

JOINT POSITION STATEMENT

Practice Environments: Maximizing Outcomes for Clients, Nurses and Organizations

A quality practice environment supports the delivery of safe, compassionate, competent and ethical care¹ while maximizing the health of clients² and nurses,³ as per CNA's *Code of Ethics for Registered Nurses*. The Canadian Nurses Association (CNA) and the Canadian Federation of Nurses Unions (CFNU) believe the following:

- Quality practice environments put clients and their health-care needs at the centre of care and decision-making.
- A safe and healthy practice environment is a fundamental human right.⁴
- Quality practice environments are essential in all domains of nursing practice (clinical practice, education, research, administration and policy) across the continuum of care.⁵
- Nurses and employers have an obligation to their clients to advocate for and contribute to quality practice environments that have the organizational structures and resources necessary to promote safety, support and respect for all persons in the practice setting.
- It is “unacceptable to work in, receive care in, govern, manage and fund unhealthy health-care workplaces.”⁶

Developing, supporting and maintaining quality practice environments in all settings across the continuum of care takes time and commitment. It is a responsibility shared by individual nurses, employers, regulatory bodies, professional associations, educational institutions, unions, health services delivery and accreditation organizations, governments and the public.⁷

Quality practice environments, in which nurses experience respect and are involved in decision-making, demonstrate the following characteristics:

- 1. Communication and collaboration** — “Communication [and collaboration are] at the foundation of nursing.”⁸ Quality practice environments promote effective and transparent communication (including meaningful expressions of appreciation)⁹ and collaboration at the individual, organizational and system levels — among nurses, between nurses and clients, between nurses and other health and non-health providers, between nurses and unregulated workers, and between nurses and employers. Quality practice environments are based on trust and respect among clients, staff and employers.

¹ (Canadian Nurses Association [CNA], 2008)

² The term clients refers to individuals, families and populations that receive health-care services (e.g., patients, residents, users, consumers, persons) in settings across the continuum of care and wherever nurses practise.

³ (Association of Registered Nurses of Newfoundland and Labrador, 2013)

⁴ (World Health Organization, 2010)

⁵ (Registered Nurses' Association of Ontario [RNAO], 2008)

⁶ (Quality Worklife — Quality Healthcare Collaborative, 2006, p. 11)

⁷ (Canadian Nursing Advisory Committee [CNAC], 2002)

⁸ (College of Registered Nurses of Manitoba, 2014, p.1)

⁹ (Chapman & White, 2011)

- 2. Responsibility and accountability** — A quality practice environment helps nurses fulfil their professional, legal, legislative and collective agreement requirements and ensures they can participate in decision-making that affects their work, including developing policies, allocating resources and providing client care.¹⁰ “If [nurses] are not protected from health and safety hazards, patients and the public are not protected either.”¹¹ Yet, they are professionals and are ultimately responsible and accountable for their practice. CNA’s *Code of Ethics for Registered Nurses* puts the onus on nurses to provide “safe, compassionate, competent and ethical care” and to advocate for the health and well-being of persons in their care, even if compromised by “factors beyond their control, including the decision-making of others.”¹² A conflict between upholding the code of ethics and a negative set of working conditions is a source of moral distress¹³ for nurses, who are accountable to safeguard clients’ health as well as their own.
- 3. Safe and realistic workload** — Quality practice environments support safe and realistic workloads for nurses. Workload is the top issue for Canadian nurses today¹⁴ and is often cited as a key factor in turnover. Sufficient numbers of nurses are required to provide safe,¹⁵ competent and ethical care. The individual nurse’s workload should not increase merely because staffing numbers decrease. Safe staffing in clinical practice means matching nurses’ formal educational qualifications and competencies to specific client needs through evidence-based assessments.¹⁶
- 4. Leadership** — Effective leadership is important in all nursing roles and is an essential element of quality practice environments¹⁷ — for example, nurse managers who involve direct care nurses in decision-making that affects the care they provide. At the same time, nurses (including direct care nurses) who act as collaborators, communicators, mentors, role models, visionaries and advocates for quality care also provide effective leadership. Therefore, all nurses have an important leadership role that affects their workplace environment and the care they provide.
- 5. Support for information and knowledge management** — Quality practice environments include technologies that support critical thinking, enable the provision of safe and effective care, and provide optimal information and knowledge management (e.g., electronic health records and decision support tools). They also ensure that nurses have adequate time to access these technologies.
- 6. Professional development** — Quality practice environments are adequately supported and funded to allow nurses to access professional development opportunities.¹⁸ These opportunities can include formal and continuing education, mentoring and online learning resources (e.g., the Improve Your Practice Environment action guide on NurseONE.ca).
- 7. Workplace culture** — A quality practice environment creates a workplace culture that values the well-being of clients and employees. This culture is continually assessed to ensure it embraces respect while developing “practical knowledge [that] contributes to positive change, disseminating successful practices and

¹⁰ (Lowe, 2014)

¹¹ (Campbell, 2006, p. 29)

¹² (CNA, 2008, pp. 24, 11)

¹³ (Pauly, Varcoe, Storch, & Newton, 2009)

¹⁴ (Berry & Curry, 2012, p. 47)

¹⁵ (Canadian Occupational Health Nurses Association, 2014; Berry & Curry, 2012; Canadian Federation of Nurses Unions [CFNU], 2012)

¹⁶ (MacPhee, 2014)

¹⁷ (CFNU, 2005; MacPhee, 2014; Lowe, 2010, 2006; RNAO, 2006)

¹⁸ (Lalonde et al., 2013)

strengthening health-care workplace cultures”¹⁹ to help improve client, nurse and organizational outcomes.²⁰ Contributions to a positive workplace culture include, but are not limited to, policies that address ethical issues, support safety, create environments free of violence and bullying, promote employee recognition (e.g., awards) and ensure adequate resources.

Research has shown that workplaces with the characteristics described above maximize outcomes for clients, nurses and organizations.

BACKGROUND

An analysis of research over two decades showed that nursing workload and staffing models, as well as the quality of nursing work environments, affect client care^{21, 22, 23} as well as nurse and organization (or employer) outcomes.^{24, 25}

Meaningful appreciation²⁶ for employees in any workplace is the key to quality practice environments. In such settings, outcomes are improved for clients (i.e., patient experience), nurses (i.e., retention) and employers (financial return on investment).

Understanding and optimizing roles and relationships that contribute to positive work environments are important for nurses to fulfil their professional mandate to provide safe, compassionate, competent and ethical care.²⁷

OUTCOMES

Clients:

- Creating healthier work environments and a culture of safety will reduce nurse fatigue and improve patient safety.²⁸
- Adding one patient to a nurse’s workload increased the likelihood of an inpatient dying within 30 days of admission by 7 per cent,²⁹ as reported in a recent study of 300 hospitals in nine countries.

Nurses:

- Internationally, 66 per cent of nurses within their first two-and-a-half years in the workforce show signs of mental exhaustion and burnout, primarily related to negative workplace conditions.³⁰
- A study of nurses in the United States, Canada, England, Scotland and Germany showed that 41 per cent of hospital nurses were dissatisfied with their jobs, and 22 per cent planned to leave them in less than one year.³¹

¹⁹ (Lowe, 2006, p. 2)

²⁰ (Academy of Canadian Executive Nurses, 2011)

²¹ (Berry & Curry, 2012)

²² (Baumann et al., 2001)

²³ (CNAC, 2002)

²⁴ (Baumann et al., 2001)

²⁵ (CNAC, 2002)

²⁶ (Chapman & White, 2011)

²⁷ (CNA, 2010a)

²⁸ (CNA, 2010b)

²⁹ (Aiken et al., 2014)

³⁰ (Laschinger & Fida, 2014)

³¹ (International Council of Nurses, 2007)

- A 2013 Canadian study reported that an average of 18,900 publicly employed nurses were absent from work each week in 2012 due to illness or disability.³² Nursing leadership, professional development and mentorships are essential to ensuring quality practice environments. In particular, professional development improves health systems, advances the nursing profession, helps organizations retain experienced nurses³³ and is “directly linked to the maintenance of high quality care delivery.”³⁴

Organizations:

- Canadian health organizations are interested in identifying, implementing and evaluating quality practice environment criteria guided by the principles of “the right care, provided by the right providers, to the right patient, in the right place, at the right time, resulting in optimal quality care.”³⁵
- A workplace that is safe is a prerequisite for a positive practice environment. Dangers to clients and nurses result from excessive workloads,³⁶ nurse fatigue,³⁷ preventable injuries, and violence and bullying.³⁸
- A number of initiatives, studies and guidelines are being developed to help create and maintain healthy practice environments. Better outcomes for clients, nurses and organizations can be obtained through sustained, concerted, collaborative efforts such as the following:³⁹
 - Accreditation Canada includes the topics of safe and healthy work-life and client safety in its Qmentum accreditation program.⁴⁰
 - The Council of the Federation’s health-care innovation working group has focused on initiatives that will “enhance provincial and territorial capacity ... to better meet existing and emerging challenges in our health care systems.”⁴¹
 - The Mental Health Commission of Canada launched the national standard for *Psychological Health and Safety in the Workplace* “to provide guidance for employers” who want to ensure their employees work in the best environment possible.⁴²

³² (CFNU, 2013)

³³ (CFNU, 2005)

³⁴ (Lowe, 2006, p.2)

³⁵ (Canadian Medical Association, 2013)

³⁶ (RNAO, 2007; CFNU, 2012, 2013)

³⁷ (RNAO, 2011)

³⁸ (International Council of Nurses & IntraHealth International, 2012)

³⁹ (Canadian Medical Association & Canadian Nurses Association, 2011)

⁴⁰ (Accreditation Canada, 2013)

⁴¹ (Council of the Federation, 2012, p.5)

⁴² (Mental Health Commission of Canada, 2013, p.2)

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Also see:

- *Abuse and Violence Against Nursing Personnel* (ICN position statement, 2006)
- *Career Development in Nursing* (ICN position statement, 2007)
- *Health Human Resources Development* (ICN position statement, 2007)
- *Interprofessional Collaboration* (CNA position statement, 2011)
- *National Planning for Human Resources in the Health Sector* (CNA position statement, 2005)
- *Nurse Retention and Migration* (ICN position statement, 2007)
- *Nursing Information and Knowledge Management* (CNA position statement, 2006)
- *Nursing Leadership* (CNA position statement, 2009)
- *Occupational Health and Safety for Nurses* (ICN position statement, 2006)
- *Positive Practice: Quality Workplaces = Quality Patient Care* (ICN toolkit, 2007)
- *Positive Practice Environment Campaign* (Global health workforce alliance campaign, 2010)
- *Promoting Cultural Competence in Nursing* (CNA position statement, 2010)
- *Psychological Health and Safety in the Workplace* (Mental Health Commission of Canada national standard, 2012)
- *Socio-Economic Welfare of Nurses* (ICN position statement, 2010)
- *Staff Mix Decision-making Framework for Quality Nursing Care* (CNA, Canadian Council for Practical Nurse Regulators, Registered Psychiatric Nurses of Canada joint position statement, 2014)
- *Workplace Violence and Bullying* (CNA, CFNU joint position statement, 2015)

Replaces:

Practice Environments: Maximizing Client, Nurse and System Outcomes (CNA and CFNU, 2006)