Cultivating Positive Practice Environments

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Content
- Overview of the components of Healthy Work Environments and Professional Practice Environments
- Strategies to assess and enhance positive professional practice environments

What does this all mean?

Case Study #1
- A new graduate nurse is told during orientation that nurses in the unit do not believe new nurses should work in critical care. The experienced nurses avoid the new nurse, complaining he is too needy and asks too many questions. Isolated and not wanting to be a burden, the new nurse tries to manage a complicated patient without asking for help. The patient’s condition worsens and when the physician arrives, she yells at the nurse, blaming him for poor patient care. The physician demands the assignment be changed and insists that this nurse never care for her patients again. Devastated, the nurse resigns from the hospital and eventually changes careers.


Case Study #2
- The critical care unit is unusually busy and short-staffed due to sick calls. A Code Blue is called at 3 a.m. on a medical-surgical unit. The critical care nurse assigned to the emergency response team asks her fellow nurses to cover her patients while she responds. The nurses reassure her they will collectively keep an eye on her patients. Shortly after the nurse leaves, they hear a loud crash and find one of her patients on the floor. The patient dies the next day of complications from an epidural hemorrhage.


Case Study #3
- A physician running late for office hours quickly rounds on a patient without seeking out or interacting with the patient’s nurse. The physician is unaware that the patient experienced a near-syncopal episode earlier in the day and, from a remote location, enters orders to resume all blood pressure medications. A nurse on the next shift administers the medications, and the patient experiences a life-threatening decrease in blood pressure.

Case Study #4

- A hospital aggressively tries to reduce throughput times in the emergency department (ED) by implementing a policy that, without exception, units must accept patients from the ED within 1 hour of the bed being ready. Seeking to comply with the policy, the ED staff transports a patient to the unit without knowing that the receiving nurse is not there to accept the patient. Tensions run high between staff members, and an argument ensues in front of the patient and family, who become frightened and lose confidence in the unit’s ability to provide safe care.


Professional Practice Environment

- Defined as the components of the organizational work setting that enhance or restrict professional nursing practice
- 3 priorities
  - Quality of Care
  - Nurse Satisfaction
  - Patient Safety
- Associated with the perceived quality of care that is delivered and patient outcomes

Why does it matter?

- Nursing care is emotionally, mentally, spiritually, and physically demanding
- Evidence supports that nurses that work in a positive professional practice environment are better prepared to perform well in evolving and stressful situations
- Professional practice environments where nurses and other team members are viewed as equal partners in the care team and respectful, effective communication, and interprofessional collaboration likely contribute to better clinical, workforce, and organizational outcomes
- Nurses are bound by the Code of Ethics for Nurses to maintain professional, respectful, and caring relationships with colleagues as well as ensuring fair treatment, transparency, and the best possible resolution of conflicts

Nursing work environments

- When nurses report low levels of autonomy and inadequate staffing they are more likely to resign from their position
- Nursing autonomy, control over practice, and relationships with physicians impacted patient mortality rates
- When nurses work in a favorable professional practice setting, they are less likely to report negative outcomes such as emotional exhaustion, less personalization, and intent to leave their current position
- Positive professional practice environments are associated with lower staff turnover, lower absenteeism, fewer preventable errors, higher nurse satisfaction, and greater nurse engagement

Evolution of understanding nursing work environments

- Research on the relationship between patient outcomes and the work setting of nurses dates back to the mid-1980s
- Early work to study this relationship demonstrated that poor work environments leads to unfavorable nurse and patient outcomes
- Nursing shortage in the early 1980s – 41 hospitals did not feel the impacts of the shortage as compared to other hospitals in the US
- Magnet hospitals had an organizational structure that was not hierarchical to foster an environment where nurses were involved in decision-making regarding the care of the patient. They had fewer inpatient deaths after adjusting for hospital and patient characteristics

Nursing Work Index

- The research from Magnet® hospitals led to the development of the Nursing Work Index (NWI) with 65 items to assess organizational characteristics that created an environment that nurses found attractive
- A Professional Environment Scale was then created from the NWI (PES-NWI) with five subcales to assess the nursing practice environment
  - Nurse Participation in Hospital Affairs
  - Nursing Foundations for Quality of Care
  - Nurse Manager Ability, Leadership, and Support
  - Staffing and Resource Adequacy
  - Collegial Nurse-Physician Relations
ANCC Magnet® Designation

Components:
- Transformational Leadership
- Structural Empowerment
- Exemplary Professional Practice
- New Knowledge, Innovations, and Improvements
- Empirical Quality Outcomes

Magnet® hospitals continue to provide a favorable work environment for nurses with higher satisfaction and better patient outcomes as compared to non-magnet hospitals.

AACN – Healthy Work Environments

- In 2001: The AACN committed to actively promote the creation of healthy work environments that support and foster excellence in patient care.
- 2005: AACN Standards for Establishing and Sustaining Healthy Work Environments: A Journey to Excellence
  - A response to mounting evidence that unhealthy work environments contribute to medical errors, ineffective care delivery, and conflict and stress among health care professionals.
  - AACN called for the creation and continual fostering of healthy work environments as an imperative for ensuring patient safety and optimal outcomes, enhancing staff recruitment and retention, and maintaining health care organizations' financial viability.
  - Identified 6 essential standards that must be in place to create and ensure a healthy work environment.

AACN Standards for Establishing and Sustaining Healthy Work Environments: A Journey to Excellence

- Since initial release in 2005, there has been increased attention about the work environment’s impact on:
  - Nurse Retention
  - Team Effectiveness
  - Patient Safety
  - Nurse and Patient Outcomes
  - Burnout among health care professionals
- Requires constant attention because of the rapid changes in healthcare.
- Evidence is strong to support that work and practice environments must be safe, healthy, and humane.

Healthy Work Environments


AACN’s 6 standards for establishing and maintaining a healthy work environment

- Skilled Communication
  - Requirement for as proficient in communication skills as they are in clinical skills.
- True Collaboration
  - Requires the foundation for pursuing and maintaining true collaboration.
- Effective Decision Making
  - Requires the foundation for making policy, directing and evaluating clinical care, and leading organizational improvement.
- Appropriate Staffing
  - Requires the foundation for ensuring the effective match between the patient needs and nurse competencies.
- Meaningful Recognition
  - Requires the recognition and reward for the achievements of the work and of each individual.
- Authentic Leadership
  - Requires the foundation for establishing a work environment that is inherently healthy, meaningful, and rewarding.

It’s important... so now what?
How to adopt and implement

- Learn and Share
- Assess and Measure
  - Measure baseline and sequential progress
    - Practice Environment Scale of the Nursing Work Index (PES-NWI)
    - AACN Health Work Environment Assessment™ available at: www.aacn.org/hwe
    - NDNQI Nurse Satisfaction Survey
    - Culture of Safety Survey
    - Safety Organizing Scale
- Excellence is achieved when standards are adopted at every level of the organization - from the bedside to the boardroom
- Must create the systems, structures, and cultures that provide ongoing collaborative education necessary to enhance and support the effort.
Personal Inventory
- Take the time to do a self-assessment. Include staff
- Where am I at?
- Where is my unit at?
- Where do I aspire to be?
- Create a plan to get there
- Write it down
- Revisit the plan and adjust accordingly
- HWE for Oncology Nurses video with Debi Boyle, MSN, RN, AOCNS, FAAN: https://www.youtube.com/watch?v=kRjCCiG9PJ0

Practice Environment Scale of the Nursing Work Index (PES-NWI)

Safety Organizing Scale
(1=Not at all; 7=To a very great extent)
- We have a good “map” of each other’s talents and skills
- We talk about mistakes and ways to learn from them
- We discuss our unique skills with each other so that we know who on the unit has relevant specialized skills and knowledge
- We discuss alternatives as to how to go about our normal work activities
- When giving report to another clinician, we usually discuss what to watch out for
- When attempting to resolve a problem, we take advantage of the unique skills of our colleagues
- We spend time identifying activities we do not want to go wrong
- When errors happen, we discuss how we could have prevented them
- When a patient crisis occurs, we rapidly pool our collective expertise to attempt to solve it

AACN Healthy Work Assessment Questionnaire
1. Administrators, nurse managers, physicians, and nurses maintain frequent communication to prevent each other from being surprised or caught off guard by decisions.
2. Administrators, nurse managers, and physicians involve nurses and other staff to an appropriate degree when making important decisions.
3. Administrators and nurse managers work with nurses and other staff to ensure that there are enough staff to maintain patient safety.
4. The formal reward and recognition systems work to make nurses and other staff feel valued.
5. Most nurses and other staff here have a positive relationship with their nurse leaders.
6. Administrators, nurse managers, physicians, nurses, and other staff make sure their actions match their words: “walk the talk.”
7. Administrators, nurse managers, physicians, nurses, and other staff are consistent in their use of data-driven, logical decision-making processes to make sure their decisions are the highest quality.
8. Administrators and nurse managers make sure there is the right mix of nurses and other staff to ensure optimal outcomes.
9. Administrators, nurse managers, physicians, nurses, and other staff members speak up and let people know when they’ve done a good job.
10. Nurses and other staff feel able to influence the policies, procedures, and bureaucracy around them.
11. The right departments, professions, and groups are involved in important decisions.
12. Support services are provided at a level that allows nurses and other staff to spend their time on the priorities and requirements of patient and family care.
13. Nurse leaders (managers, directors, advanced practice nurses, etc.) demonstrate an understanding of the requirements and dynamics at the point of care, and use this knowledge to work for a healthy work environment.
14. Administrators, nurse managers, physicians, nurses, and other staff have zero-tolerance for disrespect and abuse. If they see or hear someone being disrespectful, they hold them accountable regardless of the person’s role or position.
15. When administrators, nurse managers, and physicians speak with nurses and other staff, it’s not one-way communication or order giving. Instead, they seek input and use it to shape decisions.
16. Administrators, nurse managers, physicians, nurses, and other staff are careful to consider the patient’s and family’s perspectives whenever they are making important decisions.
17. There are motivating opportunities for personal growth, development, and advancement.
18. Nurse leaders (managers, directors, advanced practice nurses, etc.) are given the access and authority required to play a role in making key decisions.
Standard 1: Skilled Communication
• Optimal patient care requires frequent, respectful interaction, and skilled communication among all interdisciplinary team members
• Skilled communication is a two-way dialogue to promote thinking and deciding together
• Data from The Joint Commission indicate that breakdowns in team communication are top contributors to sentinel events
• Intimidating behavior and deficient interpersonal relationships lead to mistrust, chronic stress, and dissatisfaction among nurses, which contribute to nurses leaving their positions and often their professional altogether

Standard 2: True Collaboration
• Skilled communication, trust, knowledge, shared responsibility, mutual respect, optimism, and coordination are integral to successful collaboration
• Negative impact of poor collaboration: patient safety and outcomes, patient and family satisfaction, professional staff satisfaction, nurse retention, and cost
• Nurse-Physician collaboration is a strong predictor of psychological empowerment of nurses

Standard 3: Effective Decision Making
• In order to be advocates, nurses must be involved in making decisions about patient care
• Nurses need to have a role in making policy, directing and evaluating clinical care, and leading organizational operations
• Nurse involvement in decision making is associated with improved work satisfaction and positive patient outcomes
• When nurses do not have control over their practice, they become dissatisfied and are at risk for leaving an organization

Standard 4: Appropriate Staffing
• Inappropriate staffing seriously endangers patient safety and impacts nurses’ well-being
• Evidence confirms the likelihood of serious complications or death increases when fewer registered nurses are assigned to care for patients
• Relationship exists between educational preparation, specialty certification, and clinical nursing expertise
• When nurses are overworked, overstressed, or in short supply, it can contribute to nurse dissatisfaction, burnout, and turnover
• Nurse turnover jeopardizes the quality of care, increases patient costs, and decreases hospital profitability
• Goal: Match competencies of nurses with the needs of patients
• Reliance on staffing ratios alone can create a dangerous mismatch by applying a fixed solution to a dynamic situation

Standard 5: Meaningful Recognition
• People who are not recognized feel invisible, undervalued, unmotivated, and disrespected
• Lack of meaningful recognition can lead to discontent, compassion fatigue, burnout, and suboptimal outcomes
• Meaningful recognition is an ongoing process
• Nurses consistently rate recognition from patients, families, and other nurses as the most meaningful
• Recognition must be relevant to the person being recognized – otherwise it may be perceived as a disrespectful token

ANA Principles for Nurse Staffing – released 2019
Standard 6: Authentic Leadership

- Nurse leaders must be adequately prepared and positioned to lead in the organization
- Nurse Managers are key to the retention of satisfied staff - therefore need the preparation, education, coaching and mentoring to ensure success
- Nurse Leaders must be skilled communicators, team builders, agents for positive change, role models for collaboration, and committed to service. Must have skill in core competencies of self-knowledge, strategic vision, risk-taking, creativity, interpersonal communication, and inspiration.

American Association of Colleges of Nursing
Hallmarks of Professional Nursing Practice Environment

1. Manifest a philosophy of clinical care emphasizing quality, safety, interdisciplinary collaboration, continuity of care, and professional accountability, for example:
   - The organization has a philosophy and mission statement that reflects these criteria;
   - Nursing staff have meaningful input into policy development and operational management of issues related to clinical care, quality, safety, and clinical outcomes evaluation;
   - Nurse staffing patterns have an adequate number of qualified nurses to meet patients' needs, including consideration of the complexity of patient care;
   - Nursing is represented on the organization's staff committees that govern policy and operations;
   - The organization has a formal program of performance improvement that includes a focus on nursing practice, safety, continuity of care, and outcomes; and
   - Nursing staff assume responsibility and accountability for their own nursing practice.

American Association of Colleges of Nursing
Hallmarks of Professional Nursing Practice Environment

2. Recognize contributions of nurses' knowledge and expertise to clinical care quality and patient outcomes, for example:
   - The organization differentiates the practice roles of nurses based on educational preparation, certification, and credentials aligned with their role and responsibilities.
   - Nurse executive reports to highest level operations or corporate officer;
   - Nurse executive has the authority and accountability for all nursing or patient care delivery, financial resources, and personnel; and
   - Nurse-executive is supported by adequate managerial and support staff.

American Association of Colleges of Nursing
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3. Promote executive level nursing leadership, for example:
   - The organization differentiates the practice roles of nurses based on educational preparation, certification, and credentials aligned with their role and responsibilities.
   - Nurse executive participates on the governing body;
   - Nurse-staffing patterns have an adequate number of qualified nurses to meet patients' needs, including consideration of the complexity of patient care;
   - Nursing is represented on the organization's staff committees that govern policy and operations;
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4. Empower nurses' participation in clinical decision-making and organization of clinical care systems, for example:
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5. Maintain clinical advancement programs based on education, certification, and advanced preparation, for example:
   - The organization differentiates the practice roles of nurses based on educational preparation, certification, and credentials aligned with their role and responsibilities.
   - Nurse executive participates on the governing body;
   - Nurse executive reports to highest level operations or corporate officer;
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AACN Call To Action

- Nurses and all health care professionals to:
  - Fulfill/their personal obligations to create healthy work environments;
  - Collaborate with others to develop work environments in which individuals hold themselves and others accountable for behaviors that promote health and wellness for all;
  - Fulfill the highest level of effectiveness have been realized;

- Health care organizations to:
  - Adapt and implement these standards in essential and replicable for all;
  - Incorporate principles from these standards into improving, behavioral and professional expectations for all;
  - Establish the organizational systems and structure required for successful education, implementation, and evaluation of the organization's patient care outcomes that are essential to establishing and sustaining healthy work environments;
  - Demonstrate leadership by example at every level of the organization;
  - Encourage, celebrate, and disseminate successful strides that contribute to a healthy work environment.

- AACN and the community of nursing to:
  - Using the standards to support organizations, and understanding healthy work environments have a direct impact on patients;
  - Promote the standards as essential to establishing and sustaining healthy work environments;
  - Focus on developing evidence-based resources to support individuals, organizations, and health care systems in successfully adopting and evaluating implementation of the standards. Work designing and publishing new resources.

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American Association of Colleges of Nursing
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6. Demonstrate professional development support for nurses, for example:
   - Professional continuing education opportunities available and supported;
   - Resource support for advanced education in nursing, including RN-to-BSN completion programs and graduate degree programs;
   - Preceptorships, organized orientation programs, on-boarding or role developer programs, residency programs, internships, or other educational programs available and encouraged;
   - Incentive programs for registered nursing education for interested licensed practical nurses and non-nurse health-care personnel;
   - Long-term career support program targeted to specific populations of nurses, such as older individuals, home care or operating room nurses, nurses from diverse ethnic backgrounds;
   - Specialty certification and advanced credentials are encouraged, promoted, and recognized;
   - APNs, nurse researchers, and nurse educators are employed and utilized in leadership roles to support clinical nursing practice; and
   - Linkages are developed between health care institutions and baccalaureate/graduate schools of nursing to provide support for continuing education, collaborative research, and clinical educational affiliations.

7. Create collaborative relationships among members of the health care provider team, for example:
   - Professional nurses, physicians, and other health-care professionals practice collaboratively and participate in standing organizational committees, bioethics committees, the governing structure, and the institutional review processes;
   - Interdisciplinary team peer review process is used, especially in the review of patient-care errors;
   - Appropriate equipment, supplies, and technology is available to optimize the delivery of quality nursing care; and
   - Resource requirements are quantified and monitored to ensure appropriate resource allocation.

Examples of how to make improvements to practice environment

- Collaborative practice
- Rich communication
- Culture of accountability
- Adequate staffing
- Competent and credible visible leaders
- Shared decision making
- Encouraged professional growth
- Recognized value of nursing’s contributions
- Recognition by nurses for meaningful contributions to practice

Examples of how to make improvements to practice environment

- Leadership development
- Shared governance
- Track data, including staffing metrics and quality measures
- Open door policy (realistic about available time to avoid appearing distracted)
- Be approachable/visible/present with team
- Greet all staff, not just the person you’re meeting
- Keep the environment simple and the work area orderly and uncluttered
- Recognize volunteerism
- Match patient acuity with the nurses’ competencies
- Support a fair and just culture
- Authentic leaders set the example and model ethical behavior
- Foster staff wellness, mindfulness activities
Examples of how to make improvements to practice environment

- Kouzes and Posner: Five Practices of Exemplary Leadership
  - Model the Way
  - Inspire a Shared Vision
  - Challenge the Process
  - Enable others to Act
  - Encourage the Heart
  - Foster a supportive environment for individual growth
  - Foster an environment of psychological safety: Just culture and feeling free to question

Examples of how to make improvements to practice environment

- Be Open and Transparent
- Listen to Understand
- Show Vulnerability and Admit Mistakes
- Do what you say you’ll do
- Be a Giver, not a Taker
- Sustain Hope
- Maintain work-life balance

Reflection from the Case Studies:
What could be done to improve the practice environment for those nurses?

“Our lives begin to end the day we become silent about things that matter”
~Martin Luther King, Jr

Questions

Discussion

References
