

# Online Research @ Cardiff

This is an Open Access document downloaded from ORCA, Cardiff University's institutional repository: <http://orca.cf.ac.uk/115848/>

This is the author's version of a work that was submitted to / accepted for publication.

Citation for final published version:

Charalambous, Andreas and Kelly, Daniel 2018. Promoting a safety culture through effective nursing leadership in cancer care. *European Journal of Oncology Nursing* 36 , vi-vii.  
10.1016/j.ejon.2018.10.002 file

Publishers page: <https://doi.org/10.1016/j.ejon.2018.10.002>  
<<https://doi.org/10.1016/j.ejon.2018.10.002>>

Please note:

Changes made as a result of publishing processes such as copy-editing, formatting and page numbers may not be reflected in this version. For the definitive version of this publication, please refer to the published source. You are advised to consult the publisher's version if you wish to cite this paper.

This version is being made available in accordance with publisher policies. See <http://orca.cf.ac.uk/policies.html> for usage policies. Copyright and moral rights for publications made available in ORCA are retained by the copyright holders.



## **Promoting a safety culture through effective nursing leadership in cancer care**

Associate Prof Andreas Charalambous

EONS President Elect, Cyprus University of Technology, Cyprus and Docent  
University of Turku, Finland

Prof Daniel Kelly PhD RN FRCN.

EONS Past President, Royal College of Nursing Chair of Nursing Research, Cardiff  
University, UK

Patient safety forms the foundation of healthcare delivery just as biological, physiological, and safety needs form the bedrock of Abraham Maslow's well known Theory of Human Motivation (Maslow, 1954). The safety of people receiving cancer care is a key attribute of care quality, and it is inextricably linked to workplace safety culture (Ulrich & Kear 2014). A safety culture can be simply defined as the product of individual and group beliefs, values, attitudes, perceptions, competencies, and patterns of behavior that determine the organization's commitment to quality and patient safety (Reason & Hobbs 2003). A safety culture is influential to staff behaviors, attitudes, and cognitions on the job by providing cues about the priority of patient safety compared to other everyday tasks. This conveys silent, or very subtle, messages with regards to what constitutes normal and acceptable behavior related to patient safety. The level of commitment demonstrated by the staff in relation to patient safety defines one's motivation to engage in safe behaviors and the extent to which this motivation translates into daily practice (Weaver et al 2013). However, some systems become unsafe not because of poorly motivated staff, but due to organisational failure and gradual decline in what is acceptable and what is not.

All healthcare systems are inherently complex with many challenges existing at different levels, and it is possible to transform a workplace from one where patient safety is a silent concern within a hierarchical structure of blame, to one where a more open, team-oriented climate can help shape a culture that promotes the ongoing, focused efforts of every member of the healthcare team.

The difficulties in achieving such cultural change are evident in the fact that almost two decades since the Institute of Medicine (IOM) published "*To Err Is Human: Building a Safer Health System*" (IOM 2000) insufficient progress has been made on this topic. Whilst the report estimated that annually in the United States, up to one million people were injured and 98,000 died as a result of medical errors (IOM, 2000), later reports (James, 2013) raised the number of premature deaths associated with preventable harm to patients to more than 400,000 per year. The findings of this report raised the fact that cultivating a safety culture for patients is something that needs to be addressed collectively including all those involved in the planning, delivering and evaluating the care provided to patients across the care continuum. An important element of this collective effort includes the contribution of nurses and nurse leadership. Their valuable contribution in promoting safer patient care has been acknowledged by the IOM report "Keeping Patients Safe: Transforming the Work Environment of Nurses" (IOM 2004) and was reaffirmed in the report "*The Future of Nursing: Leading Change, Advancing Health*" (IOM 2010).

Leadership and evidence-based management were identified as areas that needed to transform as means to prevent and mitigate errors, and creating and sustaining a culture of safety. Leadership in promoting patient safety, is about “influencing others to understand and agree about what needs to be done and how to do it, and the process of facilitating individual and collective efforts to accomplish shared objectives.” (Yukl, 2010, p. 8). Competent and thoughtful transformational leaders can contribute to improvements in safety and organizational culture and through their insights can identify systemic flaws and take appropriate measures, but they can also be influential to other nurses’ motivation and performance. A growing body of evidence suggests that positive nurse leadership attitudes are associated with improved safety climate, improved work environment, improved safety outcomes, increased patient satisfaction, and reduced adverse events (Wong and Giallonardo 2013; Merrill 2015).

Recent research from the United Kingdom has shown that Nurse Directors (those who represent nursing at the very top of large health care organisations) are facing increasing pressure to promote patient safety with fewer nurses and within a culture of financial cuts. This reinforces the need to recruit and support these senior leaders so that they can access up to date empirical evidence, and resources that can assist in the promotion of a culture of safety (Kelly et al 2016, Jones et al 2014).

The European Oncology Nursing Society acknowledges that the role of the nurse executive in patient safety is to help lead best practices and establish the right culture across multiple disciplines within their organizations. This can be fostered by introducing transformational characteristics in nurse leaders’ practice and by attributing appropriate attention to the socialization of new nurses through modelling of safe behaviours and individual recognition that may result in improved nurse satisfaction and retention (Phillips et al 2014). Importantly, leadership occurs at all levels and all departments of an organisation and individual actions can promote a culture of safety.

EONS echoes the necessity to develop effective nurse leaders in cancer care who have the abilities to plan, manage and move forward on patient safety principles and practices across the domains of governance, patient care, education and research. To accomplish such a challenging task, close collaboration is needed with the interdisciplinary team of practitioners, research, policy makers and the wider oncology community. Without the appropriate training that focuses on safety, there is the risk that nurse leaders (at whatever level) unintentionally, and in response to economic imperatives, allow a “drift” in the system close to the boundaries of safety (Dekker 2006). Developing and sustaining nurse leaders also requires commitment at the highest level of the national political agenda and a consistent interest is needed to safeguard the quality of care delivered to cancer patients across the care continuum.

If patient safety is at risk of becoming compromised, and the shift towards unsafe practice risks becoming a reality, then organisations must be reminded to listen to the concerns of patients and staff and to take action. Unfortunately this is not always the case and so we must be ready to challenge any health care culture that allows unsafe practice to become the norm (Jones et al 2014).

Leadership is the cornerstone in the promotion of patient safety. EONS believes in the role of cancer nurses in speaking up when necessary (with support) and to adopt an evidence informed approach to the needs of their patients, to ensure that humane, effective and safe cancer care is promoted.

## References

Institute of Medicine (2000). *To err is human: Building a safer health system*. Washington, DC: National Academy Press. Retrieved from <http://www.iom.edu/Reports/1999/To-Err-is-Human-Building-A-Safer-Health-System.aspx>

Institute of Medicine (2010). *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: National Academy Press. Retrieved from <http://www.nationalacademies.org/hmd/~media/Files/Report%20Files/2010/The-Future-of-Nursing/Future%20of%20Nursing%202010%20Report%20Brief.pdf>

James, J.T. 2013. A new, evidence-based estimate of patient harms associated with hospital care. *J Patient Saf.* 93, 122-128.

Jones, A., Lankshear, A., Kelly, D. 2016. Giving voice to quality and safety matters at board level: a qualitative study of the experiences of executive nurses working in England and Wales. *Int J Nurs Stud.* 59, 169-176.

Kelly, D., Lankshear, A., Jones, A. 2016. Stress and resilience in a post-Francis world: a qualitative study of executive nurse directors. *J Adv Nurs.* 72, 3160-3168.

Maslow, A. 1954. *Motivation and personality*. New York, NY: Harper.

Merrill, K.C. 2015. Leadership Style and Patient Safety: Implications for Nurse Managers. *JONA: J Nurs Adm.* 45, 319–324.

Phillips, C., Esterman, A., Kenny, A. 2014. The theory of organisational socialisation and its potential for improving transition experiences for new graduate nurses. *Nurs Educ Today.* 35, 118–124

Reason, J., Hobbs, A. 2003. *Managing Maintenance Error: A Practical Guide*. Ashgate.

Ulrich, B., Kear, T. 2014. Patient safety and patient safety culture: Foundations of excellent health care delivery. *Nephrol Nurs J.* 41, 447-456, 505

Weaver, S.J., Lubomksi, L.H., Wilson, R.F., Pfoh, E.R., Martinez, K.A., Dy, S.M., 2013. Promoting a Culture of Safety as a Patient Safety Strategy: A Systematic Review. *Ann Intern Med.* 158, 369-374.

Wong, C.A., Giallonardo, L.M., 2013. Authentic leadership and nurse-assessed adverse patient outcomes. *J Nurs Manag.* 21, 740–752.

Yukl, G. 2010. Leadership in organizations (7th ed). Upper Saddle River, NJ: Prentice Hall.