Healthy Workplaces and Ethical Environments
A Staff Nurse’s Perspective

Jennifer A. Browne, MSN, RN, CCRN

Healthy workplaces contribute to improved patient safety and job satisfaction. In the development of healthy workplace cultures, various frameworks have been offered as strategy guides. There has also been a growing body of evidence that ethical climates and education can positively influence patient safety and job satisfaction. Within an ethical context, the American Association of Critical-Care Nurses’s Standards for Establishing and Sustaining Healthy Work Environments have been examined. It is proposed that the underpinnings of healthy workplace initiatives be built upon an ethical foundation that is apparent to staff nurses. The benefit of incorporation of an ethical context into workplace change is discussed. Evidence to support the proposal is cited and examples are given. Key words: critical care ethics, ethics education, healthy workplace, nursing ethics, nursing work environment

An irony of many critical care areas today is that the environment capable of healing so many can, at times, be unhealthy and harmful to the patients and personnel working there. Descriptions of unhealthy work environments include those with too little staffing in a climate that is unsafe, unsupportive, and disheartening.1 The American Association of Critical-Care Nurses (AACN) points out that this type of environment risks the lives of patients and interferes with the delivery of quality care. Further, the AACN associates medical errors, poor healthcare delivery, increased stress, professional dissonance, and decreased recruitment and retention with unhealthy work environments.1

Florence Nightingale, in 1860, wrote specifically of the environment and the delivery of quality nursing care, “By this I do not mean that the nurse is always to blame. Bad sanitary, bad architectural, and bad administrative arrangements often make it impossible to nurse. But the art of nursing ought to include such arrangements as alone make what I understand by nursing, possible.”2 Nursing literature has long identified stress and unhealthy work environments as damaging to the delivery of quality patient care, leading to nursing job dissatisfaction and poorer levels of recruitment and retention. From a patient safety perspective, patient mortality, injury, and failure to rescue increase in hospitals with poorer care environments, high patient to nurse ratios, inadequately educated nurses, and excessive work hours.3–6

In 2000, the Institute of Medicine (IOM) published the landmark report To Err Is Human, which brought to public light the issue of medical errors and patient safety in hospitals.7 The following year, the AACN launched an effort to examine and advance healthy work environments.8 In 2003, the AACN released a written statement to the IOM detailing nurses’ work environment issues, describing “toxic work environments,” and recommending solutions.9 The AACN specified investments made by their organization (ie, Synergy model), as well as contributions from other groups in the nursing community,
specifically the American Nurses Association (ANA), the American Organization of Nurse Executives (AONE), and recommendations from the Agency for Healthcare Research and Quality (AHRQ).9

In January of 2005, the AACN introduced the "AACN Standards for Establishing and Sustaining Healthy Work Environments."10 This 44-page work is one of the AACN's top priorities—a dedicated pursuit to the establishment of a healthy workplace environment that embraces patient and nurse well-being. The standards for establishing a healthy work environment are "skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership."10(p13)

Critical care nurses should be aware of the basis of the improvement processes that spring up in their units, such as these 6 from their critical care association. Invariably, critical care staff nurses are exposed to or involved in process changes connected to improving the nursing work environment, and an understanding of the “why’s” of change are important to successful outcomes. Further, change theorists (ie, Rogers) identify that successful changes are those that are consistent within the existing value system.11(p272) To begin then, nursing ethics, which is inclusive of values, will be reviewed.

NURSING ETHICS

Ethics, or moral philosophy, is the “branch of philosophy that deals with how we ought to live, with the idea of the Good, and with such concepts as right and wrong.”12(pxi) Ethics comprises 2 parts, the theoretical and the applied. Theoretical ethics deals with the grand questions, analyses, and theoretical foundations related to morality and how we live our life. Applied ethics is closely linked to the theoretical and centers on problems, questions, and actions and focuses on specifics such as abortion, capital punishment, and withdrawal of care.12 Nursing ethics is applied ethics that focuses on the analysis of ethical issues as they are generated in nursing practice.13 Nursing ethics is inclusive of the ideal, values, principles, and virtues of the profession but also recognizes the moral beliefs of nurses.13

The ANA has adopted a Nursing Code of Ethics since 1950, which is intended to communicate to both nurses and the public the expectations and requirements for registered nurses in regard to ethical matters. The code comprises 9 essential elements with supporting interpretive statements.14 Assistance in application of the code is available from the ANA or from state nurses’ associations. Nursing ethics, a branch of healthcare ethics, has relied on 4 basic moral principles or rules to guide and justify nursing activities and behaviors—nonmaleficence, beneficence, autonomy, and justice. Nonmaleficence is the duty to not intentionally harm someone; beneficence is the duty to advocate for the well-being of oneself and others; and autonomy refers to the duty nurses hold to respect the values, beliefs, and decisions of a patient and his/her family. Justice refers to the duty of healthcare professionals to distribute resources fairly.13(pp25–26)

ETHICS AND THE HEALTHY WORKPLACE

From this author’s perspective, the practice of acute care nursing is changing. With shrinking economic resources, critical care nurses are being asked to deliver the very highest in quality care under systematic pressure to perform in an environment that increasingly rewards expediency and rapid-fire care. As the United States has unfortunately learned, business ethics can never be assumed or taken for granted. Because nurses are essential to our healthcare business, it seems important to address the ethical environment in which they work.

As the pressures of a new healthcare business climate unfold, the expectation of course is for our critical care nurses to ethically know and understand what ought to be done and to do it. Knowing what we ought to do is precisely how Socrates described “ethics” over
Healthy Workplaces and Ethical Environments

An ethical environment is described by McDaniel as one in which behaviors and prioritization for the ethical treatment of patients is guided by ethical values. When a nurse experiences conflict or inability to act in an ethical manner due to overwhelming assignments, conflict with hospital policy, bioethical conflicts, or fear of reprisal, moral distress will occur.

From a staff nurse’s perspective, when reviewing healthy workplace guidelines, there can be an ethical disconnect, as the underlying ethical framework is not explicit. The AACN Standards do refer to supporting the 9 provisions of the ANA’s Code of Ethics but there is no direct articulation of ethical standards. There is great opportunity threaded through AACN’s work to highlight and stress ethical implications of practice. The purpose of this article is to review each AACN Standard from an ethical perspective and suggest a framing of healthy workplace initiatives in an ethical manner.

WHY AN ETHICAL OUTLINE IS IMPORTANT: IMPACT AREAS

Examining healthy workplace improvements in terms of ethics requires effort. It is helpful to start by understanding some of the benefits of incorporating an ethical context into workplace change.

Patient safety

Virtually all hospitals today have patient safety initiatives focused on protecting patients, reducing errors, and improving outcomes. On a routine basis, clinical practices change in an effort to improve safety and quality. It could, therefore, be advantageous to consider the ethical aspects of practice changes and address those prior to or during implementation.

An example can be found when reviewing the AACN Healthy Work Environment Resource page and the article “Silence Kills, Seven Crucial Conversations for Healthcare.” This article, along with case studies, spells out in detail the unethical environment faced by healthcare workers today and includes numerous examples of rule breaking and failure to report. In this case, the underlying basis of concern is ethical in nature, yet solution strategies are not ethically framed.

Job satisfaction

Job satisfaction and reduced turnover intentions are associated with healthy work environments and, more specifically, with compliance with an ethical code. Further, a study by Hart in 2005 demonstrated that the ethical climate is a significant factor in nurses’ decision to leave their position and/or the profession. Most recently, in a survey of 1215 nurses and social workers, it was found that a positive ethical environment appeared to be linked to an increase in job satisfaction and reduced turnover intentions. There is mounting evidence that job satisfaction is directly linked to the ethical climate of the hospital.

Ethics education

In the current climate of healthy workplace initiatives and “magnet journeys,” an opportunity to provide education in ethics exists. In a 2002 study of 791 perioperative nurses, Killen found that ethics education was a main predictor of moral action. Further, more than a quarter of the respondents had received ethics education from continuing education programs. In 2005, Hart found that nurses who had received ethics education from their employer had greater intentions of staying.

Nationally, there is renewed interest in ethics in higher education in light of recent corporate fraud and corruption. When considering ethics education, the noted psychologist James Rest has summarized ethics education studies (including the work of Lawrence Kohlberg) and has found that ethics education and a person’s ability to deal with moral issues develop in growth stages. Moral development does occur over time, and formal education is an important factor.
of this development. Carroll, in a similar essay concludes that ethics can not only be taught but also be learned.24

AN ETHICAL PERSPECTIVE ON AACN STANDARDS

Skilled communication

The ANA Code of Ethics refers to communication in 2 provisions. Provision 1.5, the relationship with colleagues and others, states that “the principle of respect for persons extends to all individuals with whom the nurse interacts. The nurse maintains compassionate and caring relationships with colleagues and others with a commitment to the fair treatment of individuals, to integrity-preserving compromise, and to resolving conflict.”24(SEC1.5) Provision 2.3, collaboration, states, “Nurses should work to ensure that the relevant parties be involved and have a voice in decision making about patient care issues. Nurses should see that the questions that need to be addressed are asked and that the information needed for informed decision making is available and provided.”24(SEC2.3) Provision 8 also identifies the duty of nurse collaboration at the community, national, and international level.24

Communication, as it pertains to the healthy workplace, is often verbalized as a goal and/or an action to attain goals. It would therefore be important to define it and highlight ethical issues regarding communication. Communication can be defined as “a process by which information is exchanged between individuals through a common system of symbols, signs, or behaviors.”25 Delivery of the information is just as important as how the information is perceived; and so, effective communication requires not only good delivery, but ensuring that it is sent in a language understood by the receiver.26 From an ethical perspective, there is evidence to suggest that males and females communicate differently,27 and further that miscommunication can occur between nurses and nurses/physicians surrounding ethical situations when competing orientations (care, justice, rule vs virtue, or mixed orientation) are used.26

It is, therefore, important to understand that differing ethical orientations must be considered, acknowledged, and addressed.

For example, conflict arose between nurses and physicians in an intensive care unit when caring for a patient who had sustained a cervical fracture over a year ago in a motorcycle accident. The young patient was a quadriplegic, admitted for treatment of pneumonia. Physicians repeatedly ignored nurse’s requests for physical therapy and in some cases outrightly told nurses to stop asking. Nurses interpreted this as noncaring and as a justice issue (other patients with spinal cord problems receive physical therapy). The fact was that in this acute care hospital, and from a utilitarianism perspective, limited acute care rehabilitation resources would have had little, if any, benefit. Once this was understood by nursing professionals, physicians and nurses worked together to expedite transfer to a facility that offered more comprehensive rehabilitation resources.26

Bosek suggests the following course of action in facilitating resolution of ethical communication situations:

1. Verify that all participants have correctly interpreted the transmitted ethical issue.
2. Identify the ethical issue from each participants' viewpoint.
3. Recognize competing viewpoints.
4. Make recommendations using the same ethical viewpoint as when the issue was first presented.
5. Be aware of each professional role and the influence of role and positional power on communication.
6. Teach members of the healthcare team to recognize and work with multiple ethical perspectives.26(pp96–97)

True collaboration

Provision 2.3 of the ANA Code of Ethics defines and details collaboration. Collaboration goes beyond cooperation and is a mutual
engagement of all team members toward goal attainment. In other words, it is “true collaboration.” The ANA points out that within the collaborative team, nursing’s input, actions, and interrelations with other professionals must be precisely expressed, delineated, and guarded.14

Nurses have a responsibility to ensure that all appropriate persons are involved in processes and that all members have representation in decision making. Nurses champion multidisciplinary collaboration and identify missing elements of the planning process. True collaboration occurs with nurses in all role specialties, and these nurses share responsibility for the outcomes of nursing care. The ANA identifies the complexity of health-care today with emphasis on changing responsibilities. The healthcare environment requires a multidisciplinary approach, and nurses are in a central position to be a model for ethical conduct in the coordination of a healthy collaborative environment.14

Collaboration and communication are tightly interwoven. The AACN, in its public policy statement, envisions a workplace transformation that stresses collaboration at all levels to include nurses, employers, and the profession of nursing.1 These care environments possess effective communication that encourages and optimizes each members’ collaboration. “Teamwork, communication, and collaboration among all disciplines are imperative for effective care.”14(p2) Paramount in representation of the collaborative team will be the patients and their families. Respect for patient autonomy will drive the team; and the nurses’ responsibility will be to assure equal decision-making input while respecting the unique attributes that all bring to the table.1

**Effective decision making**

Effective decision making has a direct link to patient safety, as the ethical obligation of doing the right thing and performing the right thing well results in an environment of safety. From the top down (the board), the hospital has an ethical duty to provide a safe facility, and this obligates the hospital to provide all resources necessary that support “good action decisions.”28(p111) Mustard advocates use of a facilitator nurse modeling “right thing” at the “right time” behaviors.28

Many hospitals today are facing situations where professional and ethical values conflict with management and administrative goals. Kleinman29 describes ethical drift as an almost indiscernible move toward cutting corners when making the best of a bad situation. This is done at both clinical and administrative levels. Another behavior described is moral drift, where a choice between the lesser of two evils somehow makes it all right. As time passes, this can expand to actions somewhat more extreme. From an overloaded staff perspective, triggers such as increased stress, new technology, and higher acuity can cause this drift, while at the manager level, ethical conflict between patient care needs and staffing can cause it.29

A nurse caring for an unstable patient realizes that an intravenous infusion is getting low. As per the hospital policy, the pharmacy mixes these medications. Twice the nurse leaves the patient’s room to call for a drip, but it is slow in coming. Overwhelmed and being pulled in numerous other directions, the nurse bypasses the medication delivery system and mixes the drip himself. By cutting corners in this manner, the nurse saves time and gets the medication to the patient before it runs dry, but the nurse has bypassed a deliberate patient safety process. And herein lies a familiar frustration for intensive care nurses—doing what is right for the patient versus following the rules.

Kleinman29 recommends nurses at all levels must maintain “constant vigilance and avoidance of the tendency to compromise” and offers 3 ongoing actions:

1. “Reflect: set an ethical course based on core values and identify way points (on path).”
2. “Review: examine the match between identified course and its congruence with the way points reached.”
3. "Reconsider: assess the effort it takes to explain current direction and choices; do not allow ‘Buts. "29(p74)

Further, 4 leadership strategies are offered to promote ethical decision making:
1. Conduct a formal process to clarify and articulate the organization’s values and link them to mission and vision.
2. Facilitate communication and learning about ethics and ethical issues, including values clarification and reflection on the link to practice.
3. Create structures that encourage and support the culture.
4. Create processes to monitor and offer feedback on ethical performance.29(p75)

Appropriate staffing

The ANA Code of Ethics indirectly refers to staffing in Provisions 5 and 6. Provision 5 states, “The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue growth.” Provision 6 states, “The nurse participates in establishing, maintaining, and improving the healthcare environment and conditions of employment conducive to the provision of quality healthcare.” As it pertains to hospital staffing, staffing is an area where nurses may have a limited immediate influence. It is, however, being shown in this current nursing crisis that many nurses have voiced their opinions via their feet and have left the profession entirely.1

The nursing shortage has also been influenced by an aging workforce, more attractive/lucrative jobs, a high competition for labor, heavy stress, and workload along with a short salary “experience” scale.30 To address the issue, it is suggested that institutions become transparent, returning to old values and reaffirming their vision and mission statements. Colosi30 further suggests returning to the basics of “courtesy, respect, communication and management credibility, self-governance, and work/family balance”(p53) and suggests 4 areas for consideration:

1. Resolve: The institution from the board down makes a commitment to human capital management and human value management.
2. The new paradigm: The hospital changes current approaches using creative tactics to address current needs.
3. Understand and determine recruitment return on investment: Make a business case for retention.
4. Make a commitment to forecasting needs and retention: Develop a customized unique retention program.30(pp53–54)

Meaningful recognition

Provision 6.3 of the ANA Code of Ethics mentions “conditions of employment must contribute to professional satisfaction,” and Provision 9.2 mentions certification.14 Beyond this, there is no reference or mention of acknowledging excellence or service. The value of nursing is more than how the profession sees itself—it is also the perception of how others value nurses.

Allan31 reports that there is a lack of adequate recognition for nursing and links this to an inability by some to regard nursing as a profession. It is further pointed out that there is a discrepancy between how employers view the value of nurses and how nurses view themselves. Nurses value their profession because they perceive a need for it, but policy makers have the voice in decisions and so devalue nursing.31

The ANA, since 2002 and in response to the shortage, has been involved in a project to develop a nursing agenda for the future.52 This agenda defines, quantifies, and renews the nursing image. The plan is to increase autonomy and healthcare delivery systems and change the environment to benefit nurses. It is suggested that it may be as simple as a large-scale marketing blitz or as large as a national study.52

Nurses must forge ahead, aggressively recognize their value, and identify their economic worth. Nurses constitute a much larger
healthcare workforce than physicians, yet physicians are most often involved in decision making and policy changes. Further, nurses in the media are virtually invisible. Sieber et al. found in the Woodhull study that in review of 2500 articles, nurses were referenced only 4% of the time in articles about nursing care. In the new healthcare climate, nurses have an opportunity and responsibility to advertise their individual and collective worth, to participate in change, and to shape the future image of nursing.

In the gains toward a professional image, nurses have many opportunities to contribute and to confront stereotypes that challenge this image. For example, nurses can survey whether other members of the team consider the work of nurses in their own institution “essential.” Nurses can examine their own hospital Web site to see if (1) an image of nursing is portrayed and (2) what the image of nursing services is. There is an opportunity to develop nursing content on Web sites and to market nursing services, focusing on the true contributions nurses make to healthcare. Davidson suggests reviews and revisions to patient satisfaction surveys—refocusing the public’s view of nursing care by stressing what is considered competent nursing care. Finally, we have a responsibility to ourselves and to each other. Individually, nurses have more influence than they might imagine. Fletcher states “as individual nurses enhance their professional self-images, the collective image of the profession will reflect that change.”

**Authentic leadership**

In a review of the 9 provisions of the Code of Ethics, all would apply to some degree to authentic leaders. Beyond this observation, there is no overt ethical link to leadership, yet Piper describes this link as imperative and calls for leaders in healthcare to be “the moral agents to respond to ethical conflicts based on common morality. We need healthcare leaders who ensure that ethical standards are followed as they lead an organization toward the mission of serving others in their community.” From a nurse leader perspective, Shirey specifies that leadership behavior must include 6 principles of ethics—respect for persons, beneficence, nonmaleficence, justice, veracity, and fidelity. It is also important that organizations stay committed to their mission, vision, and value statements and enforce an obligation upon board members and leaders to do the same.

The nurse leaders translate the organizations ethical position into a caring environment. Failure to do that would constitute an “undesirable ethical practice that undermines the organizations ethical climate.” As a nurse leader, ethical treatment of employees would translate to ethical patient care. In articulating and modeling this as a leader, unwanted behaviors to watch for would include oppressed group behaviors, addressing needs without empowerment (paternalism), condescension, and minimizing importance (marginalization).

Knowing that ethical conflicts will occur, it is wise to have an ethical decision-making process in place. An ethical model, utilized by all can help an organization envision ethical compliance. All organizations must have an ethics policy, and many utilize ethics consultants and ethics assessments. Ultimately, the ability of staff nurses to embrace, own, and live the organization’s mission of a healthy caring environment will depend on the nurse leaders’ effectiveness in modeling and communicating the ethical commitment.

**SUMMARY**

Unhealthy work environments harm nurses and patients. Numerous agencies have stepped up to offer assistance and healthy workplace guidelines, but the ethical foundations upon which these frameworks rest can be unclear. There is a growing body of evidence suggesting that ethical knowledge and interventions can positively influence patient safety and job satisfaction. This article proposes infusing healthy workplace initiatives with ethical underpinnings apparent at the staff level. As an example, the AACN Standards
for Establishing Healthy Work Environments has been reviewed from an ethical perspective. This article suggests that the frameworks for healthy workplace initiatives be built upon an ethical framework and that future work may be advisable to address this gap.

REFERENCES


