

A STORY OF ACCOUNTABILITY

A Case Study of a Large Academic Medical Center

Increasing Protective Equipment Compliance

THE PROBLEM

Despite OSHA mandates, many nurses at the region's healthcare centers considered wearing personal protective equipment a personal choice, not a requirement. Failure to comply would be costly for their organization, including an impact to staffing if a team member was exposed, higher healthcare costs and additional paperwork for the patient.

THE CHALLENGES

For people who work hands-on with patients in a clinical environment, exposure to serious diseases happens every day.

It's a strange paradox of human behavior that when risk becomes routine, people often stop seeing danger. The constant exposure to health hazards leads to feelings of being invincible: "It could never happen to me." This was the situation at a large academic medical center where I consulted.

A Senior Nurse Leader was charged with fixing the problem. She worried about the high costs associated with failure to adhere to mandated policies. When nurses were exposed, they couldn't work, which affected staffing. The incidents also escalated healthcare costs. And the patients themselves were also affected, because they had to undergo extra testing to assess for serious, contagious diseases. The employer is required to cover treatment as part of occupational hazard insurance.

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THE BACKGROUND

The first (unsustainable) attempt

In 2014, she tackled the problem using all the conventional leadership techniques at her disposal:

- She **formed a cross-functional team** to come up with root causes for non-compliance and to develop additional policies and procedures to enforce compliance.
- She **perfected circumstances**. The team discovered the eyewear was often ill-fitting and obstructed vision, so the hospital acquired high-quality eyewear and lanyards. They made the glasses available at convenient places throughout the nursing stations.
- Initiated an **education and training campaign** with posters, emails and meetings about OSHA rules, because feedback from employees revealed an ego-based core belief that exposure wouldn't happen to them because they were "always careful."
- **Performance management policies** were updated and **disciplinary actions** were taken, including the possibility of termination for violating the protective eyewear policy.
- They **begged, pleaded, held contests and rewarded** people for doing something that should have been non-negotiable.

After all that hard work, they only reduced exposure by a small percentage, but hadn't achieved the goal of full compliance. Leaders were tired. The nurses felt hassled and irritated. As soon as leaders let up on the policing, exposure rates crept up. Conventional techniques weren't self-sustaining.

A NEW APPROACH

After getting training in Reality-Based philosophies and tools, the Senior Nurse Leader decided to take a new approach. She knew she had to stop apologizing for having high standards around exposure, and the organization had to make wearing eyewear a non-negotiable practice. She first ensured that everyone had proper eyewear.

ASKED FOR INDIVIDUAL COMMITMENTS TO COMPLY

Managers were asked to meet with employees individually and ask about their commitment level to using the eyewear. If unwillingness was expressed, the next question was, "What is your plan for getting willing?"

INSTILLED AN ACCOUNTABLE MINDSET

When exposures happened, leaders asked employees to account for the choices they made around not keeping their commitment to safety. Those who chose not to wear eyewear, endangering themselves and others, were disciplined or even terminated. Units that achieve zero exposures were rewarded.

STOPPED MANDATES AND GROUP COACHING

Leaders moved the focus from inventing processes and mandating compliance to insisting on personal accountability and shared responsibility. Leaders stopped the "group coaching" through awareness campaigns and replaced it with personal coaching focused on giving individual nurses good mental processes that hardwired accountability.

MOVED FROM VENTING TO SELF-REFLECTION

Leaders implemented just-in-time questions to bypass ego and spur self-reflection: "Why would you choose to risk your life rather than be safe? What can we do as a team to change this situation? What is something you, as an individual, could do to make a difference? How can you help?"

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THE RESULTS

The focus on accountability at the individual level changed the climate of the organization every day in many ways:

The questions at meetings changed from “why we can’t” get zero exposure rates to “how we can.”

Discussions centered on what true commitment looked like.

The patients’ care was brought to the forefront — they were there to be healed, not further harmed.

Exposure rates have moved down steadily, with many monthly reports noting “zero exposures.”

The resistance to the eyewear has faded.

Today you see people donning the glasses and offering eyewear to others who forget.

Safety has become the norm.

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ABOUT REALITY-BASED LEADERSHIP

Reality-Based Leadership is a revolutionary philosophy developed by Cy Wakeman, a drama researcher, international keynote speaker, business consultant, and New York Times bestselling author. Grounded in reality, Wakeman’s philosophy teaches people how to turn excuses into results and transform unhappy employees into accountable, successful members of the workforce. Reality-Based Leadership is the voice that interrupts thinking, reveals the truth and settles the mind. We translate the best research into Reality-Based Philosophies, tools and training. We eliminate drama and restore sanity to the workplace and worldplace.

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