

Creating a Positive Contagious Culture in the Workplace Today? Is It Possible?

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Received: 15 November 2017; Accepted: 13 December 2017

Citation: Andresen J. Creating a Positive Contagious Culture in the Workplace Today? Is It Possible?. Nur Primary Care. 2017; 1(7): 1-3.

Keywords

Workplace culture, Organizational culture, Congruent Leadership, Authentic Leadership, Resonant Leadership, Change, Contagious culture, Attitudes and Beliefs.

Summary

As health care workers we accept the ongoing clinical changes that occur within Health, as they benefit our patients. But we are not so quick to acknowledge the changes needed in our workplace culture. Culture change can be seen as the biggest challenge within Health, and difficult to maintain and sustain, but having a positive culture that is contagious, is advantageous for both the patient and staff, and well worth the effort of pursuing. Often the culture of a clinical area is led by the manager which is very helpful, if the manager is visible and exhibits positive behaviors themselves. One of the main recommendations from the Mid Staffordshire report was that leaders needed to be more visible [1]. If we do not learn from others mistakes then we deserve to make the same mistakes.

Introduction

Workplace Culture is often described as being invisible and that it only becomes visible through conversations and how we relate with one another. Within the clinical setting a positive culture is an empowering tool for the staff on that ward. It allows comradeship, collaboration and team work in a happy environment, and according to research can also affect patient outcomes as well. Magnet Hospitals are just one example of this [2,3]. Unfortunately, within the health care settings there are many clinical areas who do not actually emulate this. They are stuck in their ways because 'they have always done things this way', or behaviors of certain staff make it difficult for staff to implement change and so change of culture doesn't occur. These clinical areas suffer not only in their performance, but with high turnover of staff, disgruntled workers,

and less than desirable care for the patients. This creates a toxic culture, and an environment that no one enjoys working in. I have been a Registered Nurse for many years in various clinical areas, within different hospitals and in various roles, and I have worked with both positive and negative cultures and seen the effect it can have on the staff. It is obvious to all, and is actually what is usually commented on by new staff, patients and visitors. The way they are treated, cared for and spoken to, speaks loudly to all.

Background

Culture fascinates me and how it affects others, simply because of who we are, and how we respond to others and situations. Some nurses and doctors can go about their work and not be affected by others, whereas there are some who are truly affected and start to follow the behaviors whether good or bad. Unfortunately there are others who become fragile and unable to care for their patients as they would like, for fear of being reprimanded inappropriately, due to a culture of blame or power.

For many of us our past experiences of work and even our family life play a part in what we accept as normal and acceptable, and what we find unacceptable. The conditioning process throughout our lives, affects us more than we are aware of. Some even say our first organization that we have been a part of, is our family. How we were parented and the experiences we had with our siblings and immediate family, have played a huge part in who we are and how we respond to others.

Leadership and the style of leadership of the organization and the various clinical settings are imperative to the culture created. There is much written [4-6], about a top down approach and how this is the only way to change a culture, and yet others argue [7-10], that a bottom up approach is the more effective tact to take as

it has an impact that lasts much longer. Both approaches can work.

Organizational culture is definitely affected from the top down, but individuals can make an impact in their own workplace culture. There are three positive types of identified leadership that portray behaviors that do not necessarily evolve because they are leaders, but can enable a bottom up approach. Nurses and doctors, who lead with their heart due to their beliefs and values, are reported to have an effect on other colleagues, without being aware they are. People who display evidence of a Congruent Leadership described by Stanley [7,8]. Authentic Leadership defined by Shirey [9] or Resonant Leadership as explained by Laschinger et al. [10] have beneficial and positive effects on their colleagues and the overall culture of where they work, simply by being themselves. These three leadership styles are honorable and entice others to follow just because of their characteristics portrayed, whilst caring for their patients and working alongside their colleagues in a collaborative manner. We could call this having the ‘Ripple effect.’

Unfortunately there are a lot of health care environments that do not necessarily have a positive harmonious culture, and are unwilling to adopt the suggestions of change. So why do we embrace change for clinical aspects and not for culture aspects? My guess is that changing culture is more difficult as it is often the individuals who need to change and that can take time, also, it is not mandated as policies and procedural changes are.

Discussion

Within Health Care multidisciplinary care is encouraged, aiming for collaboration in all we do for the good of the patient, and yet we still manage to work in silos. Miscommunication is the biggest reason why incidents happen within health, and we all know this, and yet, the way we continue to communicate to each other, is often detrimental to the patients we are providing care for. Often communication does not occur as it should. This could be due to the way others treat us or have treated us in the past, or maybe due to fear of ill treatment if we speak up or offer advice. These types of behaviors encourage some to stay silent. But silence equals consent, and so our colleagues who are behaving badly trump the nurse or doctors who have the best interest of the patient as the priority. Rather the priority becomes to keep the peace, and make work bearable. This has to change; we need to be equipped with skills, to encourage assertiveness in an acceptable manner, but with enough authority, understanding the importance of escalation and how to achieve this. I have worked in the health environment for many years and seen this achieved intermittently. Some clinical areas do this well and others not so well. Understanding the reasons why there is such a difference comes back to the culture of the clinical setting.

Whether we create a culture from the bottom up or top down doesn’t really matter, however if the culture effects the way the patients are cared for and the way in which we work with our colleagues then change is needed. The welfare of the patients and the care they gain whilst under our care has to be our priority, aiming always for excellence whilst being respectful of our colleagues.

Change is difficult but as health workers we are used to it as there is always change and new and better ways to achieve our tasks. The role of nursing is forever evolving and we no longer just need good clinical skills to care well for our patients. Stanley [8], states that a few years ago he would have thought clinical skills trumped soft skills, but his thoughts have differed now. The NHS Staffordshire report by Robert Harris also calls us all to reconsider how we do business within health. Power can be wonderful, but if not used in the right way is disastrous. The way we communicate and care for one another creates a positive culture, a contagious culture as Cavanagh describes in her book ‘Contagious Culture’ [11].

Leading a positive culture or changing a culture whilst implementing change of practice should go hand in hand, but really this is a difficult road, even for the well weathered Educator. Can we change people’s actions and attitudes? Is this even possible? I believe it is, but because teaching people to change their attitudes and beliefs, is more time consuming and difficult, this does pose a challenge for us all.

Types of Leadership

Congruent leadership occurs without the person being aware that they are being followed, but due to their values and beliefs others choose to follow, as their attitude to life is admirable. Many Registered Nurses display this kind of leadership, as they wholistically care for their patients and when genuine, it displays a positive attitude which colleagues respect and choose to follow. This type of leadership encourages a positive culture amongst colleagues. Likewise, Resonant Leadership [10], is all about the individuals who are ‘in tune with their surroundings’. And who make time to consider others’ thoughts and emotions. These leaders are fully aware of their own emotions and how to control themselves, and through trust and knowing their colleagues can help them control their emotions too. An art really, which can be learnt, but usually over many years. Authentic Leadership is described by Shirey [9], and is when staff become involved in others’ life’s and are truly being ‘genuine and trustworthy’ in the way they care for one another. These people portray similar qualities to how Stanley describes Congruent Leaders and how Laschinger et al. describes Resonant Leadership [10].

These types of leaderships within any clinical area would encourage positive workplace cultures, and as Cavanagh describes it a ‘Contagious culture’. Creating a contagious positive culture is the overarching aim, and whether that occurs with a top down or bottom up approach it won’t really matter, however educating staff about these three similar types of leadership, will enable them to know how they can embrace the values and beliefs expected, and be the Employee they set out to be, rather than feel they need to conform to the ‘way we do things around here culture.’ Having our values and beliefs challenged regularly in a non-threatening way, but for the good of both the patients we care for and the colleagues we work with, is the sign of a healthy culture, and one which I enjoy working amongst [12,13].

The top down approach is slowly being filtered through the health system with executive rounding' occurring more and more', enabling staff to speak up about everyday occurrences to the executive ,as they visit the clinical areas. Having small changes occur in the workplace because you have had a discussion with the executive staff on their rounds makes a big impact to the floor staff. It's not just the recognition from the executive staff, but the changes made, that state loudly that they have been listened to, and are worth making changes for, and most importantly, that they are valued, and this is when the culture can begin to change! We must learn from others and take on board the recommendations from the Mid Staffordshire Report [1]. This I believe is beginning to happen within Health in Australia, but so much more is needed, to ensure we do not allow incompetence to prevail, as some leaders have gained positions that have values & beliefs that are questionable.

The bottom up approach to changing a culture is I feel the better way, as it is changing individual's behavior. However, this requires individuals to be strong, with positive values and beliefs, enabling them to create a ripple effect to their colleagues in the workplace. Managers need to encourage this, and recruit accordingly. As mentioned before clinical skills are one thing, but as Stanley states having the ability to lead and show integrity and be passionate about how they care for others, outweighs clinical skills. I believe this to be true. Skills are learnt easily, and we refine them quite simply through practice, but these other attributes are hard to find and often take a long time to refine. Surprisingly it's not necessarily natural for some people to show loyalty, integrity and compassion. These are the attributes that are needed to be taught. I often have the privilege of teaching staff, that change starts with them, which can be confronting to some, but then usually they recognize an inner ability and hope is born, empowering them to go back to their workplace, and be their own person showing the qualities described within the Congruent, Resonant, and Authentic leadership styles. Throughout this transitional phase for some, recognition of why they behave the way they do and how that has affected their behavior is quite hard to work through, but they are so appreciative for the insight they gain. Recognition of how praising others affect the praised encourages them to look out for the good at work, and become proactive, rather than always focusing on the negative and being reactive.

The culture in healthcare is changing and it is up to each one of us to contribute. A top down or bottom up approach shouldn't really matter, so do not use this as an excuse. It can start with each one of us whilst striving for excellence in caring for our patients.

Conclusion

Culture is currently one of the most discussed topics in health care, and we need to be conscious of not neglecting it due to

over use, but rather embrace and change the culture as needed, especially if detrimental to the care our patients receive. Those of us who have attributes that portray leadership's styles Congruent, Resonant or Authentic, should recognize who you are, and realize the responsibility of teaching others through your behavior and values in your everyday happenings. Be encouraged and don't let your guard down, continue to be professional to both patients and colleagues and let others follow and help you change the culture as needed.

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