforce advocacy as a way of addressing work environment issues since 1998 developing tools for nurses to use in communicating with nurse managers such as the *Concern for Assignment* form and our *Consultation Service*. In addition, ONA has adopted several position statements to assist nurses in creating and defining the culture within their own workplace. Our resources include:

- ONA's *Staffing Position Statement* recommends the inclusion of the nurses on the unit and the use of ANA's nurse staffing guidelines to create safe staffing plans, taking into account patient complexity, acuity, and stability, nurse skill level and experience, along with anticipated admissions, discharges and transfers are all included in determining the staffing plan; and,
- ONA's *Positive Work Environment Position Statement* endorses nurses working together to promote healthy work environments utilizing tools such as conflict resolution, elimination of workplace violence, leadership development and ANCC's Magnet designation and Pathway to Excellence; and,
- ONA's *Position Statement on Incivility, Bullying and Workplace Violence* calls for nurses in all settings to create a culture of respect - free of incivility, bullying, and workplace violence and to implement a workplace violence prevention program as part of their employer's security program that includes training and education programs enable nurses and other healthcare workers to recognize potential hazards and to protect themselves, their co-workers, and their patients.

The inclusion of direct care nurses at all levels in teams charged with creating policy, procedure, and education on patient safety, workplace violence, and culture of safety is integral to successful implementation of such policy, procedure, and education.

References

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