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The authors wish to acknowledge the members of The Beryl Institute Nurse Executive Council for their engagement and contributions to the process (https://www.theberylinstitute.org/NURSECOUNCIL) and the participants in the June 2021 Nurse Executive Summit on Workforce Safety and Patient Experience. This article is associated with the Culture & Leadership lens of The Beryl Institute Experience Framework. (https://www.theberylinstitute.org/ExperienceFramework). You can access other resources related to this lens including additional PXJ articles here: http://bit.ly/PX_CultureLeadership

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Commentary

Rebuilding a foundation of trust: A call to action in creating a safe environment for everyone

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Abstract
Well before the COVID-19 pandemic, incivility and physical threats directed toward healthcare employees and often registered nurses was a growing concern by Chief Nurse Executive (CNE) leaders. In 2019, conversations initiated by The Beryl Institute's Nurse Executive Council (NEC) to consider how best to achieve a much-needed balance between patient/family and staff safety have now become a critical priority to ensure the safety of everyone receiving and providing health care services. The heart of this work was organized around a set of newly developed ethical precepts designed to guide the exploration of key concepts. A call to action grounded in rebuilding a foundation of trust is proposed. In pursuing future steps to deepen this foundation, and to reaffirm the vital role for nurse leaders and of all in healthcare, we must be willing to engage in dialogue, to ask openly, and question respectfully. We believe healthcare systems and nurse leaders both play a vital role in elevating the humanity on which we will find brighter days ahead. Through a sustained commitment to this aim, we seek to strengthen health care delivery environments that shape physically and psychologically safe environments for everyone.

Keywords
Trust, nurse leadership, human experience, patient experience, physical safety, psychological safety, ethical precepts, well-being, workforce engagement, healthcare environment

Acknowledging current reality: What the pandemic revealed

Well prior to the emergence of the global COVID-19 pandemic, concerns about both incivility and physical threats directed to healthcare employees and often registered nurses was viewed as a growing concern by Chief Nurse Executive (CNE) leaders. Conversations first initiated by The Beryl Institute's Nurse Executive Council (NEC) in 2019 about achieving critical balance between patient/family and staff experiences (safety and well-being) have evolved into a critical priority to ensure the safety of both those receiving and providing health care services.

The presence of long-standing gaps in equitable access to and distribution of resources and treatment options have been further exacerbated by social unrest, economic crisis and rapid shifts to the social fabric of our society. These forces have placed nurses and other team members in increasingly challenging and sometimes threatening situations. Despite the best efforts of nurse leaders to address incivilities and pressures, these dynamics have not abated and in many settings have further intensified. These dynamics have only added to the mounting pressures nurses and other health care employees continue to navigate including the confluence of access challenges and workforce shortages as the pandemic approaches two years duration.

A recent report from the U.S. Labor Department revealed that more than half a million health care workers quit their jobs in August 2021, nearly a 20% increase from the 404, 000 resignations recorded a year prior during August 2020.[1] Specific to nursing, in a recent study of over 100,000 healthcare employees in the U.S., nearly 30% of registered nurses (RNs) were deemed at risk of leaving their organization; nurses younger than 35, at their current job less than one year, are most likely to leave voluntarily.[2] Finally, Annette Kennedy, President of the International Council of Nurses (ICN) described the current environment relevant to nurses practicing around the globe by stating, "Our nurses, your nurses need to be taken care of so that they can keep returning to work every day and do their unique work of helping to keep patients and families safe and well."[3]

In response to this tension, The Beryl Institute NEC convened a working group of nurse leaders focused on workplace safety and patient/family experience to renew the work launched in 2019, prior to the COVID-19 pandemic, and propose concrete actions to move the field forward. The heart of this work included a focus on developing a set of ethical precepts to guide the exploration of key concepts that need to be considered. The meeting followed a "Q-storm process"[4] which is perspective seeking through the generation of questions specific to an issue, challenge or opportunity (Adams, 2016). Workshop participants were divided into seven smaller breakout groups and asked to generate relevant questions for one of the seven ethical precepts assigned as a focus of their group. Responses were gathered and themes were distilled as a foundation for purposeful action. This paper shares that work, introduces the seven ethical precepts, and describes why each was deemed to be an important component of the framework.

Based on the themes that emerged from the small groups, the core foundational issue of trust emerged. Based on this, the NEC sought to ground its work in a conceptual framework organized around the concept of trust. The Reina Trust Model[5] served to guide ongoing discussions given it is a widely disseminated model, has associated valid and reliable measurement instruments, and has been applied within healthcare delivery settings over the past two decades.[6,7] With trust as a foundation, the nurse leaders noted the importance of establishing a fresh context for future conversations and collaboration directly connected to the human experience.

Nurses should never underestimate the value of "trust". Trust in ourselves, trust in the relationship we build with our coworkers and trust we earn with those we care for in health care.

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Setting context: The human experience in healthcare

To act with intention in this moment of history requires both an acceptance of our current reality as well as an acknowledgement of what it brought to the surface. In this past year, through the experiences and voices of The Beryl Institute community and beyond, it was clear there was a subtle but needed shift in perspective related to what was essential to our work in healthcare. The pandemic laid bare the issues that were long present and deeply rooted in

Figure 1. The Human Experience in Healthcare[10]

healthcare systems and society, exposing systemic issues and lingering wounds that can no longer go unacknowledged and untreated. This paper touches on one of the most significant; how we have listened to and cared for the healthcare workforce itself.

Grounded in the fundamental idea that as healthcare team members we are first and foremost human beings caring for human beings[8], a call to action was framed and an expanding perspective suggested. In our efforts to ensure the best in healthcare, in all the pandemic revealed, we now had an opportunity to transform the human experience at its heart. This call to action – A Declaration for Human Experience – is grounded in fundamental ideas that challenge us to broaden our view while concomitantly focusing our intention.[9] As the Declaration states:

> Our current realities call us to forge a new existence that begins with looking beyond the distinct silos of patient experience, employee engagement and community health to focus on the common thread that binds each of these areas together—the human experience.[10] (Figure 1) By elevating and transforming the human experience in healthcare, we can create a more effective, responsive and equitable healthcare system that results in better experiences and outcomes for patients of all backgrounds, a more supportive, energizing and collaborative environment for healthcare professionals and healthier communities that break down barriers to care.[9]

The declaration itself calls on us to recognize that to truly change the nature of healthcare we need to acknowledge and act upon the many dimensions of our social systems that impact the people and work environments in healthcare every day.

The declaration states, we are called to lead courageously with the understanding that we are first and foremost, human beings caring for human beings. In answering this call, we commit to:

- Acknowledge and dismantle systemic racism and prejudice, tackle disparities and provide the highest-quality, most equitable care possible.
- Understand and act on the needs and vulnerabilities of the healthcare workforce to honor their commitment and reaffirm and reenergize their purpose.
- Recognize and maintain a focus on what matters most to patients, their family members and care partners to ensure care quality and a commitment to health and well-being.
- Collaborate through shared learning within and between organizations, systems and the broader healthcare continuum to forge a bold new path to a more human-centered, equitable and effective healthcare system.[7]

In starting this powerful work with the Nurse Executive community, we recognized that we could not have a conversation about one aspect of this work in isolation of the other. How we care for the patients and families we serve, the people who provide care each day and the communities in which we live are intricately woven within our healthcare system. Our conversations, grounded in this focus on the broader human experience, also allowed us to focus on the areas of greatest need – our healthcare workforce.

Through this pandemic so many individuals, including the nursing workforce, demonstrated unwavering commitment - often serving tirelessly while working to the edge of exhaustion. Some are being asked to sustain these levels as the pandemic continues to simmer around the world. It was recognized the healthcare workforce not only needs to be honored and reenergized, but importantly also needs the time, space and intentional support for real healing. In most healthcare delivery settings, front line teams feel depleted and additionally face incivility and sometimes threatening situations. Patient care needs continue unabated with increases in emergency department visits, respiratory syncytial virus (RSV), and a secondary mental health crisis combining to create still further workforce demands and strains as the end of 2021 nears. To ensure excellence in the human experience overall, it was clear more personalized and in person attention to those who have contributed so much both personally and professionally throughout the pandemic be provided in new ways.

A review of qualitative data and subsequent thematic analysis revealed a need to affirm a clear and unwavering commitment to people in healthcare. Before any actions could be offered or solutions proposed, it was clear a fresh relational foundation was necessary. This led NEC members to prioritize the framing the opportunity we saw in this moment.

Framing the opportunity: Ethical precepts & lessons learned

Establishing Ethical Precepts

The convening of nurse leaders was grounded in a process of inquiry and reflection rather than problem solving. Instead of going directly to solution finding, we took a step back to re-orient ourselves to the core values and commitments that underlie our work in healthcare. What has often been missing in approaching complex issues is a set of foundational ethical precepts that can be used to guide the development of solutions. The team undertook an effort to frame these ideas as clear statements of intent and purpose, used for reflection and consideration rather than a set of rigid rules. The following set of ethical precepts were proposed and then further refined during the workshop and following two subsequent meetings of the NEC.

Healthcare is in a very worrisome fragile state at a time that the public relies on it to be accessible, skilled, and resilient. As leaders, we must step up with expanded competencies from fields such a resilience, compassion, trauma injury prevention, and reconciliation and create work and team environments that bring the people side of health care to the forefront. None of us can attend to this later—it must be our number one priority. It's a shared responsibility between leaders, health care workers, and the public but how to get there is a path senior leaders need to create with colleagues. It's tough work but every step that is authentically aligned to the goals will matter.

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- Persons must be safe and secure to live and effectively function.
- Everyone (patients, family members or loved ones and healthcare workers) is treated with respect that honors their inherent dignity as persons.
- Violence and threats toward patients, family members or loved ones and healthcare workers are ethically impermissible.
- Achieving and maintaining a safe and healing environment is a responsibility equitably shared among patients, family members or loved ones, healthcare workers and leaders.
- Policies, practices, and decisions must be transparent, clearly communicated and consistently applied.
- Reporting mechanisms must be confidential, timely, responsive and occur without retaliation, discrimination, or blame.
- Education and resources to support patients, family members, loved ones and healthcare workers are available, accessible, and proactively offered.

These ethical precepts informed the Q-storming process focused on generating questions related to these core ideas rather than just quickly creating solutions. Participants were divided into 7 working groups, one for each precept. Facilitators captured a plethora of important questions to guide iterative phases of discernment.

What we learned: A return to basics

As questions were generated and issues identified, the space for broader realizations and resulting opportunities emerged. Key themes revealed the realities of healthcare leadership in the moment. Also clear were the real and painful cracks in the foundation of trust so essential to healthcare.

Leaders were aware that throughout the pandemic many decisions and circumstances were beyond their control and yet they bore the responsibility of continuously making hard calls. The residue from these decisions is not inconsequential. Many spoke of the accumulation of concurrent crises that added additional strain to their systems of care and the people within them. They carried a weight of responsibility for the imperfect conditions that emerged, and the challenging consequences that sometimes resulted.

Group members determined the foundation of the issues with which they were faced was grounded in the concept of trust, trust in self, in others, in organizations, and in our broader society. Since the beginning of these conversations in 2018, new realities associated with the delivery of healthcare and societal compacts had fundamentally changed. The initial focus related to civility and acts of physical aggression in healthcare delivery settings were better understood in a broader context that recognized the commonalities in our increasingly traumatized and polarized society as well as the associated impact within healthcare organizations. There was an acknowledgement that general civility was being challenged and the seams of our social compact with one another and the communities we serve were seemingly increasingly being pulled in opposite directions.

Participants were reminded of the central role trust plays in working together – whether with patients and families, within our teams and organizations, or in a broader societal context. Nurse leaders noted the themes that emerged from the Q-storm process were closely aligned with components of the Reina Trust model.[6] The model suggests that if one believes trust is built and broken behaviorally, the key elements required to restore trust among people includes attention to nurture:

- *Trust of character*
- *Trust of communication*
- *Trust of capability*

The outgrowth of trusting relationships is collaborative problem solving and healthy workplaces. When people communicate authentically and honestly, willingly engage in decision making, honor each other's skills and abilities, and are accountable for their choices, trust is fostered. When these are absent, trust is broken. We have been thrust into a moment where the essential elements of trust have often been tested and challenged. The foundation upon which trust thrives requires access to human and material resources to enable behaviors of all members of the system to flourish. These resources were often strained before the pandemic and exacerbated during subsequent crises.

To move ourselves through this moment, the importance of trust as a central connector in our humanity was

This article calls us to engage in addressing an important priority by leading courageously to eliminate systemic racism, inequities, promote health for all people and transform our work environments and partnerships. The ethical precepts established set shared expectations to enhance the work environment and relationships.

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Our patients trust us with their lives, and we advocate for them through our staff. As leaders we must assure a safe and caring environment so that our staff are able to deliver that same service to the patients and families we serve. We are living through times like no other – filled with challenges, uncertainty and pain for many. Building the strength and comfort of our teams will help us to assure effective care delivery for now and into the future.

Mary Ann Fuchs, DNP, RN, FAAN
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Duke University Health System

reinforced within the group. It created the space and opportunity for a reset to be proposed. The group saw the chance to use this moment to transform our approaches to human interaction and offer a roadmap for the future built on a trust framework itself.

Rebuilding a foundation of trust

Our capacity for trust of ourselves and others determines how we respond to situations where threat, conflict or controversy arise. Knowing ourselves, what we stand for in life and work, our own unique histories with trust, and our response patterns provides the foundation for trusting relationships with others including patients, families, colleagues, leaders and the broader society. During the pandemic, there have been many moments where trust has either been fostered or broken. Depending on your perspective, these instances most likely have accumulated, impacting our wellbeing and that of others.

According to the Reina framework "ninety percent of behaviors that break trust in workplace relationships are small, subtle, and unintentional"[4] (p.6). As noted earlier, the three "C's" of the Reina trust building model[4] include:

- **Trust of character**. This begins with being a person who can be relied on and depended upon. This requires a stance of mutually serving intentions and strengthened by managing expectations, having clear boundaries, consistency in behavior, keeping promises and agreements and delegating responsibly.
- **Trust of communication**. This relies on openly, honestly, transparently sharing information, admitting and taking responsibility for missteps or mistakes, giving and receiving feedback in a respectful manner, upholding confidentiality, and speaking in a manner that reflects self-respect and respect of others.
- **Trust of capability**. This is built when an individual knows and honors their own skills, abilities, and limitations while concomitantly recognizing the capabilities of others, expresses appreciation for the contributions of others, and involves people in decision making and encourages an environment of learning.

Preexisting circumstances, coupled with the chronicity of the pandemic, have eroded our capacity to trust ourselves, each other, and the systems where we work and, in some measure, the surrounding communities and societal structures in which we live. Given the level of trauma, depletion and moral suffering that has impacted many if not most acute care healthcare environments over the past 20 months, a pathway to foster healing relationships must be forged. To ultimately address specific challenges, including how best to balance patient/family experience with staff safety and well-being, NEC leaders coalesced around a framework of healing as a path to re-build trust. This will involve application of skills associated with trauma informed care, including the proposed steps for healing when trust is broken - shifting from a sense of despair to a hopeful future.

Using the Reina Trust Model[4] as a foundation, the group generated tangible steps to be considered in association with components of the Reina Trust Model including:

- **Invest in basic human needs.** We cannot be safe unless our basic human needs are met. Addressing food and housing security, strengthening workplace safety practices, and promoting ongoing safety surveillance to detect perceived environmental gaps are all potential starting points. Leaders and direct care staff should be provided the opportunity to examine their own needs and share them authentically with each other. (Trust of capability)
- **Understand the needs of all individuals.** Beyond investments in basic needs, we must expand our focus to include individual needs driven by both personal and system traumas endured by people from diverse and different backgrounds. If we are to honor inherent dignity, we must commit to listening to the needs of all voices with an intention to ensure equity and understanding. (Trust of communication)
- **Intensify human connection**. This is done by being present without an agenda, authentically

listening and intentionally creating rituals that engage each other's humanity (Trust of character)

- **Create open spaces for listening** (without fixing whatever is shared). Psychological safety is essential as a pre-condition to create spaces where everyone can share honestly and transparently the realities of both staff and leaders. Establishing norms of engagement, and holding each other accountable for sustaining these norms, is an essential trust building step. (Trust of communication)
- **Begin the healing process** (by acknowledging what has happened over the last two years). Commit to naming the consequences of uncertain and inconsistent information. Recognize new and existing decisions about healthcare delivery that produced unintended consequences. Acknowledge the interconnection of our lives in healthcare with our home lives, community, and broader society. (Trust of communication) This requires us to:
    - Invite and hold whatever emotions and responses arise without defensiveness, rationalization, or undue explanation.
    - Take responsibility for the decisions that were made and when needed, admit missteps and make amends that are meaningful to the people impacted by them.

As a healing profession, it is our ethical duty to learn from our experiences and apply the tenets laid out before us to not only heal our patients and families, but each other. We are a profession that is grounded in science. Our amazing nurses are the key and have the answers to the questions that are left unanswered. This is our opportunity to think differently, co-create and heal.

Maureen Sintich, DNP, MBA, RN
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Innova Health System

Despite the variation in healthcare models around the world, the pandemic has impacted individuals/colleagues in comparable ways. This framework provides clear steps leaders can take on the path to re-build trust through re-establishing the basic human connections - in turn offering hope for a brighter future.

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- **Move from transactional to relational communication.** Under stress it's easy to lapse into command-and-control communication that focuses on information transfer rather than empathic engagement that attunes to what the receiver may be experiencing. Provide transparent reasons for decisions when they are communicated. (Trust of communication)
- **Invite thoughtful input.** Invite others to examine what is missing and to suggest ways to address personal needs associated with system gaps via co-creation of solutions. (Trust of capability)
- **Transform the current narrative**. Shift our focus away from the negative aspects of our work environment and the subsequent blame, shame and finger pointing toward one another, our patients/families or organizations. Move from "either/or" to "both/and" thinking. The ethical precepts offered provide a way to reorient to our core values. This shift acknowledges the challenges, their consequences and, and the undiscovered possibilities towards which we can lead. (Trust of character & communication)
- **Dissolve silos.** We can and must forge a shared vision informed by the ethical precepts with other leaders in the C-suite and the healthcare team members at the point of care. Dismantling processes that foster separation, hierarchy inequity, and unhealthy competition and creating new synergistic, values driven, and trustworthy structures and decision making is needed to embrace a new vision for healthcare. (Trust of character)
- **Commit to transforming the human experience in healthcare.** We encourage a full adoption of the Declaration of Human Experience. Demonstrate your commitment to honoring the humanity of everyone in the healthcare ecosystem – patients, family members and loved ones, our healthcare workforce and the communities we serve by publicly endorsing this pledge. (Trust of character)
- **Elevate nurse leadership.** Recognize and support that nurse leaders can and must shape organizational priorities through engagement of senior colleagues in their organizations and via public policy advocacy in relationship to workforce well-being, staffing effectiveness, and broader questions of equity. On both a local and national level, nurse leaders should stand in support and encouragement of one another in sharing lessons learned, building paths forward and inspiring action. (Trust of character, capability and communication)

Before we can resolve a problem, we must know the underlying cause. Rebuilding trust resonates with me because it is the fundamental construct of a relationship. As humans interacting with humans (patients, staff, family members, community, friends) we desire to be heard, loved and treated with dignity and respect. The tangible steps outlined in the paper capture the essence of rebuilding trust. This call to action requires us to stop, step back, and examine ourselves so that we can focus on restoring relationships.

Jacqueline Herd, DNP, RN
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What resonates with me is the declaration of our commitment to address, acknowledge, and dismantle systemic racism and prejudice. I do believe that diversity, equity and inclusion cannot be achieved unless we as health care leaders begin with recognizing and doing an "active" effort to dismantle racism and prejudice in our workplaces. People cannot be active participants to the transformation of care and experience unless they are in a state of physical or psychological safety. I am glad that we are taking this stance not just to acknowledge (which is passive) but also to dismantle (active) racism and prejudice. Safety is the antecedent of trust.

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What resonates for me is all the learning that took place during this pandemic. As a leader in an evolving landscape, I don't think we all realized the breadth and depth of the learning that occurred. To see it outlined in this article is profound. I believe with all of the complexities that have occurred during the last year and half, the value of having an ethical framework for decision making and leadership is essential.

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A call to action in creating a safe environment for everyone

The foundation for this commentary, and the ideas shared, are grounded in the personal reflections and challenging realities revealed over the last two years. Yet, they are also rooted in pre-existing circumstances that have simmered beneath the surface for our healthcare workforce for many years. This NEC initiative is our own recognition that now is a time to act upon these new insights. It is a call to action grounded in a need to address immediate workplace concerns, but also a moment in time that offers an opportunity to create safe and integrity preserving environments for all in healthcare.

This will not be a quick fix check list, nor should it be, for sustaining and rebuilding trust takes time. The healing needed as we move through this pandemic will require sustained commitment, investment and focus. Our intent is that our work will catalyze an opening for greater questioning and broader conversations. And we do not suggest that answers will be easy.

In pursuing future steps to deepen a foundation of trust and to reaffirm the vital role for nurse leaders and of all in healthcare, we must be willing to ask openly, question respectfully and as often is said in The Beryl Institute community to "share wildly and 'steal' (i.e., borrow) willingly." To do so, we close our reflections with questions for all of us to consider and invite you to join in the continued conversation to consider how we might most effectively and genuinely lead going forward.

- What are the steps we can take as human beings caring for human beings, as leaders and frontline healthcare workers, to transform the environments where care is provided?
- How do we better prepare ourselves to recognize inequities and facilitate the conversations that may remedy them for both those who work in healthcare and those served by it?
- What must we ensure happens to create stronger community bonds that heal societal tensions that contribute to issues of workplace safety?

- How can we be more fully engaged with our healthcare workforce and our communities to better understand their experiences and co-create effective ongoing actions?
- What will it take for each of us to support one another as healthcare leaders, team members, and as human beings to express and acknowledge the vulnerabilities that were laid bare in these past years and how do we create a safe space to heal together?

We recognize there are many more questions that could be asked and hope you might consider these as seeds for future conversations you can inspire, no matter where you stand on this planet. We believe healthcare has a vital role to play in elevating the humanity on which we will find brighter days ahead. We know if we remain committed to this cause we will create a safer environment for everyone. We look forward to continuing the journey forward with all of you.

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