

Improving practice environments: Keeping up the momentum

You may wonder why there is still so much talk about practice environments. To illustrate the impact that practice environments have on nurses,¹ clients² and, by extension, on the effectiveness of the health-care system, consider the following scenarios:

A nurse, working short-staffed, runs hurriedly to take a blood gas sample from a person in ICU. As the nurse gathers the used supplies from the bedside, the protective needle cover slips off, causing the dirty needle to stick deeply into his thumb.

A man requires frequent dressing changes after his surgery. Because the unit is short-staffed, IV meds and cardiac arrests are the priority. The wound remains unchanged, with drainage accumulating, causing unnecessary redness and infection.

A home care nurse is assigned to visit a man who has a large pit bull that barks as she arrives at his home. Her employer supports her decision to not enter the home, since it places the nurse in physical danger.

In a local community hospital, nursing committees are established to encourage nursing staff input in practice issues. They develop policies and address challenging cases.

The first two scenarios show poor work environments with inadequate staffing, which leads not only to adverse events, but to higher absenteeism and dissatisfied nurses. The last two show nurses empowered to make decisions and be proactive in practice. More and more, nurses report that their ability to deliver quality care is either hindered or supported by

their working conditions (Canadian Federation of Nurses Unions [CFNU], 2006; Nicklin & McVeety, 2002).

Because this issue is still prevalent, the Canadian Nurses Association (CNA) has prepared this resource to provide you with current information about the consequences of poor work environments, to inform you about what some organizations are doing to improve the situation and to encourage you to take action to make things better in your place of work.

Through CNA's *Code of Ethics for Registered Nurses*, nurses are guided to "value and advocate for quality practice environments that have the organizational structures and resources necessary to ensure safety, support and respect for all persons in the work setting" (2002, p. 17). Improving the work environments of nurses should help alleviate the patient safety concerns and moral distress nurses are experiencing. It is also key to ensuring that nurses remain healthy.

What is a healthy work environment?

A healthy work environment is "a practice setting that maximizes the health and well-being of nurses,

¹ In this document, *nurse* refers to regulated nurses in Canada, i.e., registered nurses, licensed practical nurses and registered psychiatric nurses. In Ontario, the title for a practical nurse is *registered practical nurse*. Registered psychiatric nurses are educated and regulated only in British Columbia, Alberta, Saskatchewan and Manitoba.

² *Clients* (or *patient*) refers to the individual, family, group, community or population that is the recipient of nursing services.

quality patient/client outcomes and organizational [and system] performance” (RNAO, 2006, p. 123). According to Graham Lowe, a leading Canadian expert on healthy workplaces, a healthy workplace promotes trust among employees and management, challenges and recognizes employees without overworking them and provides the resources they need to do their jobs. As a result, “employees feel they have ownership of their jobs and a voice in decisions” (2005, p. 31).

Looking specifically at the work environments of nurses, quality practice environments would include the following characteristics:

- effective communication and collaboration throughout the system;
- support for nurses as responsible and accountable professionals (e.g., decision-making support);
- realistic workload;
- effective nursing leadership;
- support for information and knowledge management (e.g., information and communication technologies);
- professional development opportunities; and
- a workplace culture that values the well-being of clients and employees.

(CNA & CFNU, 2007)

How do we measure workplace health? Several groups have been working to identify indicators of what constitutes a healthy or quality work life for nurses. Once we have indicators, we can use them to examine performance, track progress in organizations and compare nursing with other sectors and professions (Lowe, 2006).

Nursing has taken the lead in defining quality of work-life

indicators in Canada. Since the early 2000s, CNA has partnered with the Canadian Council on Health Services Accreditation (CCHSA), Health Canada’s Office of Nursing Policy and key stakeholders to develop and promote quality of work-life indicators for nurses. These indicators, identified in 2002, developed a basis for CCHSA’s work-life strategy (Lowe, 2002; CCHSA, n.d.).

Researchers from the University of Toronto identified variables in work settings that can be considered indicators of the quality of nurses’ work life (McGillis Hall et al., 2003; McGillis Hall, 2005), including the following:

- nurse staffing (e.g., the proportion of RNs, staffing mix, proportion of full-time, part-time and casual staff, level of education and experience of nursing staff);
- team functioning;
- organizational culture and climate;
- span of control of unit managers;
- workload and productivity;
- autonomy and decision-making;
- professional development; opportunities;
- scope of nursing leadership;
- overtime; and
- absenteeism.

The use of quality of work life indicators is not limited to nursing. In fact, nursing expertise and research can be applied to other health professions and improve health-care work environments overall.

The impact of poor workplaces

In Ontario, 66 per cent of nurses show signs of burnout within their first two-and-a-half years in the workforce (Cho, Laschinger, & Wong, 2006). This is just one example of

how poor workplaces affect nurses. However, if nurses have adequate staffing, strong nursing leadership, support from their managers, control over their workload and the opportunity to practise according to their professional standards, they are more likely to like their jobs and are less likely to burn out (Aiken et al., 2002; Laschinger & Leiter, 2006).

The results of a landmark study, the 2005 *National Survey of the Work and Health of Nurses* (Statistics Canada, Health Canada, & Canadian Institute for Health Information, 2006), confirm what nurses have been saying for years. To highlight just a few of the findings:

- Of nurses who provide direct care:
 - 48 per cent reported having had a needlestick or other sharps injury; and
 - 29 per cent reported that they had been physically assaulted by a patient in the previous year.
- More than 60 per cent of nurses (female and male) said their jobs presented high physical demands; the corresponding proportions for the population as a whole were 38 per cent (women) and 46 per cent (men).
- Job dissatisfaction was more prevalent among nurses than among individuals overall.
- Back problems and arthritis were more prevalent among female nurses than among employed women overall.
- In the previous 12 months:
 - More than one in three nurses (37 per cent) had experienced pain serious enough to prevent them from carrying out their normal daily activities.
 - Nurses were more likely to have experienced depression than employed people overall.

We also know that there is a relationship between the quality of nursing practice environments and patient outcomes. There is strong evidence linking nurse staffing and patient adverse occurrences – such as pressure ulcers, urinary tract infections, pneumonia and postoperative wound infections – as well as patient satisfaction (McGillis Hall et al., 2003).

Poor quality work environments also influence organizational and health system outcomes as reflected in overtime rates, turnover, absenteeism levels and overall efficiencies (Baumann et al., 2001). These factors can have a major impact on health system costs. Findings from another recent study (CNA, 2006) are startling:

- More than 17.7 million nursing hours, the equivalent of 9,754 full-time, full-year nursing jobs, are lost annually because of illness and injury-related absenteeism.
- In comparison to 47 categories of occupation, nurses in public health care have the highest rates of illness and injury-related absenteeism and are second only to those in nurse-assisting type occupations.
- In 2005, the total overtime (paid and unpaid) was an estimated 349,800 hours per week, or 18.2 million hours annually – for the first time surpassing 10,000 full-time, full-year nursing jobs. And 26 per cent of overtime hours were reported as unpaid.

Dissatisfied nurses could take their skills to other countries or other areas of health care, exacerbating the current shortage. The lack of healthy work environments affects the ability to recruit and retain nurses, and thus, Canada's competitiveness in a global marketplace.

Who is taking action?

Experts in healthy workplaces agree that “it is unacceptable to work in, receive care in, govern, manage and fund unhealthy healthcare workplaces” (Quality Worklife-Quality Health Care Collaborative, 2006). It is troubling to note that despite more than a decade of research and a growing body of evidence describing every nuance of healthy work environments, so few nurses seem to be working in practice settings that we might describe as “healthy.”

Employees should be treated as assets to be nurtured rather than costs to be controlled (Koehoorn et al., 2002). Healthy work environments, in fact, should be considered cost-containment and patient safety necessities. It's encouraging that across the country many different stakeholders are working on initiatives to improve the work life of nurses and other health professionals. Here are a few examples.

Governments

Health Canada launched the Healthy Workplace Initiative to support current actions by health-care organizations striving to create and maintain healthy work environments (www.hc-sc.gc.ca/hcs-sss/hhr-rhs/strateg/recru/init-work-travail/index_e.html).

One of five targeted areas in Manitoba's nursing strategy in 2000 was improving working conditions. The strategy includes a zero-tolerance policy on violence against nurses in the workplace as well as funds for cell phones, winter survival kits, improved lighting and non-violent crisis intervention training (<http://www.gov.mb.ca/health/nurses/strategy5.pdf>).

The Ministry of Health and Long-Term Care in Ontario has funded a nursing strategy through HealthForceOntario.

This strategy includes initiatives for new graduates, late career nurses, clinical simulation and patient lifts (www.healthforceontario.ca/WhatIsHFO/Initiatives.aspx).

Nursing Professional and Regulatory Bodies

The following initiatives were developed to help nurses and their employers create healthy practice environments.

- The College of Registered Nurses of British Columbia has developed *Guidelines for a Quality Practice Environment for Nurses in British Columbia* (www.crnbc.ca/downloads/409.pdf).
- The College and Association of Registered Nurses of Alberta has produced a newsletter called *Healthy Solutions*, and links to related articles on its web page *Healthy Nurses, Healthy Workplaces* (www.nurses.ab.ca/issues/Healthy_solutions.html).
- The Saskatchewan Registered Nurses' Association's Quality Workplace Program (QWP) was initiated in 2001 to improve nursing work environments in Saskatchewan. Representatives from 10 rural and urban QWP clinical sites continue to meet to discuss workplace issues (www.srna.org and Smith, 2007).
- The Registered Nurses' Association of Ontario's Healthy Work Environments Best Practice Guidelines Project has developed six guidelines for nurses and their employers. For more information, please contact info@mao.org.
- The College of Nurses of Ontario's Professional Practice Consultation Program encourages reflection and dialogue on healthy workplaces (www.cno.org/for/employers/ppcp.htm).

- The College of Registered Nurses of Nova Scotia offers the Practice Environment Collaboration Program to help plan priorities and actions (www.crnns.ca).
- The Association of Registered Nurses of Newfoundland and Labrador (ARNNL) offers a quality professional practice environment (QPPE) program in collaboration with the College of Licensed Practical Nurses of Newfoundland and Labrador. This program has led to the development of ARNNL's document *QPPE Standards* (http://www.arannl.nf.ca/menu/qppe_brochure.pdf and <http://www.arannl.nf.ca/menu/qppe.shtml>).

Researchers

Among studies conducted at the University of Toronto, McGillis Hall and colleagues are currently looking at the complex processes and interruptions in the nursing work environment that may contribute to incidents affecting patient safety.

Researchers in British Columbia are studying the moral climate of nurses' workplaces, collaborating with them to initiate change that best enables them to practise according to their ethical standards, improving the quality of care (Rodney, Doane, Storch, & Varcoe, 2006).

Employers

Recognizing that most research on health workplaces has been focused on acute care settings, VON Canada has launched a three-year study of the work environments of nurses in home and community settings, including rural and remote communities. The aim is to learn how to best recruit and retain nurses in these settings. The study includes a literature review (2005) and case studies (2007).

The University Health Network in Toronto is evaluating a staffing model in which registered nurses spend 80 per cent of their time in direct patient care

and 20 per cent of their time on professional development, including focused learning about patient-centered care. So far, the program has reduced sick days and overtime and has increased staff and patient satisfaction (The Change Foundation, 2006).

Unions

Keeping older nurses on the job is key to addressing the impact of the current nursing shortage. CFNU (2006) has undertaken a study on the retention of nurses 45 years and older, identifying strategies to promote creativity and flexibility in the nursing workplace. For example, these nurses might benefit from more scheduling options, flexible work arrangements like job sharing, deferred salary leaves and leaves of absence, and physical adjustments to the work environment.

Canadian Council on Health Service Accreditation

CCHSA is committed to supporting the creation of effective work-life indicators for health services organizations, developing a comprehensive work-life strategy for its accreditation program, enhancing the evaluation of work life in accreditation and delivering education programs for its staff and organizations.

Partnerships and Coalitions

In 2005, the Quality Worklife-Quality Healthcare Collaborative was established to improve health care through healthier workplaces. CNA is a member of this coalition, which includes 10 other national health-care organizations and more than 45 quality work-life experts. Watch for the collaborative national action strategy that aims to bring about changes and coordinate efforts around the country. Contact qwqhc@cchsa-ccass.ca for more information.

Statistics Canada, Health Canada and the Canadian Institute for Health Information collaborated with the nursing community on the 2005 *National Survey of the Work and Health of*

Nurses, which surveyed 19,000 nurses.

The Safer Healthcare Now! campaign was launched in 2005 in conjunction with the Canadian Patient Safety Institute. This is a collaborative effort of 151 participant organizations and 404 clinical teams, aimed at reducing the number of injuries and deaths related to adverse events such as infections and medication incidents (www.saferhealthcarenow.ca/Default.aspx?folderId=26).

Moving forward: Are you taking action?

Nurses can't change their practice environments on their own. However, you, as a nurse in any setting, can lead or participate in team-based work-life initiatives. Here's how:

- ☑ identify the challenges in your work environment;
- ☑ work with your colleagues to identify solutions (don't wait for others to do it; if they were going to do it, it would already be done!);
- ☑ look for tools to help you;
- ☑ find evidence such as best practice guidelines to support your plan and make your arguments more compelling;
- ☑ approach your supervisor or the chief nurse in your facility for support;
- ☑ consult with CNA, your provincial or territorial college and associations, and/or the office of your provincial or territorial government's principal nurse adviser;
- ☑ encourage your union to be part of collaborative projects;
- ☑ volunteer to undertake research in this area;
- ☑ think beyond your unit – think globally while acting locally; and
- ☑ share your results so that best practices don't just occur in isolated pockets.

Where can I get more information?

CNA has a number of related resources under the Nursing Practice section of its website (www.cna-aiic.ca):

- *Practice Environments: Maximizing Client, Nurse and System Outcomes* (Joint position statement with CFNU, 2007).
- *Making a Measurable Difference: Evaluating Quality of Work Life Interventions* (Lowe, 2006).
- *Quality of Worklife Indicators for Nurses in Canada: Workshop Report* (Lowe, 2002).

Provincial and territorial nursing professional and regulatory bodies linked to CNA's website (under About CNA) have programs and documents related to creating and sustaining quality practice environments.

Other Reports

- *What's Ailing Our Nurses* (CHSRF, 2006). A review of six major research documents on Canadian nursing human resources, with solutions organized into workforce and work-life issues.
- *Building the Future: An Integrated Strategy for Nursing Human Resources in Canada – Research Synthesis Report* (O'Brien-Pallas et al, 2004). The first project of its kind, the report aims to contribute to a long-term strategy for adequate nurse staffing across the country.
- "AACN Standards for Establishing and Sustaining Healthy Work Environments: A Journey to Excellence." Prepared by the American Association of Critical-Care Nurses (2005), this document sets forth essential standards related to skilled communication, true collaboration, effective decision-making, appropriate staffing, meaningful recognition and authentic leadership.
- The Agency for Healthcare Research and Quality. Many useful resources can be accessed on the AHRQ website (www.ahrq.gov).

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