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Was an employee injured today? Take these actions immediately

Take an active role in injury case management

Will you be ready to act when an employee is seriously injured? "Active participation in emergency drills and in the safety committee is essential," says **Christine Zichello**, RN, COHN-S, CSHM, ARM, FAAOHN, a senior risk control specialist for PMA Companies in Mt. Laurel, NJ.

But what if you are prepared, and just want to be certain that everyone in your workplace knows it? Here are some strategies to make your role in responding to an employee injury clear:

• Know the number of Occupational Safety and Health Administration-recordable cases, restricted duty days and lost duty days.

"Some companies attach bonuses and employee performance goals to these metrics," says **Donna C. Ferreira**, ANP, MS, COHN-S, senior regional manager at Comprehensive Health Services, a Reston, VA-based provider of workforce health and productivity management solutions. "Be an active part of work-related injury case management."

• Define specific roles and responsibilities.

"There should be protocols as to who is in charge and responsible, in the event there is an emergency," says Zichello. "Be highly visible in all specifics of safety. Take the lead as an active member of the safety committee, or in a consultative role."

• If an employee was injured and you participated in the response, document this and offer suggestions for improvement.

"Forward this to both your supervisor and the chair of the safety committee," says Zichello.

• If conflict arises, find common ground.

EXECUTIVE SUMMARY

In addition to being prepared by actively participating in emergency drills and safety initiatives, make the occupational health role clear in the event an employee is injured. Some good approaches:

- Communicate your desire to keep employees at work and productive.
- Review positive aspects and areas needing improvement with employees.
- Document your involvement in the response.

"Conflicts can be more easily resolved by focusing on the processes, not the personalities," says Ferreira. "Stating 'We both agree we want a healthy and productive employee working in a safe and healthy work environment,' is a stepping stone toward resolution."

• Communicate with both employer and employees.

Your goal here is twofold, says Ferreira: To convey concern for the health and well-being of the employee, while also conveying to management your desire to keep employees at work and productive.

When debriefing responders after an employee is seriously injured, says Zichello, "the positive aspects of the incident should be reviewed, along with areas for improvement. If the injury was serious, there may be a need for debriefing of the staff."

You may decide to take the lead in the debriefing process, but if the team has been through a particularly difficult situation, it may be appropriate to have them meet with an Employee Assistance Program counselor, says Zichello. After the debriefing is completed, Zichello says to ask yourself these questions:

— What was the participation level of the group?

— Is there any follow-up to be done?

— What are employees going to do to take care of themselves in the next 24 hours?

• Take the opportunity to review safety requirements.

"This may be an ideal time for staff education on safety measures, follow-up drills and review of current safety policy and procedures," says Zichello. *(See related stories on ensuring hazards are removed, this page; meeting the needs of both workers and management, p. 27, and what to document on employee injuries, p. 28.)*

SOURCES

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Before taking action, be sure it's hazard-free

"No one should approach an injured employee until the hazards are removed," warns **Christine Zichello**, RN, COHN-S, CSHM, ARM, FAAOHN, a senior risk control specialist for PMA Companies in Mt. Laurel, NJ. "Once it is safe, an assessment of the employee should be completed, starting with checking the airway and responsiveness." If appropriate, emergency measures should be instituted, and 911 called by another employee while you stay with the injured employee.

"Look for live wires, slippery floors, or

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any other dangers to determine if it is safe to approach the employee," says **Donna C. Ferreira**, ANP, MS, COHN-S, senior regional manager at Comprehensive Health Services, a Reston, VA-based provider of workforce health and productivity management solutions. She says to do these things:

— Provide first aid and urgent care as appropriate.

— Provide as much privacy as possible for the employee.

— Take control of the area, such as asking crowds to step back and having someone call 911.

— Determine whether the employee needs to be transported for more care via ambulance, via a family member, or under their own power, depending on the nature of the injury. ■

After injury, whose side are you really on?

An injured employee may plead with you to allow her more time to recover, while her supervisor claims there's no earthly reason she can't be at work tomorrow morning. You're the one in the middle of this difficult balancing act.

The key, says **Donna C. Ferreira**, ANP, MS, COHN-S, senior regional manager at Comprehensive Health Services, a Reston, VA-based provider of workforce health and productivity management solutions, is "to act somewhere in the middle of the interests of the individual employee and the interests of the company."

For instance, you may not give the employee as much time off as they would like, but you do make sure they get the time off that is appropriate for their injury. In order to accomplish this, you may utilize modified duty, and help the employee to understand that a timely return is good for their own health. At the same time, "be assertive. Do not allow pressures from the company to determine the return of an employee to duty when it is not appropriate," says Ferreira.

JUST THE FACTS

Are you being pressured to get an employee back to work sooner than you feel is appropriate? Ferreira suggests to handle this type of challenge by referring to requirements. Cite company policies, Occupational Safety and Health Administration (OSHA) regulations, workers compensation regulations, and standards of care to back your position.

"These can provide the leverage needed to find the 'win-win,' when the occupational health professional is challenged," she says. Ferreira gives these sample responses for common conflicts:

• A supervisor wants an employee to return to work, despite a physician's note to the contrary.

"You tell me the employee should return to work despite his treating physician's recommendation. This employee has a note from his treating physician to be out of work for one week, and I concur, given the severity of his injury. Because of the physician's documented note, this would be OSHA recordable as lost time, even if he came to work anyway. Rest assured, we'll work hard to be sure he gets the best of care and we'll get him back as soon as possible."

• An injured employee is taking narcotics to manage his pain, but the company wants him back right away.

"I know you need this employee back to work as soon as possible. But at this time, due to his current treatment for pain, he is unable to return. It would not be safe, and it would also violate the company's policy regarding the use of this type of prescribed medication at work. I know you need him back. We'll work hard to be sure he gets the best of care and is back as soon as possible."

• The employee reports to work Monday, stating he was injured Friday afternoon. He saw his own physician and has a note stating "out of work until Monday." The safety officer is angry with the occupational health nurse that intervention was not taken sooner. He's upset he has to record this as lost time, even though the employee was not scheduled to work Saturday and Sunday.

"We just found out about this case this Monday morning. I know you are upset about this lost time case for the OSHA log. He was hurt Friday and went to his own physician and was told to rest the weekend. He's now returned this Monday morning, which is the next scheduled business day. However, OSHA 1904.7(b)(3)(v) states it is OSHA recordable because we have a written note from the physician which states 'Rest until Monday (date).' I am happy to intervene and be in touch with the treating physician when I am aware of the case. But this was not reported until Monday. I understand your frustration, and the pressures you have to keep these numbers at a minimum." ■

Use this format to document injuries

When an employee is injured, "all your actions, from your initial assessment to the final disposition, should be documented," says Christine Zichello, RN, COHN-S, CSHM, ARM, FAAOHN, a senior risk control specialist for PMA Companies in Mt. Laurel, NJ.

Your documentation is important to ensure clinical care standards are met. It also provides key information for workers' compensation and Occupational Safety and Health Administration (OSHA) records.

"Careful history taking and early observations can be important data for the employee's care, as well as for workers compensation and OSHA determinations," says **Donna C. Ferreira**, ANP, MS, COHN-S, senior regional manager at Comprehensive Health Services, a Reston, VA-based provider of workforce health and productivity management solutions. "Your initial history with the employee must be thorough."

Ferreira recommends using a SOAP (Subjective, Objective, Assessment, Plan) format to stay organized. She gives these examples of what to document for each component:

• **Subjective:**

Ask these questions to elicit subjective data to document the employee's account of the injury/illness.

— What happened?

— When and where specifically did this happen?

— Was anyone else with you at the time? If yes, who?

— Did you seek any treatment for this yet? If yes, where, and when? What was done? Were medications given and if so, what doses? Were any workplace restrictions placed? What follow-up is planned?

"Add subjective statements from supervisors and witness if appropriate," says Ferreira. "Assess any other subjective data about the injury, to include pain level, limitations the employee states he or she has, and sleep patterns."

• **Objective:**

"Document facts the examiner can see, smell, touch, hear," says Ferreira. These include:

— How the employee ambulates, gets up and off the exam table;

— Range of motion, in measured degrees, of the affected body part;

— Color, palpable temperature, and swelling noted of affected body part;

— Any odors noted;

— The employee's appearance, eye contact, fidgeting, wringing of hands, and volume of voice.

• **Assessment:**

"Here, nurses would use a nursing diagnosis such as 'Altered comfort related to left hand injury,'" says Ferreira. "Mid-level professionals and physicians write diagnoses."

• **Plan:**

Document care and instructions given to the employee. List specific workplace restrictions, any referrals to other health care professionals, and the follow-up plan. "If no follow-up is necessary, it may be wise to document the employee was instructed to return to the occupational health professional with any questions or problems in the future," says Ferreira. She offers this sample work-related injury "SOAP" performed by a nurse practitioner:

Subjective

Patient states at 8 am this morning at the #4 Substation, he stepped in a rut while getting out of the bucket truck. He said his left knee "gave out" and he felt sharp pain on the inner aspect of the left knee. He states his supervisor was present at the time of the injury and drove him to the company Medical Department.

Objective

Ambulates with a moderate limp. Left knee 2+ edema. Tender to palpation on medial aspect of left knee. L. Knee: Flexion is to 110 degrees, extension is to 5 degrees, negative anterior drawer sign, positive for McMurray's test. Left knee warmer to touch than right knee.

Assessment

Internal derangement left knee, employee claims work-related

Plan

1. The left knee was elevated and ice pack applied over layer of cloth x 20 min.
2. Referral to orthopedist
3. Restrictions written including sedentary work, elevate left leg
4. Told employee to ice the left knee 20 min. 3 x/day, elevate and take Advil 400mg PO TID PRN with food. The Knee Owner's Manual was given to him to read.
5. Follow up visit in 1 week ■

Maintain weight loss in wellness programs

EXECUTIVE SUMMARY

Prevent employees from re-gaining pounds lost as a result of participation in a weight loss program, by taking a long-term approach. Instruct employees to:

- Adopt healthy eating behaviors as a way of life.
- Seek ongoing support from nutritionists or health and fitness coaches.
- Participate in group activities which support sustained weight loss.

There's good news! The employees who signed up for a new weight loss program lost an average of 10 pounds each after three months. Six months later, though, most of them re-gain the weight. Does this discouraging cycle sound familiar?

The most likely reason for this disappointing result is dietary change without lifestyle change, according to **Kathy Dayvault**, RN, MPH, COHN-S/CM, safety/nurse manager at Dalton, GA-based Shaw Industries. "This is the largest potential pitfall which leads to short-term gains," she says. "Weight loss is only successful if it is considered a lifestyle change."

The problem is that employees are taking a short-term approach. "When we decide to diet, most often it includes only modifying our food intake until we reach a short-term weight loss goal," says Dayvault. "There is no plan for how to sustain weight loss over the long term."

A better approach is to teach employees to adopt healthy eating behaviors as a way of life. Dayvault says that this can be done by connecting them with nutritionists, health or fitness coaches, and encouraging participation in group activities which support sustained weight loss.

EVALUATE SUCCESS

When measuring the success of weight loss programs, you'll want to be able to prove that money was saved. "Capitalize on costs savings, the impact of wellness programs on worker health, and potential reversal of negative health outcomes," says Dayvault. "By doing this, health and wellness programs that focus on obesity can be justified, as well as continued support for future programs." Dayvault says that to get long-term gains, though, you'll need to consider these three areas:

- **Primary challenges.**

This means giving employees the message that they are ultimately responsible for their own personal health. "Help them to understand that it is their responsibility to make the necessary changes to obtain weight loss and improved health," says Dayvault. "As a nurse, I have always given employees or patients the message that only they can change how they approach a healthy lifestyle. Keep reinforcing the message over and over. You do impact people, typically only one at a time."

- **Secondary challenges.**

These involve getting employers to understand that by providing successful weight loss programs, the bottom line can be significantly impacted. This occurs through decreased health care costs and decreased absenteeism, including absences related to the Family and Medical Leave Act and decreased disability. "These cost savings occur through reduction and eradication of serious health conditions and related co-morbidities," says Dayvault. She recommends pulling this data:

— Reduction in absenteeism for obesity-related co-morbid conditions;

— Annual health care costs, showing decreased payout for obesity-related disease processes;

— Statistics on increased productivity in the workplace.

- **Tertiary challenges.**

You'll need to provide a work environment which fosters weight loss. That could take the form of onsite wellness programs, healthy foods which are as affordable as other options in onsite cafeterias, providing healthy options in vending machines, and educational opportunities provided onsite aimed at weight reduction.

To get long-term followup, Dayvault says to "Provide adequate ongoing resources for employees. Provide monetary incentives to employees as they reach specific goals. If it is not possible to provide onsite facilities for physical activities, it is important to provide affordable access to outside facilities."

SOURCE

For more information on achieving long-term gains with wellness, contact:

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Unsure of outcomes? Try pilot program first

EXECUTIVE SUMMARY

Use pilot programs when you are unsure of outcomes, in order to determine if the results will justify the expenses of a new wellness program.

- Determine if requirements are strict enough, and whether travel will interfere with compliance.
- Incorporate a group competition, as opposed to strictly individual programs.
- Consider switching to a less costly version of the program.

Results may be unpleasant surprise

Sometimes an idea for a wellness program looks great on paper, but in reality it's a financial disaster of low participation combined with high expenditures. Wouldn't it be good to find that out before it's fully implemented?

"A pilot program is sometimes helpful when you are unsure of outcomes," says **Judy A. Garrett**, health services manager at Syngenta Crop Protection in Greensboro, NC. One of Syngenta's pilots was for a year-long fitness program.

A group of employees with specific risk factors agreed to participate in the pilot. A year's membership at a gym was provided. A certified instructor was available to everyone in the group, and individualized programs were set up.

"There were guidelines with regard to participation, and the number of days and group meetings that were required," says Garrett. "But when we did the pilot, we found that we needed to make specific changes to be more effective."

For one thing, Garrett learned that it was necessary to be more strict with the trainer requirements for the team members. Also, travel required by work demands often interfered with the participants being able to go to the gym.

Employees were initially screened with lab work, a physical exam and fitness assessment. This was repeated quarterly. After a year, it was determined that the results didn't justify the overall expenses of the program.

"In weighing the results of changes in overall fitness, lab results, and follow through with the program, we determined that we would not offer this exact model to our employee population," says Garrett. Instead, shorter exercise programs with group competition were offered.

In the pilot program, the participants went to classes as a group, "but were operating individually. Perhaps that missing link was accountability with a buddy or a team," says Garrett. "We now do all our exercise challenges with a little group competition. We try to make it long enough to help develop a habit, but not so long that they lose interest in the goals or prizes."

SWITCH GEARS

At one point, Syngenta planned to do a program to help employees at risk for cardiovascular illness with meal planning, but decided against it, with good reason. "We invited persons identified through their physical exams and lab work. We had good attendance for the first session or two. But then they just sort of dropped off," says Garrett. "We ended up not having enough interest to complete the program."

Similarly, after implementing a costly smoking cessation program in-house, Syngenta found that it just didn't pay off. "We found that it was very time-consuming for our staff members. Take up and success was small. Also, we have less than the national average of smokers within our company," says Garrett.

Instead, a telephonic smoking cessation program is offered through the company's insurer, with the call initiated by the employee. Also, copays for smoking cessation drugs were reduced.

The changes were made mostly because of the disappointing success rate of the first program. Several of the individuals who quit smoking started again within three months. By the end of the first year, only one or two were still smoke-free.

"We found that with the telephonic program, they were calling when they had reached that point that they were ready to try, and not just when we were having a program," says Garrett. "The persons reporting that they have used the program, for the most part, are still smoke-free."

SOURCE

For more information on use of pilot programs for wellness, contact:

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Even a little exercise has impact on workers

It can be a stepping stone

EXECUTIVE SUMMARY

Encourage even moderate physical activity in the workplace, as this can be a catalyst for other positive lifestyle changes. Some simple approaches:

- Allow a few minutes for a stretch break.
- Encourage employees to walk as a group.
- Put a fresh coat of paint on stairwells.

Do you dream of employees making a beeline for the gym after their shift are over, or trading in their automobile commute for some running shoes? Those dramatic changes may never happen, but even a little exercise during the day can have a positive impact.

"Occupational health managers that are able to encourage any physical activity in the workplace are making an impact on the quality of the lives of employees," says **Thomas Siebenaller**, a Findlay, OH-based wellness coordinator for Marathon Oil Company.

A little more exercise may serve as a stepping stone to a bigger and better impact down the line. "These small changes oftentimes act as a catalyst for individuals in their journey towards improving their health," says Siebenaller. "A fifteen minute walk while at work can quickly morph into a gym membership and a new set of positive lifestyle behaviors." Try making these changes:

• Give employees a small amount of time for a stretch break.

"This is a fairly simple, and fairly inexpensive, opportunity," says Siebenaller. "It may even be possible to contract with a local university to have a program designed specifically for your setting."

Siebenaller adds that stretch breaks can provide a nice boost to metabolism. "They are generally more physically demanding than most folks initially believe," he says. "In addition, there is an added benefit in that a great number of injuries are the result of tight musculature throughout the body."

• Start a walking, running, or cycling club.

Participants may learn for the first time that they are actually capable of incorporating physical activity into their lives. If they have experienced it in the past, they're reminded of the benefits.

"Group settings provide additional motivation and accountability for many individuals. This positively impacts their retention rates in a physical activity program," Siebenaller says. "A fifteen minute walk while on a break at work provides a number of physical benefits. It also provides one important psychological benefit---increased confidence."

• Paint stairwells.

"The stairwells are some of the most dark and dreary areas in many facilities," Siebenaller says. "A fresh coat of bright paint can greatly affect the mental association that many folks have with taking a few flights of stairs."

Add an extra incentive by placing bulletin boards at each landing with images and sayings that are part of a riddle. "Individuals that utilize the stairwells would have the opportunity to pick up clues to the riddle on the bulletin board. Award a small prize to the individual who is able to solve the riddle at the end of a specific time period," Siebenaller says. "It may sound a little corny, but corny can be pretty effective!"

SOURCE

For more information on encouraging exercise in the workplace, contact:

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Workplace bullies can undermine safety

Intimidating behavior destroys safety culture

Compared with carcinogenic chemicals and infectious diseases, workplace bullying may seem like more of an annoyance than a health risk.

Yet bullying is a hazard in health care that is linked with poor outcomes for employees and patients alike. Workplaces that allow bullying and intimidation suffer from low satisfaction ratings as well as injuries and poorer patient care.

Concern about bullying was strong enough to inspire new performance requirements in the leadership standards of The Joint Commission, the Oakbrook Terrace, IL-based accrediting body.

As of 2009, hospitals must have a code of conduct that defines "acceptable and disruptive and inappropriate behaviors" and must have a process for dealing with the inappropriate behaviors. The standards apply to managers and employees alike

Joint Commission offers advice on action steps

The Joint Commission's Leadership standard (LD.03.01.01) includes two elements of performance related to intimidation and bullying:

• EP 4: The hospital/organization has a code of conduct that defines acceptable and disruptive and inappropriate behaviors.

• EP 5: Leaders create and implement a process for managing disruptive and inappropriate behaviors.

The Joint Commission suggests hospitals take actions to address the issue:

• Educate all team members — both physicians and nonphysician staff — on appropriate professional behavior defined by the organization's code of conduct. The code and education should emphasize respect. Include training in basic business etiquette (particularly phone skills) and people skills.

• Hold all team members accountable for modeling desirable behaviors, and enforce the code consistently and equitably among all staff regardless of seniority or clinical discipline in a positive fashion through reinforcement as well as punishment.

• Develop and implement policies and procedures/processes appropriate for the organization that address.

• "Zero tolerance" for intimidating and/or disruptive behaviors, especially the most egregious instances of disruptive behavior such as assault and other criminal acts. Incorporate the zero-tolerance policy into medical staff bylaws and employment agreements as well as administrative policies.

• Medical staff policies regarding intimidating and/or disruptive behaviors of physicians within a health care organization should be complementary and supportive of the policies that are present in the organization for nonphysician staff.

• Reduce fear of intimidation or retribution and protect those who report or cooperate in the investigation of intimidating, disruptive and other unprofessional behavior. Nonretaliation clauses should be included in all policy statements that address disruptive behaviors.

• Respond to patients and/or their families who are involved in or witness intimidating and/or disruptive behaviors. The response should include hearing and empathizing with their concerns, thanking them for sharing those concerns, and apologizing.

• Determine how and when to begin disciplinary actions (such as suspension, termination, loss of clinical privileges, reports to professional licensure bodies).

• Develop an organizational process for addressing intimidating and disruptive behaviors that solicits and integrates substantial input from an interprofessional team including representation of medical and nursing staff, administrators and other employees.

• Provide skills-based training and coaching for all leaders and managers in relationship-building and collaborative practice, including skills for giving feedback on unprofessional behavior, and conflict resolution. Cultural assessment tools can also be used to measure whether or not attitudes change over time.

• Develop and implement a system for assessing staff perceptions of the seriousness and extent of instances of unprofessional behaviors and the risk of harm to patients.

• Develop and implement a reporting/surveillance system (possibly anonymous) for detecting unprofessional behavior. Include ombuds services and patient advocates, both of which provide important feedback from patients and families who may experience intimidating or disruptive behavior from health professionals. Monitor system effectiveness through regular surveys, focus groups, peer and team member evaluations, or other methods. Have multiple and specific strategies to learn whether intimidating or disruptive behaviors exist or recur, such as through direct inquiries at routine intervals with staff, supervisors, and peers.

• Support surveillance with tiered, non-confrontational interventional strategies, starting with informal "cup of coffee" conversations directly addressing the problem and moving toward detailed action plans and progressive discipline, if patterns persist. These interventions should initially be nonadversarial in nature, with the focus on building trust, placing accountability on and rehabilitating the offending individual, and protecting patient safety. Make use of mediators and conflict coaches when professional dispute resolution skills are needed.

• Conduct all interventions within the context of an organizational commitment to the health and well-being of all staff, with adequate resources to support individuals whose behavior is caused or influenced by physical or mental health pathologies.

• Encourage interprofessional dialogues across a variety of forums as a proactive way of addressing ongoing conflicts, overcoming them, and moving forward through improved collaboration and communication.

• Document all attempts to address intimidating and disruptive behaviors.

— as well as to physicians. They are an important aspect of the leadership standard that calls for hospital leaders to create a culture of safety, says Joint Commission senior vice president **Paul Schyve**, MD.

Intimidating behavior "destroys the culture of safety," he says. "If you want to have consistent safety, you need to have a culture of safety. There is a cycle of being able to report [errors], to talk about things, to trust that it won't be held against you, but in fact will be used to make improvements."

The Joint Commission's strong stance is bolstered by recent studies that reveal the impact of workplace bullying. For example, researchers at the University of Illinois at Chicago found that higher levels of workplace harassment were associated with illness, injury, and assault. Other stress factors, such as not having as much decision- making latitude, did not have the same link.[1]

"Sometimes you're going to feel overwhelmed or not have enough time, but you don't expect someone to yell at you or swear at you," explains **Kathleen Rospenda**, PhD, associate professor of psychology at the University of Illinois at Chicago.

REGARDLESS OF GENDER

Bullying does not differ by gender — men are as likely to be bullied as women, studies show. But unskilled employees and those who work with clients or patients, including health care workers, face higher rates of bullying, one study showed.[2]

The stress in health care, particularly coupled with staffing constraints, may set the stage for intimidation and retaliation, says **Evie Bain**, RN, MEd, COHN-S, FAAOHN, associate director and coordinator of the health and safety division of the Massachusetts Nurses Association in Canton, MA. "It's part of the whole violence spectrum we see in health care," she says.

As a result, bullying may become "systemic" in an institution. The bottom line: When a physician blows up at a nurse or a supervisor belittles an employee, it is not just a clash of personalities or a reaction to a stressful day.

"We argue that workplace bullying is a systemic issue, not a purely personal one," says **Loraleigh Keashly**, PhD, associate professor in the department of communication at Wayne State University in Detroit, who has researched workplace bullying and directs a graduate program in dispute resolution.

That view is shared by The Joint Commission, which requires hospitals to educate health care workers at all levels and to adopt a "zero-tolerance" stance toward the worst behaviors. Bullying often stems from a power play — a more powerful person acting aggressive or asserting his or her control over someone else. But co-workers also can intimidate.

"If you look at the statistics, the studies have tended to show that it's more likely to come from somebody higher in the hierarchy," says Schyve. "But it's actually widespread across all levels, including from nurse to nurse. Any time it occurs, no matter what the relation is, [bullying] will decrease the trust of the culture."

Bullying and intimidation are widespread. Based on research literature, Keashly says 10% to 14% of the working population in the United States was exposed to workplace bullying in the past 12 months. Even those who are not the direct target of the aggression are negatively affected, she adds. Meanwhile, failing to act to stop aggression or harassment in the workplace just leads to more of the same, she says.

"I think some people start taking on these behaviors because there are no consequences and it's permitted," Keashly says.

Changing the organization's culture isn't easy. That's why the Joint Commission released the new performance standards about 18 months before they became effective. But now when surveyors visit hospitals, they look for the written code of conduct and they ask employees if they feel they can speak up about concerns, errors or near-misses without fear of retribution, says Schyve. The Joint Commission does receive complaints.

"We continue to have reports of intimidating behavior," says Schyve. "Changing the culture in this way is not something that happens overnight."

EFFECTIVE STEPS: SET THE 'TEMPO'

There are effective steps that can be taken, both by individuals and organizations. Keashly learned of one surgical unit that addressed rising hostility and tension. Anyone on the surgical team could yell out, "Tempo!" Everyone would then tone down their behavior.

"It's a very gentle way of letting someone know that everyone needs to stop and look at their behavior, because we're heading on the wrong track," says Keashly.

In another case, nurses created a "code white." If a nurse was being mistreated by a physician, a nurse would call out a "code white," and the loca-

tion on the address system and available nurses would gather to observe.

Their presence alone would support the nurse who was being intimidated and would put the physician on notice to moderate his or her behavior. Veterans Affairs is taking a systemic approach to improving civility through its program called CREW (Civility, Respect, and Engagement in the Workplace). "An organization can have a profound influence on the quality of the working environment," says Keashly.

Some steps to take to address bullying and intimidation in the workplace include:

• Look for indications of human resource problems. A unit with unusually high levels of sick leave or turnover may warrant a closer look, says Keashly. Job satisfaction surveys may be one way to monitor the workplace climate, she adds.

• Allow for informal feedback. Ideally, employees work with a team approach and feel comfortable airing their concerns. For example, some units may begin a shift with a short "huddle" in which employees can raise issues. But informal mechanisms also are valuable, says Keashly. That includes peer advisers or ombudsmen, who can be a conduit to management and can provide confidentiality to the employee bringing the concern. Some health systems have contracted with outside providers, such as EthicsPoint of Lake Oswego, OR (www.ethicspoint.com), to provide a confidential reporting hotline.

• Be prepared to take action, when necessary. The policy should apply to all members of the health care team, from physicians to nurses to managers, says Schyve. "Sometimes there's a tendency to take more severe action against a nurse than against a physician who is bringing in patients," he says. "For this to really be a culture in which there is trust, it needs to be just. 'Just' means you need to treat people equally."

• Take a proactive approach. Don't just respond to problems when they arise, but actively seek to build a collaborative atmosphere that encourages openness, says Schyve. "If you're trying to create a culture of safety, you as the leaders need to really be on top of this issue," he says.

REFERENCES

1. Rospenda KM, Richman JA, Ehmke JLZ, et al. Is workplace harassment hazardous to your health? *Journal of Business and Psychology* 2005; 20:95-110.
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Joining the CREW builds civility at VA

Culture change brings better outcomes

You can't just mandate a civil workplace. You have to build one.

That is what the Veterans Affairs (VA) health system is doing, one unit at a time.

Today, more than 750 units at 150 facilities have adopted CREW — Civility, Respect, and Engagement in the Workplace, a program that is supported by psychologists and specialists in culture change at the VA's National Center for Organization Development in Cincinnati. CREW pays off in better outcomes, says Linda Belton, FACHE, director of organizational health at the Veterans Health Administration in Ann Arbor, MI.

"The higher the level of civility in your work unit, the lower your sick leave . . . [and you have] lower EEOC [Equal Employment Opportunity Commission] complaints, higher employee satisfaction, higher patient satisfaction," she says. Units are also more likely to meet their performance requirements and be safer, she says. CREW began in 2005 with a pilot project involving eight units at eight facilities. "It's really engaged around the people you work with every day," says Belton. It begins with a commitment of support from hospital leaders — in writing. The facility conducts an assessment, which includes a short Civility Scale given to the unit's members. The items are rated on a five-point scale from strongly disagree (1) to strongly agree (5):

• (Respect): People treat each other with respect in my workgroup.

• (Cooperation): A spirit of cooperation and teamwork exists in my workgroup.

• (Conflict Resolution): Disputes or conflicts are resolved fairly in my workgroup.

• (Co-worker Personal Interest): The people I work with take a personal interest in me.

• (Co-worker Reliability): The people I work with can be relied on when I need help.

• (Antidiscrimination): This organization does not tolerate discrimination.

• (Value Differences): Differences among individuals are respected and valued in my workgroup.

• (Supervisor Diversity Acceptance): Managers/Supervisors/Team leaders work well with employees of different backgrounds in my workgroup.

YOU ARE THE CHAMPIONS

Facilitators, or "champions," from the unit attend face-to-face training sessions and provide monthly updates via phone calls and written reports. The unit also has regular CREW meetings, which are a critical aspect of the program, says Belton.

"[Employees] are asked their opinions. They're given a platform, sometimes for the first time in their employment," she says. "We talk about having honest conversations where you can say the difficult things that need to be said."

In one unit, for example, a physician aired a gripe about how long it took nurses to retrieve an EKG machine when a patient was crashing. The physicians envisioned nurses walking slowly despite the dire need. A nurse explained that they literally ran across the multi-acre campus to borrow the machine from the emergency department. As a result of the conversation, the unit requested the purchase of an EKG machine — which was approved. No one had ever realized that solving the problem would be that easy, says Belton.

"They were able to participate in the resolution of the problem and they felt empowered to do that in the future," she says.

CREW does not specifically address intimidation and bullying; its focus is on the positive. "We visualize what civil behavior is and that's what we go for," she says.

There are some cases in which an individual is causing problems on a unit. That must be dealt with through human resources procedures, Belton says.

CREW simply sets the stage for a workplace that values respectfulness. "If you can create that environment where people have honest conversations, some level of trust and respect one another, then they're less likely to engage in bullying and they're less likely to permit bullying to occur," she says. "A healthy organization is a place where patients want to come to receive care and employees want to work."

Attaining a culture change by working with one unit at a time may seem like a long, slow process. But eventually, the entire organization has a new climate, Belton says. "When you have a certain percentage of your work units participating in CREW, that becomes a tipping point," she says. "Satisfaction and other metrics go up all around the facility." ■

CNE OBJECTIVES / INSTRUCTIONS

The CE objectives for Occupational Health Management are to help nurses and other occupational health professionals to:

- Develop employee wellness and prevention programs to improve employee health and productivity.
- Identify employee health trends and issues.
- Comply with OSHA and other federal regulations regarding employee health and safety.

Nurses and other professionals participate in this continuing nursing education program by reading the issue, using the provided references for further research, and studying the questions at the end of the issue.

Participants should select what they believe to be the correct answers, then refer to the list of correct answers to test their knowledge. To clarify confusion surrounding any questions answered incorrectly, please consult the source material.

After completing this semester's activity, you must complete the evaluation form provided in the June issue and return it in the reply envelope provided in order to receive a letter of credit. When your evaluation is received, a letter of credit will be mailed

COMING IN FUTURE MONTHS

■ Actively seek to expand your role in safety

■ Providing coaching to particularly high-risk employees

■ Relying on peer pressure to increase participation

■ Using specific numbers to prove your worth

CNE QUESTIONS

9. Which of the following is recommended in the event an employee is injured?
   A. Avoid having the team meet with an Employee Assistance Program counselor.
   B. Do not include defined roles and responsibilities in your protocols.
   C. Take the opportunity to review current safety policies and procedures.
   D. Hold off on offering suggestions for improvements unless you are asked directly.

10. Which is recommended regarding documentation in the event an employee is injured?
    A. The best practice is to document only objective facts.
    B. Don't ask questions that elicit subjective data from the employee.
    C. If no follow-up is necessary, then document that the employee was instructed to return with any questions or problems in the future.
    D. It is appropriate to document subjective statements from the employee, but avoid documenting subjective statements from supervisors and witnesses.

11. Which is recommended to achieve long-term weight loss in employees?
    A. Instruct employees to participate in group activities which support sustained weight loss.
    B. Avoid referring to decreased disability or absences related to the Family and Medical Leave Act when you evaluate your results.
    C. If an onsite facility is not available for physical activities, avoid providing affordable access to outside facilities as this is not cost-effective.
    D. Do not directly state to employees that they are responsible for making the necessary changes to obtain weight loss.

12. Which is true regarding results of a pilot fitness program which offered a gym membership and individualized programs at Sygenta Crop Protection?
    A. Requirements for participants needed to be much less strict.
    B. A decision was made to offer shorter exercise programs with group competitions.
    C. Employees lost much less weight when a group competition was used.
    D. Participants clearly didn't want to receive individualized programs.

Answers: 9. C; 10. C; 11. A; 12. B.