

QUALITY PRACTICE ENVIRONMENT FOR REGISTERED NURSES

Background

A quality nursing practice environment is defined as a practice environment that has the organizational and human support allocations necessary for safe, competent and ethical nursing care (CNA 2001, referenced in the CNA *Code of Ethics*, 2008). Research shows that the quality of the practice environment directly impacts the quality of care that registered nurses (RNs) and other health professionals can provide and has an effect on patient safety. (Aiken, Clarke, Sloane, Sochalski & Silber, 2002; Aiken, Clarke, Sloane, Lake & Cheney, 2008 and International Council of Nurses, 2007).

In addition, research has linked job satisfaction, productivity, recruitment and retention with the quality of registered nurses' practice environments (Brooks & Anderson, 2005; Canadian Council on Health Services Accreditation, 2007; Canadian Nurses Association, 2007; and Canadian Nurses Association, 2010).

NANB believes:

- that creating a quality practice environment is a shared responsibility of governments, employers, nursing organizations and individual registered nurses;
- RNs have a responsibility to work collaboratively to develop a moral community¹. As part of the moral community all nurses acknowledge their responsibility to contribute to a positive healthy work environment (CNA, 2008); and
- RNs have a responsibility to promote a practice environment that supports professional responsibility and accountability (NANB, 2005).

¹ Moral community: a workplace where values are made clear and are shared, where these values direct ethical action and where individuals feel safe to be heard. Coherence between publicly professed values and the lived reality is necessary for there to be a genuine moral community (as cited in CNA *Code of Ethics*, 2008).

P O S I T I O N S T A T E M E N T

Attributes for a Quality Practice Environment

Multiple national and international studies and a Canadian collaborative committee composed of ten partners including: the Canadian Council on Health Services Accreditation (CCHSA), Academy of Canadian Executive Nurses (ACEN), Association of Canadian Academic Healthcare Organizations (ACAHO), Canadian College of Health Service Executives (CCHSE), Canadian Federation of Nurses Unions (CFNU), Canadian Healthcare Association (CHA), Canadian Health Services Research Foundation (CHSRF), Canadian Medical Association (CMA), Canadian Nurses Association (CNA) and the National Quality Institute (NQI) have identified five key attributes that must be in place to ensure a quality practice environment and include:

1. Workload Management: There are sufficient RNs to provide safe, competent and ethical care.
2. Nursing Leadership: There are competent and well-prepared nurse leaders at all levels in the organization.
3. Control over Practice: RNs have responsibility, authority and accountability for nursing practice.
4. Professional Development: The organization supports and encourages a lifelong learning philosophy and promotes a learning environment.
5. Organizational Support: The organization's mission, values, policies and practices support and value RNs and the delivery of safe and appropriate nursing care.

(Canadian Council on Health Services Accreditation, 2007; Clarke, 2007; Goad, & Phillchuck, 2007; Horizon Health Network, 2010; Nicklin & Barton, 2007; Registered Nurses Association of Ontario, 2006; Shamian & Jardali, 2007; Silas, 2007.)

Quality practice environments involve individuals at all levels of an organization and beyond. In order to develop quality work environments it is essential for stakeholders to work together. Registered nurses can have a direct impact on their environment through their behaviours and beliefs. When RNs recognize accomplishments and positive behaviours of others they work with, they help to develop a healthier workplace and promote better patient care (Spence Laschinger, & Leiter, 2006).



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References

Aiken, L.H., Clarke, S.P., Sloane, D.M. Sochalski J., & Silber, J.(2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *Journal of the American Medical Association* 288 (16).

Aiken, L.H., Clarke, S.P., Sloane, D.M., Lake , E.T. & Cheney, T. (2008). Effects of hospital care environment on patient mortality and nurse outcomes. *Journal of Nursing Administration*, 38.

Austin , W., (2007). The Ethics of everyday practice: healthcare environments as moral communities. *Advances in Nursing Science*, 30.

Brooks, B., & Anderson , M (2005). Defining quality of nursing work life. *Nursing Economics*. 23(6).

Canadian Council on Health Services Accreditation (2007). Within our grasp a healthy work plan action strategy for success and sustainability in Canada's Healthcare System.

Canadian Nurses Association. (2007). Improving practice environments: keeping up the momentum. *Nursing Now: issues and trends in Canadian Nursing*. Ottawa. Author.

Canadian Nurses Association (2010). Ethics, relationships and quality practice environments. *Ethics in Practice for Registered Nurses*. January

Clarke, S. (2007). Making the business case for nursing: justifying investments in nurse staffing and high quality practice environments. *Nurse Leader*. August

(3)





P O S I T I O N S T A T E M E N T

Goad, K. & Phillchuck, D. (2007). Working together for quality practice environments. *Alberta RN61*(6)

Horizon Health Network (2010) Nursing affairs key initiatives 2010-2013: our mandate to ensure a quality nursing practice environment.

International Council of Nurses (2007). Positive practice environments: Quality workplaces= quality patient care.

Nicklin, W. & Barton, M. (2007) CCHSA Accreditation: A change catalysts toward healthier work environments. *Healthcare Papers*. Issue 7.

Registered Nurses Association of Ontario (2006). Healthy work environments best practice guidelines.

Shamian, J., & Jardali, F. (2007). Healthy workplaces for health workers in Canada: knowledge transfer and uptake in policy and practice. *Healthcare Papers*. Issue 7

Silas, L., (2007). From promise to practice getting healthy work environments in health work places. *Healthcare Papers*. Issue 7

Spence Laschinger, H., & Leiter, M., (2006). The impact of nursing work environments on patient safety outcomes: The medicating role of burnout engagement. *Journal of Nursing Administration*, 36(5)

Winslow, W. & Herman, C. (2004). Improving the practice environment: what's happening? What's working? *Nursing BC* 36(5)

