

ACCOUNTABILITY IS FOR EVERYONE



Purpose: This educational activity is designed to help professional nurses support the enhancement of accountability by all healthcare employees through the use of a simple model for behavioral expectations, as well as role modeling. Accountability for the whole experience of the patient and family including the clinical outcomes rests with all staff. With a recognition of common barriers and strategies to enhance accountability, nurses can positively impact outcomes and create a more positive work environment.



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At the completion of this educational activity, the nurse should be able to:

1. Define accountability and its importance to nursing practice and outcomes of patient care.
2. Recognize the common barriers to behaving in an accountable manner.
3. Describe a model for discussing and enhancing accountability for individual practice and teamwork.
4. Identify strategies to enhance our individual and team accountability and positively impact patient care and the climate of the work environment.

Requirements for Successful Completion

1. Read the article.
2. Complete the post test questions and program evaluation by circling the selected responses on the post test.
3. Fill out the registration form.
4. Send registration form, post test, and a check for \$12.00 to:
Continuing Nursing Education
The University of Texas at Arlington
Box 19197
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5. Send before January 15, 2011.

There is an old story about four people...named Everybody, Somebody, Anybody, and Nobody. There was an important job to be done and Everybody was sure Somebody would do it. Anybody could have done it but Nobody did. Somebody got upset because it was Everybody's job. Everybody thought Anybody could do it but Nobody realized that Everybody would not do it. It ended up Everybody blamed Somebody when Nobody did what Anybody could have.

In our world today, this does happen. We all see evidence in our daily lives: the piece of paper on the floor that no one will pick up and throw away; the shopping cart in the store parking lot, left to roll around instead of being placed in the cart holder. Frustrating to us, particularly when it impacts our day!

It even happens in healthcare. A dramatic example occurred in June of 2008, in an emergency room in New York City. A 49 year old psychiatric patient was brought to the ER, placed in the waiting room. She fell on the floor, convulsing and was left unattended for an hour, during which time she lost her life. A video camera in the ER documented the time and the lack of response.

How could this have happened? Who was accountable? We need to know what accountability is, how it is demonstrated or not, what are the barriers to full accountability, and what can we do to enhance it.

Healthcare is a complex, hectic world to work in today. Nurses face incredible demands on their time and their energy. Patients have many needs and in some cases, demands, that nurses work hard to meet. In the midst of this, we are occasionally faced with evidence that accountability is lacking. We have all unfortunately seen the patient call light that goes unanswered, even though hospital staff have walked by the patient's room multiple times and seen the light. We have heard the phone that keeps ringing with staff close by and no one picks it up. The request for assistance that is answered with a "we don't do that, you will need to call....". Examples are around us every day, which is perhaps why the topic of accountability comes up so often in conversations with nursing staff and nurse managers! The critical issue is that accountability is at the core of professional practice. It is the attribute that secures quality, safety, and optimal patient outcomes and positive relationships. In many ways, accountability is what lets us relax when we leave work, knowing that patients are receiving the best care possible. The reality is that we do pretty well in the accountability arena – but not all the time.

We need to be clear on what accountability is. Accountability is one's own internal commitment to achieving the best results – it means we own the results, the outcomes. It is always internally generated, but it must be externally supported. The work environment needs to have accountability for everyone clearly identified. Accountability means that nurses and all

staff own the outcomes for the patient and family of their whole experience, not individual tasks by themselves. This also relates to our accountability to our colleagues; we are individually accountable for building and sustaining positive work relationships. That includes being able to respectfully challenge and question our colleagues, rather than asking a supervisor or manager to do that. It also means that we are accountable for helping all of our colleagues to have a positive work experience. As professional nurses we have an opportunity to help create and sustain a work environment that supports high levels of accountability by everyone. As adults in our troubled society, we are accountable for securing great relationships at home, in our churches and schools, in our communities, and in our world.

The nursing literature has made the distinction between accountability and responsibility: responsibility being focused on process, actions, tasks; accountability is focused on results, outcomes, roles. (Porter-O'Grady, 2003) There is often an awareness on the part of nurses today that they can get caught up in the many "tasks" and to-do lists that they have in their clinical roles; this focus is important in some aspects, however, it can sometimes take the spotlight off of the importance of our accountability for the overall outcomes and experience of the patient. Providing a pain medication on time is an important task to be carried out. Checking the effectiveness of the medication is very important as well, and taking the extra few minutes to interact with the patient and family is critical.

In addition to recognizing the importance and the focus of accountability, we need to acknowledge that accountability must be matched with the power that each individual feels is theirs. We often think that power is only in the hands of top executives or politicians. Some staff believe they have no power! In fact, every employee, every patient, every physician has power. Each aspect of power, from expert, to legitimate to coercive and reward power are ones that we all exercise in different ways. Expert power is based on our education and experience, so it may be different for each individual. Professional nurses are clearly experts at patient care, but even they differ depending on their experience in nursing and their educational background. The patient care assistant/technician has expert power based on their education and training, and the experience they have gained in their work environments. The patient and family are experts: about their history, their past reactions/problems, their feelings, their hopes and expectations.

Legitimate power is related to our position descriptions; the role and responsibilities of our positions in the healthcare organization and the competencies needed for that role. Fortunately, we do not often see professionals use their coercive power. This is the power to force someone to do something they do not wish to do: pointing out to a child what will happen if they do not comply with directions, or when we withhold rewards or our assistance so that others will feel badly or fail. Coercive power does not have a place in healthcare, although it does sometimes get used. On the other hand, reward power is very evident. It is the ability to give other

Table 1

Power Bases

Expert based on knowledge, skill, education.

Legitimate based on specific role/position in an organization.

Referent based on another person liking you or wanting to be like you – power of positive charisma.

Coercive based on ability to force someone to do something they do not want to do; involve threats of negative outcomes, or withholding of information or help.

Reward ability to give others what they want; anything that an individual finds desirable.

Adapted from: French, J. & Raven, B.H (1959)

people what they want: money, time off, sweet treats, in fact anything that an individual finds desirable from a million dollars to a pat on the back, can be a reward! This can be a very positive power to use and nurses do use it with patients and with their colleagues to achieve great outcomes.

Power is essential to exercising our accountability. All employees need to know what their power bases are, how to positively and effectively use them, as well as respect the power of others. What power bases do you use, which ones do you prefer that others use with you? Do we recognize the power held by patients, colleagues, family members? Using our power bases to enhance our accountability can positively effect change and help achieve great outcomes.

The Basis of Accountability

Supporting any degree of accountability and at the core of any behavior that demonstrates accountability is an expectation. Expectations for all employees are critical to holding everyone accountable. If we know that one of the expectations of our healthcare organization is high patient and

family satisfaction, and that has been defined and clarified, we can be held accountable for achieving it to the best of our ability.

The most important aspect of expectations is clarity. Identifying specific behaviors that clearly exemplify or demonstrate an attribute would be much more helpful and easier to demonstrate and then measure.

What are the patient’s expectations, the families, our colleagues, and our own? Being as clear as we can about what we expect as professionals and as colleagues is very important to the critical relationships we must have in our work environment. This is not easy to do but having open communication about expectations can make our work easier, and for our patients it can help them to have realistic and attainable expectations of themselves and the healthcare system.

A Simple Approach

It is one thing to say be more accountable. It is quite another to discuss the topic with another person. There are two quite compatible models that can help us as professionals to position accountability with others: The first, developed by Miller in 1998 and the second developed by Connors in 1999. Both focus on accountability in action and in simple easy to remember terms.

As Figure 1 illustrates, we just need to think of accountability as behavior – it is either **Above the Line** or it is **Below the Line**. Combine that with a simple definition of this behavior as **See it, Own it, Solve it, and Do it** and we have a simple and effective way to present accountability as it applies to everyone.

See It Above the Line behaviors include seeking the input of others, clearly recognizing our own responsibility, accepting change even when it is difficult, and accepting feedback – the great, the good, and the negative. Own It Above the Line behaviors refer to staying invested and engaged in solving issues, recognizing that there is more than one side to a situation/story, and looking for how we may have contributed to the problem. Solve It Above the Line behaviors focus on dealing directly with the issue, being timely in response to concerns, asking others for their solution ideas and dealing with obstacles. Do It Above the Line behaviors include following up on solutions, keeping our commitments to make changes, and not giving up even when the process is difficult.

We often witness these above the line behaviors and may just accept that it is natural. It actually is not that easy to stay above the line every day! Colleagues may question or challenge us and we want to push back, or blame someone else for a delay; a family member may point out a problem with the dinner tray served to the patient as we are rushing to give medications and we may want to ignore or again, place the blame elsewhere. The reality is that there is a natural human tendency, a “gravitational pull” to go Below the Line! Giving driving instructions to the driver in front of us (with our windows up, of course) or complaining about the long lines at the grocery store when we are rushing to get home – not unusual and most often not harmful. In our work, we witness Below the Line behaviors.

“We will never reach our full potential until we stop blaming each other and start practicing personal accountability.”



We see individuals that ignore a need (the call light?) or deny that it is their job, blame others for problems, use a “wait and see” approach to any change, or whine about a new process. These behaviors can be harmful in our efforts to achieve the best outcomes for our patients and to help us create and sustain a positive work environment for ourselves and our colleagues!

The Key Question

When we are faced with a situation that presents a problem, a concern, a need for action, there is one key question we need to ask ourselves: What can I do now to make a difference?

This is a powerful tool if we can remember to use it every day, in any situation. The patient or family issue, the colleague who is frustrating us, the traffic jam, the missing information that is needed, the physician that is loudly searching for a special instrument: what can I do right now to make a difference? That is

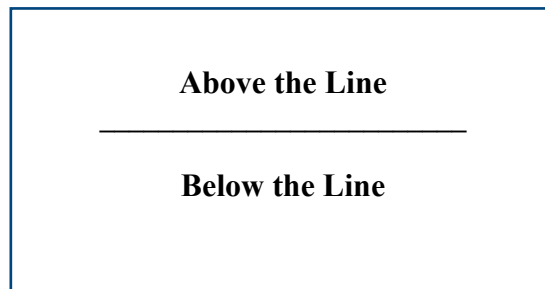
a high level of accountability, owning the outcomes, not just the process. This will help us to stay Above the Line!

Reality Check: Barriers to Accountability

We live in the real world, where frustrations, delays, problems come up every day. This world does have barriers that exist and get in the way of high levels of accountability being demonstrated. One of the biggest barriers is unclear expectations; this can be from the “be on time” comment to “let’s respond nicely to family members.” Instead we can say the expectation is: “be here ten minutes before your shift starts” to role modeling, perhaps even scripting responses to initially deal with an upset family member and help to resolve their concerns. If we really want everyone to be accountable and own the

outcomes we are striving for, then Above the Line must be clearly stated in behavioral expectations for all.

Figure 1



Blame is another barrier. When someone blames another department or the weather, or the patient or the physician, it gets in the way of our owning the problem and finding a way to quickly solve it. We will never reach our full potential until we stop blaming each other and start practicing personal accountability. We can help each other with this: When we hear a “blame comment,” offer a suggestion as to how to solve the problem, or offer to solve the issue yourself. Asking ourselves and others, the key accountability question – What can I (or you) do now to make a difference? – can be very powerful.

The other common barrier to high accountability is focusing on what we don't have, rather than what we do have. We hear these conversations occasionally in our work environments and they can be infectious in a negative way. “We don't have enough space, enough time, enough staff, enough supplies, etc”; this is a downward spiral conversation and will not energize others to positive action. What can help is taking a minute to focus on what we do have – “we have a great team to work with today, or we have a good supply of this item and the Materials department is bringing us more...” We are blessed with many positives in our work, in our teams, and in our world and talking about our “abundances” versus our scarcities would help us all.

Enhancing Accountability

How can we ensure that a patient who falls in a waiting room is immediately assisted or that the patient that is calling for help using a call light gets a quick response? How can we be certain that when we need help someone will respond quickly? The first step is when everyone evaluates their own behaviors and asks themselves if they are staying Above the Line. As professionals we have a great opportunity and a responsibility to serve as role models for all of the people we work and interact with, in both simple and even difficult situations. And as one expert recently stated: “...the leader's role in accountability is to set clear expectations while making behaviors explicit, provide immediate feedback on Above and Below the Line behaviors, talk about values and expectations, and create a culture in which accountability is expected of Everyone.” (Poster, 2008) When we manage our colleague relationships in an Above the Line manner, we are modeling a positive and professional approach for others, and working collectively to solve issues and problems that may be getting in the way of our providing the best care for our patients every day. This is not always easy to do as the Case Study demonstrates, but it is Above the Line!

Case Study: Not easy to provide feedback!

Beth had just received report on a new admission from ER when John, her teammate told her he was going to take a break. He had taken two breaks that morning and this was not unusual; each time Beth had answered his patients' lights and in one case reviewed new orders with the resident before he left the unit. Her frustration level was rising and as

John came back from his break, she approached him. “John, I need to talk with you. I know we all need a break now and then – it is hectic and we are all busy. When you were on break I had to step in and take care of some issues for your patients. I am your colleague and that is my responsibility. I need to ask that before you take a break next time, that you check with me and the other staff and ask if we have time to cover for you. John just laughed and replied, “No one will tell me they have time – I know the usual response will be no, not now!” Beth took a breath and continued...” I would be honest with you. I will tell you if I can cover, and there are times when even if I am busy, I will do that, and ask that you do it for me as well. And there will be times that I will say not now.” John did not reply but nodded to Beth and went back to his patients. Later that day, as they were getting ready to go home, he met Beth at the elevator and stopped her : “By the way, thanks for being honest. No one has ever said anything about my taking breaks, and you were real straight with me. I will ask next time and you should ask me as well. As you said, we all need breaks once in a while!”

The Challenge for Everyone

As professionals working in complex and challenging situations every day, we are often faced with issues and frustrations. Approaching them with Above the Line behaviors, avoiding the Blame Game, and acknowledging our own accountability can really make our work easier and our work environments more positive. Stay Above the Line, share the simple model with others, provide honest and supportive feedback, and help them to stay above the line as well. When everyone does this, our work, our days can go more smoothly; individuals recognize their accountability for issues and situations, accept that change is inevitable and figure out a way to make the change or deal with the situation. Practicing high accountability is not always easy, but it is a great way to demonstrate our commitment to our role as professionals, as colleagues, and as committed citizens of our world. We need everyone to take on this challenge, since accountability is for everyone!

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Registration Form and Test for **Continuing Education Credit**

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Objectives:

- At the completion of this educational activity, the nurse should be able to:
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Within three weeks after receipt of your post test and registration, you will be notified of your results. A passing score is 80%. If you pass, your CE certificate will be forwarded to you. If you do not pass, you will be notified and may repeat the test once at no cost.

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Registration Information:

Name: _____
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 State(s) of Licensure: _____
 Telephone Number: _____
 Email: _____

Post Test Questions for Continuing Education Credit

Article : Accountability is for Everyone!

Please circle your response for each question.

1. A definition of accountability would include:
 - a. Accepting problems.
 - b. Owning the outcome.
 - c. Recognizing other people's problems.
 - d. Knowing our limits.
2. Identifying the power bases that each individual can exert and use positively is:
 - a. Important to exercising accountability.
 - b. Part of the admission process.
 - c. Included in our job descriptions.
 - d. Not essential to achieving good outcomes.
3. The basis of accountability is:
 - a. An individual's cultural background.
 - b. Clear expectations.
 - c. Our job title.
 - d. Policies and procedure manuals.
4. When we are behaving in an Above the Line manner, we:
 - a. See It, Own it, Delegate it, and Follow Up on it.
 - b. Solve it, Do it, and Own the outcome.
 - c. See it, Own it, Solve it, Do it.
 - d. Keep our commitments.
5. It is a natural human tendency , particularly when stressed or tired, to :
 - a. Behave in an Above the Line manner at all times.
 - b. Feel a gravitational pull to go Below the Line.
 - c. Complain.
 - d. Change jobs.
6. When we are faced with a situation that presents a problem, a concern, or a need for action, the key question that will trigger our accountability is:
 - a. Whose job is this to fix?
 - b. When did the problem first occur?
 - c. What can I do now to make a difference?
 - d. Why did this happen?
7. Common barriers to accountability would include:
 - a. Blaming others and lack of clear expectations.
 - b. Scarcity thinking and stress.
 - c. Blaming ourselves for all of the problems.
 - d. Not having enough time and staff.
8. When confronted with a difficult situation with a colleague, behaving in an accountable manner would mean:
 - a. Talking with our manager or supervisor first.
 - b. Documenting the problem.
 - c. Keep quiet and manage the problem.
 - d. Talk with the colleague directly and honestly.

9. When we see/hear the following we know it is Below the Line:
 - a. Whining about or ignoring changes.
 - b. Offering help without being asked.
 - c. Accepting feedback.
 - d. Taking the time to listen to the input of others.

10. A high level of accountability on the part of everyone can:
 - a. Increase staffing.
 - b. Make everyone work harder.
 - c. Help us to achieve better outcomes for our patients and our organizations.
 - d. Decrease overtime.

Program Evaluation

	Strongly Disagree				Strongly Agree
Objective 1 was met.	1	2	3	4	5
Objective 2 was met.	1	2	3	4	5
Objective 3 was met.	1	2	3	4	5
Objective 4 was met.	1	2	3	4	5
The article was effective as a learning resource/tool.	1	2	3	4	5
The objectives were relevant to the overall purpose.	1	2	3	4	5
The activity met your expectations.	1	2	3	4	5

List two ways that you will integrate what you learned in this activity into your practice and/or work environment: _____

The following were disclosed:
 Requirements for successful completion

	Yes	No
Conflicts of interest	Yes	No
Commercial support	Yes	No
Non-Endorsement of Products	Yes	No
Off-label use	Yes	No

Did you perceive any bias that was not disclosed in this activity?
 Yes No

If Yes, please describe _____

State the number of minutes it took you to read the article, complete the test and evaluation _____ min.