



A Framework for Developing a Culture of Positive Change for Healthier Work Environments

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Abstract

Developing and sustaining healthy work environments is a multidimensional activity. Leadership has been identified as an integral aspect to achieve this aim. Attributes of authentic leadership have positive associations with the development and sustainment of healthy work environments. However, little attention has been given to how these attributes can be fostered in the development of nurses in all domains (practice, education, research and administration). This paper describes a new conceptual framework for building authentic leadership through a culture of positive change by integrating the pragmatic tenets of Dewey and William James, experiential learning theory, reflective practice, and communicating with 'good judgement'. How the framework can foster attributes of authentic leadership and promote the development and sustainment of healthy work environments is explicated by discussing the components of the framework including: building safe psychological spaces and building a common language for positive change.

Keywords: authentic leadership, experiential learning, healthy work environments, nursing education

Introduction

Choosing nursing as a profession means choosing a call to action to pursue the betterment of humankind through practice, education, research, or administration (Bunkers, 2013; DeGroot, 2012). An integral aspect in supporting nurses to heed their call to action and provide safe, ethical and quality care is the development and sustainment of healthy work environments in all domains of nursing (American Association of Critical Care Nurses [AACN], 2005; Canadian Nurses Association [CNA], 2010; Canadian Nurses Association [CNA] and the Canadian Federation of Nurses Unions [CFNU], 2014). It has been established that developing and sustaining healthy work environments depends significantly on the support of nursing leadership (AACN, 2005; CNA & CFNU, 2014; Cummings et al., 2010; Shirey, 2006, 2017). Further, the AACN (2005) argues that "nurse leaders must be skilled communicators, team builders, agents for positive change" (p.193), although few studies discuss how to develop such agents for positive change. If nurses are to be on the forefront of healthcare leadership and the development of healthy work environments (CNA, 2010; CNA & CFNU, 2014), a framework needs to be developed, implemented and evaluated to engage nursing students, mentees and followers to develop a culture of positive change in all domains of nursing.

The development of nursing leadership attributes and healthy work environments have generally focused on downstream efforts, targeting nurses already acting in formal leadership positions (i.e., nurse managers). Therefore, it is the purpose of this paper to provide an upstream focus by providing a rationale for developing a framework for nursing education that can foster leadership attributes and promote healthy work environments in all nurses. A conceptual framework will be proposed to develop a culture of positive change based upon the pragmatic tenets of Dewey (1933) and William James (McCready, 2010), as well as experiential learning theory (Kolb & Kolb, 2005), reflective practice (Schön, 1987), and communicating with 'good judgement' (Rudolph, Simon, Dufresne, & Raemer, 2006). How the components of this conceptual framework can promote healthy work environments will be discussed throughout. Lastly, some of the strengths and limitations of the framework, as well as implications for future development and research will be discussed.

Background

Developing and sustaining healthy work environments is a multidimensional endeavour (AACN, 2005; CNA & CFNU, 2014; Shirey, 2017). A joint position statement by the Canadian Nurses Association (CNA) and the Canadian Federation of Nursing Unions (CFNU; 2014) identified the following as fundamental characteristics of healthy work environments: communication and collaboration; responsibility and accountability; safe and realistic workloads; support for information and knowledge management; professional development; workplace culture; and leadership. All these characteristics are needed to develop and sustain healthy work environments, but leadership has been singled out as the "glue that holds together a healthy work environment" (Shirey, 2006, p. 257).

A healthy work environment requires the support of nurse leaders who authentically strive toward, and engage others in its development and sustainment (AACN, 2005; Sherman & Pross, 2010). Authentic leadership is a positive relational form of leadership that draws from both positive psychological capacities and a highly developed organizational context (Avolio, Walumbwa, & Weber, 2009; Shirey, 2006; Spence Laschinger & Fida, 2015). The four attributes of authentic leaders consist of: relational transparency (presenting themselves as they truly are), balanced information (considering differing points of view), an internalized moral perspective (acting in accordance with internal moral and ethical values), and self-awareness (having insight about self and influence on others (Avolio et al., 2009). Current evidence has also shown positive associations between attributes of authentic leadership and healthy work environments as well as positive patient outcomes (Cummings et al., 2010; Shirey, 2006, 2017; Spence Laschinger & Fida, 2015). However, little attention has been given to how these attributes are, or can be, fostered by and for nurses through everyday leadership practices that support effective ways to engage and communicate with one another. A developmental approach, based on experiential learning principles, may help guide healthcare personnel in actualizing their potential toward authentic leadership and foster a culture of positive change (Dickson & Tholl, 2014). This can lead to establishing a solid foundation for sustainable healthy work environments. To further understanding about work completed in this area, a preliminary search of the literature was conducted.

Literature Search

A search using the Cumulative Index to Nursing and Allied Health (CINAHL) bibliographic database was conducted to gain knowledge of how authentic leadership, healthy work environments, and nursing education were conceptualized and operationalized by other authors. The search was conducted in three phases. First, the CINAHL Heading 'Leadership' was searched with the keyword 'authentic leadership', combined using the Boolean operator 'OR'. Second, the CINAHL Heading 'Work Environments' was searched with the keyword 'healthy work environment*', combined using the Boolean operator 'OR'. Third, the CINAHL Heading 'Education, Nursing' was searched. Then, the three searches were combined using the Boolean operator 'AND' so only papers including all three concepts were included. There were no limitations applied to the search. Only 15 articles were retrieved that were published between 2001 and 2015.

Of those 15 articles, only two articles discussed the role of nursing education in the development of leadership qualities and healthy work environments (Bassi & Polifroni, 2005; DeMarco & Aroian, 2003). The first article presents the concept of developing learning communities in the hospital organizational setting as a strategy for recruiting and retaining new graduate nurses or nurses returning to practice (Bassi & Polifroni, 2005). Although Bassi and Polifroni (2005) discuss how developing learning communities may support a healthy work environment, they limit the development and use of learning communities as a strategy to increase recruitment and retention of nursing staff in specific organizational structures, not as a means to create a culture change for nursing as a profession.

The second article presents a comparison of baccalaureate nursing students' and nurse leaders' (from all domains of nursing) perceptions about the qualities needed to be successful during a nursing shortage crisis (DeMarco & Aroian, 2003). Many of the qualities identified by nursing students and leaders are congruent with attributes of authentic leadership such as: honesty, compassion, advocacy, and moral engagement (DeMarco & Aroian, 2003). The authors also asked participants what organizational structures they thought would empower new graduates (DeMarco & Aroian, 2003). Students' responses focused on how building safe spaces for honest communication and approachable leadership would support feelings of empowerment (DeMarco & Aroian, 2003), while nurse leaders suggested new nurses find a mentor to support them (DeMarco & Aroian, 2003). However, there was no further discussion about strategies that could be implemented to actualize students' and nurse leaders' suggestions. Therefore, a gap in the literature remains as to how a culture of positive change may be developed, starting in nursing education, by engaging students through critical and reflective thinking to foster authentic leadership attributes and thereby healthier work environments.

Conceptual Framework

The conceptual framework to build a culture of positive change was created as part of a theoretical curriculum design for clinical nursing education (Filiatreault, 2017). The philosophical and theoretical foundations of the conceptual framework are built on Dewey and Jamesian pragmatism (Dewey, 1933; McCready, 2010), as well as experiential learning theory and reflective practice (Hallet, 1997; Kolb & Kolb, 2008; Schön, 1987). The components of the framework include building safe psychological spaces and building a common language for positive change. In this framework, the instructor and student are represented in a double helix as they engage in the reflective learning process (represented in a cycle briefing); binding together at the points of pre-briefing (reflecting-in-action) and debriefing (reflecting-on-action) using the communication method of 'good judgement' to build the language and culture of positive change (see Figure 1). The philosophical foundation and the components of the framework can be conceptually associated with authentic leadership and developing healthy work environments to provide one direction towards the betterment of nursing, healthcare and society.

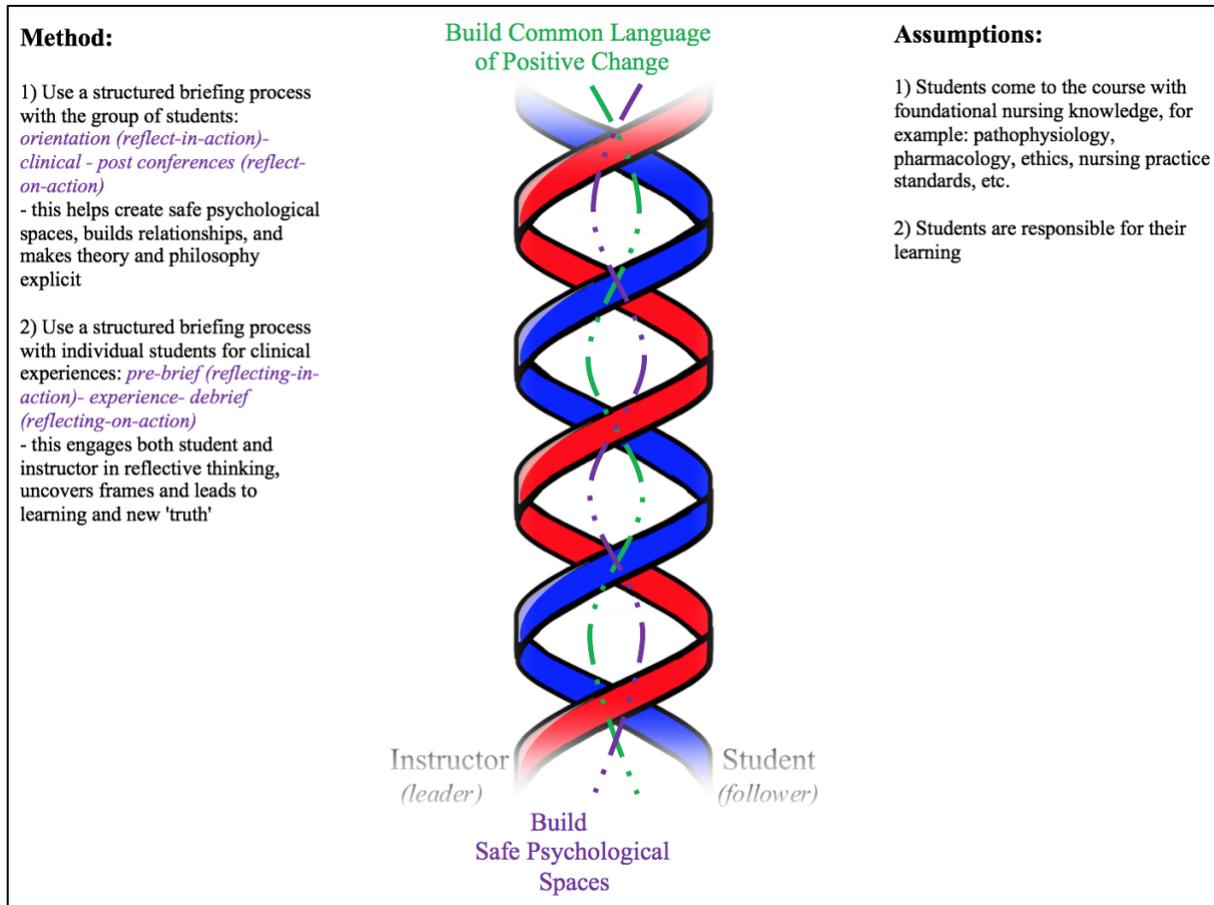


Figure 1. Engaging the Future of Nursing to Create a Culture of Positive Change (Filiatreault, 2017)

Philosophical and Theoretical Underpinnings

Pragmatism is pluralistic, meaning it does not subscribe to one worldview, for example empiric or interpretive, and can be viewed as an approach, rather than a philosophy, that frames how we gain and use knowledge (Doane & Varcoe, 2005; McCready, 2010). Experiential learning and reflective practice are theories for learning and development that have both been influenced by Dewey and Jamesian pragmatism (Dewey, 1933; Kolb & Kolb, 2008; McCready, 2010; Schön, 1987). Experiential learning is a holistic process of learning and development through reflection and co-creating new meaning and knowledge (Kolb & Kolb, 2008), while Schön (1987) furthered a theory of reflective practice by breaking reflection down into a two-phased process: reflecting-in-action and reflecting-on-action. Reflecting-in-action means reflecting on your actions as you are doing them, considering issues like best practice (Schön, 1987). Reflecting-on-action promotes deeper critical and reflective thinking by reflecting on an experience, considering alternate perspectives and uncovering new meaning (Schön, 1987). In Filiatreault's (2017) Cultures of Positive Change Meaning-Making Model, Schön's reflecting in/on action constructs are adapted to a meaning-making systems feedback design (see figure 2). She draws on Schön's work, her previous experiences in simulation education, and her current

practice of using briefing and reflection to foster meaning-making. In this model, Schön's reflecting-in-action and reflecting-on-action are processes that foster growth through co-creating new meanings to inform nursing actions, test them in practice, and refine them by changing and improving nursing care within the context of professional collaborative relationships (colleagues and clients). The tenets of pragmatism are interconnected with concepts of reflective practice and experiential learning throughout the conceptual framework to foster attributes of authentic leadership.

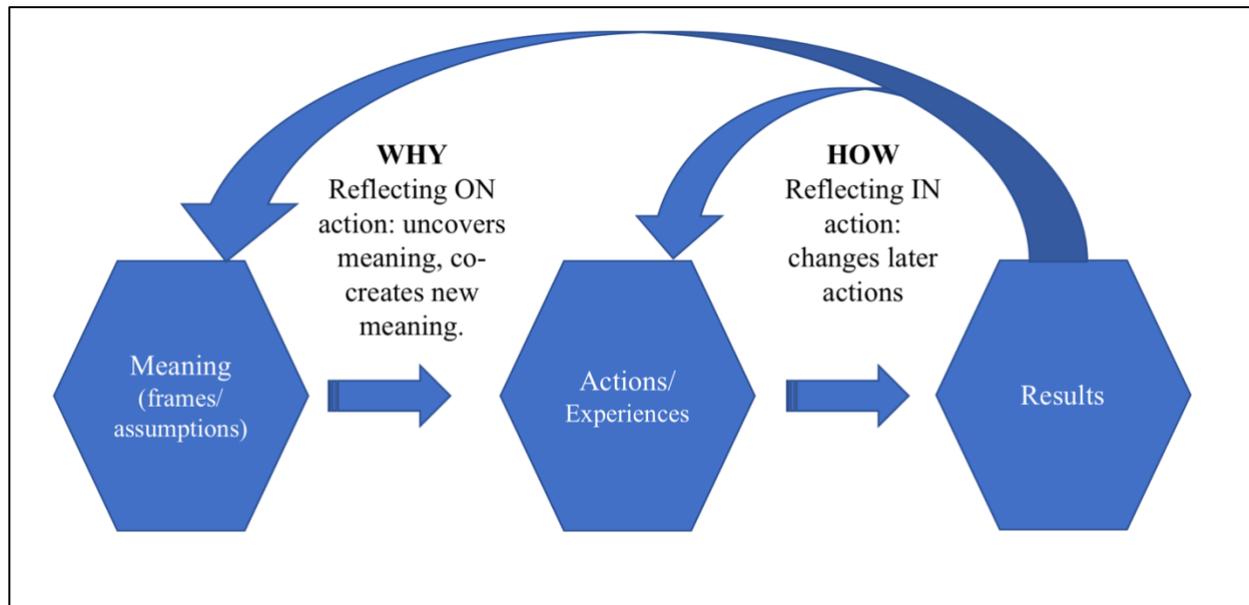


Figure 2. Filiatreault (2017) Meaning-Making Model of Reflection *IN* Action and Reflection *ON* Action

A pragmatic tenet fundamental to the framework is that 'truth' is fallible or, more specifically related to nursing, 'truth' is the best available evidence to inform practice (McCready, 2010). This is an important concept as related to the authentic leadership attribute of 'balanced information' because it implicitly ensures the leader and follower (or instructor and student) are part of the iterative process of decision-making (or learning) as the leader (instructor) is also fallible (Grossman & Valiga, 2017; McCready, 2010). The authentic leadership attributes of 'relational transparency' and 'self-awareness' are also related to the fallibility of 'truth', as well as the universal pragmatic tenet of the iterative interconnectedness of theory and practice through reflective practice (Doane & Varcoe, 2005; Grossman & Valiga, 2017; McCready, 2010); meaning that reflection and uncovering new 'truth' are in constant interaction with each other, thereby also increasing one's ability to gain self-awareness and be relationally transparent (Dewey, 1933; Grossman & Valiga, 2017; Kolb & Kolb, 2008; Schön, 1987). Lastly, the authentic leadership attribute of 'internalized moral perspective' could also be supported by the pragmatic tenet of meliorism (to make the world a better place through human effort), which may be actualized by building a culture of positive change through promoting safe psychological spaces and a common language, and thus healthier work environments (Grossman & Valiga, 2017; McCready, 2010).

Building Safe Psychological Spaces

Development, growth and learning results from synergistic transactions between people and their environment (Kolb & Kolb, 2008). Therefore, building safe psychological spaces is required for all forms of personal growth, and the use of appreciative inquiry is one way to achieve this. Appreciative inquiry has been described as a philosophy and a change theory that has also been related to leadership theory (Grossman & Valiga, 2017; Havens, Wood, & Leeman, 2006). The primary philosophical assumption of appreciative inquiry is key in developing the first foundational thread of building safe psychological spaces in the conceptual framework (Cooperrider & Srivastva, 1987; Cooperrider & Whitney, 2005). The assumption that there is something positive to uncover in every situation and in every person supports positive change by building an organizational culture filled with positive power, where people feel valued and respected (Cooperrider & Srivastva, 1987; Cooperrider & Whitney, 2005; Grossman & Valiga, 2017). The use of appreciative inquiry has shown evidence of improved communication and collaboration, increased nurse involvement and decision-making, as well as enhanced cultural awareness and sensitivity, all of which are also characteristics of healthy work environments (CNA & CFNU, 2014; Havens et al., 2006). Therefore, appreciative inquiry can provide the basis for developing and sustaining healthy work environments by promoting positive change that can be further enhanced by building a common language to support a healthy work culture.

Building a Common Language

Building a common language to create a culture of positive change is the second foundational thread through the conceptual framework. The method of communicating with 'good judgement' provides the underpinnings to build this language (Rudolph et al., 2006; Rudolph, Simon, Rivard, Dufresne, & Raemer, 2007). Communicating using 'good judgement' is a method developed by Rudolph and colleagues (2006, 2007) that was originally developed to be used for debriefing in clinical simulation education and is rooted in research conducted in behavioral science (experiential learning) and reflective practice. A guiding philosophy is that sharing clinical judgements is a vital part of learning (Rudolph et al., 2006, 2007). The rationale for the use of 'good judgement', and not just being 'nonjudgmental' is to enable sharing of these clinical judgements (Rudolph et al., 2006, 2007). Both a judgmental and nonjudgmental communication approach can be problematic; they both attempt to get the student to change, and assume the instructor holds the 'truth' to the situation. The difference is that the judgemental approach can contain harsh criticism, whereas, the nonjudgmental approach (by trying to avoid negative emotions) uses protective social strategies, 'sugar coat's' errors or doesn't bring up the problem at all (Rudolph et al., 2006, 2007).

Using good judgement is intended to promote reflective practice by having genuine curiosity to understand the student's frames (meaning or 'truth') and underlying assumptions of the situation through the use of the two-part communication method of 'Advocacy and Inquiry'

(Rudolph et al., 2006, 2007). First, 'advocacy' is when remarks are truthfully made about an observation that reveals the initial frames of the instructor. Then, the 'inquiry' asks a question using genuine curiosity to reveal the student's frames. The two-part method of 'advocacy and inquiry' is also used with the two-phased reflecting-in-action and reflecting-on-action process, to promote deeper reflection and explore the broader context to co-create new meaning (Rudolph et al., 2006, 2007; Schön, 1987). Through exploring the process of communicating using good judgement, it appears to also provide a method to foster attributes of authentic leadership. Consciously using a positive communication method fosters the attribute of self-awareness because the leader (instructor) has insight about how communication methods used may influence others. 'Advocacy' fosters relational transparency by truthfully revealing the initial frames of the leader (instructor), and the 'inquiry' fosters balanced information and morality by using genuine curiosity to uncover the follower's (student's) frames and assumptions to explore the broader context of a situation in a collaborative manner.

The outcomes of the conceptual framework are to: develop and sustain healthier work environments by fostering attributes of authentic leadership in all domains of nursing and building a culture of positive change. Outcomes can be achieved by focusing on upstream efforts, implementing the framework in nursing education to foster attributes of authentic leadership by promoting critical and reflective thinking in psychologically safe spaces using a common language built on positive psychology and pragmatism. The entire conceptual framework can be viewed as a continuous and iterative process collectively and individually to build a culture of positive change. If successfully implemented in nursing education, the culture will hopefully permeate the larger profession of nursing as graduates that have nurtured these attributes enter practice. That is why there is no end or beginning to the double helix in this framework in order to represent the continuous process of growth, life-long learning, and search for the best available 'truth'.

Strengths and Limitations

The conceptual framework for creating a culture of positive change was developed to be implemented in clinical nursing education, but the framework could be adapted to various practical teaching and learning (or leadership) contexts. Another area that the framework could be implemented is in a professional mentorship program (i.e., at the unit level to orientate new staff to a specific area such as the emergency department). The adaptability of the framework is one of the biggest strengths and furthers its potential to exact the intended outcome of building a positive change culture. The more settings and contexts where the framework can be used, the more likely it is to develop a new culture and permeate the larger profession of nursing, or even healthcare as a whole. Secondly, the use of a structured communication method may also make the attributes of authentic leadership more explicit to students, followers and mentees thereby implicitly growing leadership capacity and the sustainability of healthy work environments. Lastly, the continuous collaborative process between the students and instructor (or followers and leader) is also a strength of the framework. This ensures a high level of engagement to

establish nurses as change agents to support the culture of positive change and life-long learning for the betterment of nursing, healthcare and society.

Although in theory, the applicability of the conceptual framework appears to have a multitude of possibilities, there are limitations to the design and potential areas it may not work. The high level of engagement required by those involved may be a strength, but it may also be a weakness. People inherently may be resistant to change, therefore a model built on change needs to have adequate buy-in from those required to support the model for it to be successful (Kotter, 2012; Tagg, 2012). For the framework's application in clinical teaching, it would require buy-in and support from faculty administration, clinical nurse educators, as well as front-line staff in the clinical settings where students will be learning. Authentic leadership would be needed in all domains of nursing to support the framework's implementation and eventual propagation. Possible strategies to achieve buy-in could include conducting workshops with faculty and staff to educate them about the framework to ensure philosophy and theory are made explicit. The strategy to achieve buy-in would be a way to develop healthier work environments unto itself by increasing communication and collaboration among the domains of nursing, supporting professional development, and beginning to foster authentic leadership attributes by sharing the methods for positive communication.

Future Development

One future direction for the development of the conceptual framework is to first conduct a research study to ensure the framework is a successful model for teaching and learning (for example, using course evaluation surveys and student outcome metrics) with a cohort of clinical students using the framework and compare results to a cohort using the conventional model. Conducting a study would hopefully generate evidence for the positive change framework's use in nursing education. If a study provided evidence that the framework achieved the intended outcomes for teaching and learning, then further studies could be developed and conducted as to its association with the development of authentic leadership attributes and healthy work environments. If the framework was adapted for use at the unit or hospital level for a formal mentorship program, it would provide another possible direction for research to be conducted to evaluate its impact on the development and sustainment of healthy work environments.

Conclusion

Through the collaborative and continuous process of learning and growth outlined by this framework, nurses can develop into effective leaders of change in ever evolving local and global health systems. Current nurse leaders in all domains, including advanced practice nurses, have the potential to actualize this framework by authentically living it and using it as a tool to engage students, followers, mentees and colleagues so nurses can not only be on the forefront of developing healthy work environments, but also in sustaining healthy work environments by fostering similar attributes in others. Through the authentic engagement of building a culture of

positive change, all nurses may be supported in all domains to heed their call to action for the betterment of nursing, healthcare and society.

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