Executive Summary

- The basis of all patient care should revolve around the delivery of safe care to patients, families, health care workers, organizations, communities, and nation.
- Failure to do so creates an incredible economic and emotional burden on the people and organizations affected.
- While progress has been made in patient safety, the pace must be accelerated.
- Nurse leaders have a tremendous opportunity to join and accelerate patient safety improvement.
- However, change will only happen if leaders are intentional about making a difference with patient safety.

It’s probably fair to say we have made great progress but continue to have issues with patient safety in spite of intensive attention to the matter since the Institute of Medicine (1999) released their report documenting the alarming rates of mortality and morbidity associated with errors in the delivery of health care in this country. Recently, the National Patient Safety Foundation (NPSF) (2015) issued a report, Free from Harm: Accelerating the Patient Safety Improvement Fifteen Years after To Err Is Human. The report notes the title “Free from Harm” is aspirational, and that “Accelerating” is included as a call to action. This publication will become another milestone in the patient safety movement with discussion and dialogue that can drive strategic improvement and change in the future.

The NPSF notes patient safety and preventable harm are serious public health issues. A total integrated systems approach is necessary that would supersede an isolated, piecemeal approach to patient safety. Eight strategic recommendations are forwarded to accelerate progress, including the role of leadership in establishing a culture of patient safety, restructuring efforts into centralized and coordinated efforts, developing meaningful outcome metrics, increasing the funding for research, and addressing safety issues throughout the continuum rather than in pockets of activity. Additionally, support for health care workers, partnering with patients and families, and optimizing technology and ensuring its safety are included. The opportunity to achieve these recommendations and reduce preventable harm rests squarely with leaders and staff within health care and is an ominous and morally imperative responsibility. It simply is not right that at the most vulnerable point in one’s life an error could occur. Nurse leaders have a tremendous opportunity to join and accelerate patient safety improvement. However, change will only happen if leaders are intentional about making a difference with patient safety.

Leadership Intention

Leaders influence and determine what outcomes will be accomplished on the unit, department, and organization. Values and what is and what is not allowed become the culture of the organization. And by default, leaders who do not lead intentionally without a viable roadmap create chaos and lack the ability to overcome negative outcomes. Leaders who lead from carefully thought out and reflective intentions that incorporate compassion for their people and stakeholders can intentionally create very positive change (Hall, 2014). Patient safety must be at the heart of everything we do in health care and be integrated into the leader’s practice whether in the direct delivery of health care or in the supportive and technical functions of the patient care experience.

The NPSF (2015) notes the critical role of education in the fundamentals of safety science as imperative for all leaders to ensure accountability and implementation of the science of safety. To achieve the necessary outcomes, a culture of safety is imperative and teamwork, the right culture, and patient engagement are necessary to advance patient care. Culture change and sustainability are very difficult and one of the greatest challenges among leaders. The first part of culture, the corporate or cognitive culture, must be addressed. However, often overlooked is the second and equally important part, the emotional culture.

Cognitive and Emotional Culture

The cognitive or thinking culture includes mission statements, values, behaviors, and other factors that guide people. Barsade and O’Neill (2016) note the cognitive culture sets the tone and determines how innovative, competitive, or customer-focused an organization will be. Shared intellectual values and norms are
the basis of the cognitive-thinking culture. Many organizations devote incredible resources to the development of this culture with processes, standardization, etc. However, these authors posit that many organizations do not attend sufficiently to the emotional or affective norms, values, and assumptions of the culture and few leaders manage the emotional culture as deliberately as they do the cognitive culture (Barsade & O’Neill, 2016). Without a positive healthy environment that celebrates questioning, values suggestions, and is joyful, a positive culture change cannot survive. Cultures of suppression, envy, and fear are dysfunctional and nonproductive. Such a health care setting is extremely dangerous for patients and staff.

The NPSF acknowledges the importance of culture to safety. In addition to focusing on the cognitive cultures of safety, the recognition of the affective culture and its effect on patient safety is also cited (NPSF, 2015). The Lucian Leape Institute (2013) cites burnout, establishing healthy environments, and eliminating disruptive behaviors and bullying as keys to a culture of safety.

Barsade and O’Neill (2016) challenge leaders to address the need to look at the emotional culture as closely as we do the cognitive culture. They suggest leaders help people to feel the emotions that are valued in the organization. Leaders must model the emotions they want to cultivate. People incorporate the emotions modeled by others, and are as capable of catching positive emotions as they are negative emotions. The emotional culture of the unit is often generated and sustained by the emotional signals and behaviors the leader or manager displays. Therefore, as the leader does, so often does the workgroup because the leader is signaling what emotional behaviors are valued and acceptable. The challenge of the first recommendation by the NPSF (2015) is aimed at the role of the leader in establishing and sustaining a culture of patient safety. This can be achieved if the leader implements healthy cognitive and emotional cultures.

**Summary**

The basis of all patient care should revolve around the delivery of safe care to patients, families, health care workers, organizations, communities, and the nation. Failure to do so creates an incredible economic and emotional burden on the people and organizations affected. While progress has been made in patient safety, the pace must be accelerated.

The NPSF (2015) offers 10 recommendations for accelerating the progress of excellence in patient and workforce safety. It was no accident that leadership and culture were listed as the first recommendations (NPSF, 2015). Intentional leadership that addresses the culture of patient safety and the recommendations in this report will help achieve a significant difference in the future of patient and workforce safety and reduce avoidable harm.

**REFERENCES**


